

Ealing Manor Nursing Home

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Inspection report

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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?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Ealing Manor Nursing home is a care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

People's experience of using this service and what we found

Medicines were not always well managed which meant some people did not always get their medicines as prescribed.

The home had a safeguarding policy however it had not been updated since 2011 which meant the registered manager had not always kept up to date with national guidance on safeguarding adults. We made a recommendation to the provider about this.

There were not always adequate numbers of staff deployed to provide appropriate care and support to people. Sometimes people had to wait to be supported to eat and people's dignity was not always maintained.

The home was undergoing a schedule of works to modernise the building however the provider had not ensured the design was dementia friendly despite many of the people living with dementia. We made a recommendation to the provider about this. The induction process of new staff did not clearly state what training they had completed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's end of life wishes were recorded but the information was at times not very clear to make sure staff had all the information they needed to care for people appropriately. The provider did not ensure people's communication needs were always being met as information was not always in an accessible format.

Since the last inspection the provider had developed some quality audits to monitor the service however, these had been ineffective because they had not identified the issues we found during our inspection.

Staff were aware of their responsibilities in relation to the reporting of abuse within the safeguarding policy. Staff understood how to prevent the spread of infection by using protective clothing such as aprons and gloves.

Accidents and incidents had been recorded and analysed to ensure lessons were learnt to prevent reoccurrence, including the action taken following an incident.

New staff trained and worked alongside experienced members of staff till they were competent. People were

happy with the care they received, and they felt staff had the appropriate training and support. Families commented positively about the care their relatives received.

People's needs were assessed prior to them moving into the home. This helped to ensure the provider had the necessary information to decide if they could meet people's needs and to plan their care accordingly. People's health was well managed and if people became unwell staff took appropriate action.

The home had a complaints procedure and there had been no complaints since the last inspection. The registered manager and the provider acted promptly to rectify areas identified as needing improvement during the inspection. The home conducted regular staff meetings and staff told us this was a good way to keep informed of the changes in the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, need for consent, person centred care, staffing and good governance. Please see the action we have told the provider to take at the end of this report.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ealing Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector, a member of the CQC medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

The inspection lasted two days and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care

provided. We spoke with nine members of staff including the home manager, registered manager, nurse's care workers and the chef. We reviewed a range of records. This included three people's care records and 15 people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited the service and we received feedback from two professionals via email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. We found medicines were not always stored safely or in line with the manufacturer's recommendations. Records of the temperature of the fridge used to store medicines showed this had not always been in the correct range for over three months. Failure to store medicines at the correct temperature can lead to the medicines not being effective.
- The provider did not always ensure equipment used to monitor blood glucose levels were calibrated to make sure they provided accurate readings. This meant there were risks that people might not be protected against the risks associated with high or low blood sugar levels should the meter readings be incorrect or inaccurate.
- Records of people who were been supported with medicated topical creams to maintain their skin condition had not been completed consistently, which meant we could not be assured they were administered in line with the prescriber's instructions. This posed a risk to people's skin integrity.
- There were no risk assessments in place for those people who were prescribed topical medicines that contained paraffin. This type of medicine is flammable and could pose a risk to people.

Failure to safely manage medicines placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- After the inspection the provider told us the fridge was not broken it was the way staff were recording the temperature checks. The home had purchased a new fridge, The home manager told us they would be auditing the temperature checks every week.
- Staff demonstrated a good understanding of medicines and the provider had specific nursing staff assigned as 'link nurses' for medicines as well as other areas of clinical experience. This meant care staff could seek support if needed
- Some people were prescribed medicines 'as required', such as pain relief. The home had detailed protocols in place to identify how people would show the need for these medicines and how often the medicines could be given.

Assessing risk, safety monitoring and management

- The provider did not always have effective systems in place to assess the environmental risks for people living in the home. At the last inspection, we found some window restrictors had been removed as the home was redecorating, at this inspection we found window restrictors were in place but in some cases, they were not working correctly. This meant the provider's risk management plans were not being followed and

people could be at risk of falling from height.

- The home had completed environmental risk assessments including Personal Emergency Evacuation Plans (PEEPS) however the information was not clearly presented, and the level of risk assigned to an individual was not always accurate. For example, one person was assessed as needing a low level of support as they used a walking frame. However, they sometimes used a wheelchair instead, and the level of support they needed to evacuate when using this had not been identified or planned for. For other people the information about the support they needed did not reflect their needs. For example, the plans to evacuate some people who had been assessed at 'very high risk' showed insufficient levels of support would be offered to evacuate. This meant staff did not have the information they needed to assess how they should offer support to people in the event of an emergency.

Failure to maintain a safe environment and failure to implement tested fire safety procedures placed people at risk of harm and was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- During the second day of our inspection, the provider had started to address some of the issues we had identified. The registered manager also told us they would be contacting the London Fire Brigade for advice and support.
- There were up to date service and maintenance certificates relating to electric, gas, hoisting equipment, and slings. These certificates confirmed they had been checked.
- Risks to people had been considered, assessed and planned for. People had their needs assessed for areas of risk such as, nutrition, pressure area care, falls and moving and handling. Records we viewed contained clear guidance about measures to be taken to keep people safe and described the equipment to be used.
- Risk assessments were reviewed monthly or when people's needs changed.

Staffing and recruitment

- There were mixed opinions about the staffing levels at the home. Comments included, " The staffing levels are satisfactory " and "There are not enough staff". We spoke to the registered manager as we were unclear how staffing levels were determined. The provider did not use a dependency toolkit to assess staffing levels. They felt there were enough staff as nursing staff often help out "if other staff were busy". The registered manager told us they were planning to introduce a dependency toolkit in the coming months.
- During our inspection, we observed there were not always enough staff deployed to meet people's needs. Staff were not always seen providing care and support to people in a prompt manner. During lunch time there were not enough staff to meet people's needs. On one occasion, we observed two people who were in bed and needed support to eat , having had their meals already served to them. However there was no staff available to help. We raised this with the registered manager and they responded promptly. On another occasion we observed someone who was eating their lunch to be sitting in such a way, that they could not reach their fork. We again raised this with the registered manager who responded accordingly.
- On the first day of our inspection, the registered manager told us about a person who used to come downstairs everyday to socialise with other people but because their needs had increased they needed two staff to support with aspects of their care and therefore could not come downstairs. The registered manager felt they could encourage this person to come downstairs. On the second day of the inspection, we asked if the person had come downstairs and we were told this had not happened. This was because the two staff that would be required to support this person were not available and the rota confirmed this.

Failure to deploy enough suitable staff meant people's needs were not being met and was a breach of

Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the provider brought an additional member of staff and would look at a tool to carry out dependency assessments.
- The provider had safe recruitment practices in place. When we looked at staff files we saw staff had the relevant previous experience and qualifications to carry out the role. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers and checking a person's identity and ensuring criminal record checks were completed.

Systems and processes to safeguard people from the risk of abuse

- We reviewed the provider's safeguarding policy and we found it had not been updated since 2011. This meant the home might not have kept up to date with changes regarding protecting people from abuse.

We recommend the provider seek and implement national guidance in relation to safeguarding adults from the risk of abuse to ensure they have robust systems in place to report and manage safeguarding concerns.

- Staff understood how to keep people safe from abuse. One member of staff told us, "Every year we do a course on line and if I had a concern, I would report this to my manager and if I see there was nothing done. I would go to the local authority or the CQC". Safeguarding concerns had been raised with the local authority and reported to CQC.
- People and their relatives told us they felt safe, Comments included, "[Person] is absolutely safe here and they treat [Person] kindly" and "It's a safe place and staff are kind."

Preventing and controlling infection

- At the last inspection we identified concerns regarding infection control. At this inspection we found the provider had addressed all of the issues we raised. Since the last inspection there had been improvements to the laundry facility which helped stop the spread of infection. The provider had employed cleaning staff and staff understood the importance of managing infection.
- The staff completed monthly audits in line with the infection control policy. These audits looked at areas such as the kitchen, environment, spillage and contamination. When issues had been identified, there was evidence a clear action plan been implemented to address any issues.

Learning lessons when things go wrong

- The registered manager understood the importance of learning when things went wrong. They told us, "Information is recorded, we update the care plan, we review risk assessments and we look at prevention techniques." Staff told us they discussed learning from incidents in meetings and during handover. Care plans and risk assessments were reviewed to reflect incidents and accidents. This information was shared with staff at handovers and during team meetings and supervision.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the provider was not always working within the principles of the MCA. On the first day of the inspection we asked to see the MCA policy and the registered manager told us they did not have one. We raised this with the home manager and later that day we were provided with a policy.
- The staff had completed assessments of people's mental capacity as part of their initial assessment of people's needs. However, they had not ensured decisions were made in people's best interests where people lacked the capacity to make decisions. There were no records to show how decisions had been made or who had been involved in the process. We reviewed three people's care plans and we could find no evidence of staff completing best interest decisions as there was no records to show how decisions had been made or who had been involved in the process.
- The registered manager had not checked whether people's representatives had a Lasting Power of Attorney (LPA) where they signing records or were making decisions on behalf of people using the service. An LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. This meant they did not have correct information about those authorised to give consent on behalf of people living at the service.

This meant systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The Registered manager responded promptly after the inspection by completing an online course on the MCA.

- People told us staff asked for their consent before providing any care or treatment and there were signed consent forms in people's files.
- Staff understood people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.

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

- The design and decoration of the premises did not always meet people's needs. The provider was continuing with a schedule of work to modernise the building. However, we noted the redecoration had not always considered the needs of the people living at the home. Many of the people were living with dementia however, the environment did not always support these people to be as independent as possible. There was poor signage and the colours of people's doors and bedroom walls were the same colour and did not provide any contrast to help people to orientate themselves. People did not have their names on the door or object of reference to recognise their rooms. We raised this with the registered manager and they told us this was decided on an individual basis and if people wanted their name on the door this could be accommodated. However, the registered manager had not considered how a more dementia friendly environment would help people to familiarise and to orientate themselves around the home.
- The dining room did not have enough tables and chairs for people to sit so people sat in armchairs and ate at individual tables. The dining area was not very inviting, the tablecloths had stains and there were no menus, place settings or condiments. As there were not enough tables, people did not get given a choice if they would like to sit in the dining area. We received feedback from a healthcare professional who also felt there was not enough tables for people to sit and eat their food.

We recommend the registered provider review and implement best practice guidance to provide a dementia friendly environment for people using the service and living with dementia.

- Since the last inspection the provider had redesigned some of the garden area and people told us they enjoyed sitting in the garden area in the summer time.
- People's rooms were decorated to their individual preferences and tastes. The registered manager told us "We urge people to bring their photos."

Staff support: induction, training, skills and experience

- The provider could not always demonstrate if all staff had received up to date training as records were not clear, particularly for longer serving staff. We raised this with the registered manager and they told us they would amend the training matrix.
- When new staff were recruited they completed a two-week induction and enrolled in Skills for Care which is a training organisation to support providers and staff working in social care.
- People using the service were supported by nursing staff who had skills and knowledge to effectively deliver care and support. People and their relatives were very positive about the staff. One person told us, "Generally the staff are very good," and "All nurses and staff are attentive and listen to the requests and act on them".
- Staff had opportunity for supervision sessions and annual appraisals. This process enabled staff to talk about any concerns they had and any further training needs. Staff told us they found this support helpful.

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

- People's dietary needs and nutritional requirements were assessed and met. People were weighed monthly and if concerns were raised we saw referrals were made to other agencies such as the GP or dietician.
- People were supported to maintain good nutrition and care plans recorded any specific dietary needs such as vegetarian food or diabetes and the chef catered for this. The registered manager was reviewing the menus for the home and we saw a sample of the new menu which provided more choice and variation.
- People could help themselves to drinks and snacks when they wanted to, and we saw that staff were always available to assist with this if required. This helped to show us people's nutritional and hydration needs were been met.

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

- Nurses and care staff understood people's needs well and were able to recognise if people's needs changed. Staff reacted quickly and sought appropriate help if they were concerned about people's health. On the first day of our inspection the doctor was called as nursing staff felt someone was not well.
- People were supported to access different services depending on their health requirements. People and their relatives told us they were supported to attend medical appointments. We received feedback from a health care professional who told us, "People are clean and kept well and if there is a problem they call us straight away. I have no concerns about this home."
- Oral healthcare assessments had been completed for people and people were supported by a visiting dentist. On the second day of the inspection a hygienist was providing support to people.
- The home had completed hospital passports for people in case they were admitted to hospital. Hospital passports contain useful information, such as the person's medicines, interests, likes, and dislikes and preferred method of communication. This helps healthcare professionals to better support people whilst they are in hospital.

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

- People's needs were assessed in line with national standards before they moved into the home. This assessment was very detailed and explored people's physical wellbeing, past employment and their home life. This meant staff had a good understanding of the needs of the person before they moved into the home. One member of staff told us this was important, "as it helps us to know about the person and we can talk about things which are important."
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with skin integrity and nutrition and these tools were used to develop people's support plans.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Whilst some staff were caring in their approach, we observed some staff not always giving people choices about how they were supported. During lunch we observed some staff supporting people to eat without asking people what they would like to taste first.
- Over the course of the inspection we observed often a task orientated approach to care with people sitting for long periods in the same chair with few stimulating activities for them to participate in. There was also at times very limited interaction and meaningful conversation between people and staff.
- People were not always supported in a dignified way. On the second day of our inspection we observed three people trying to eat their meals, but they were unable to use their fork or reach their food. They did not have any adaptations such as plate guards or specialised crockery to help them eat more independently and in a more dignified manner. We brought this to the attention of the registered manager and they told us they had plate guards but were not using them and people would be provided with these going forward.
- Despite the above we also observed caring instances where staff supported people to make decisions about the clothes they wore, and giving them options about activities they could participate in. One staff member encouraged a person to go for a walk around the home. This helped to show us some staff were helping to keep people independent.
- People were supported to maintain relationships with people who were important to them. There were no restrictions on when people received visitors and relatives told us this was important.
- People told us they were able to maintain privacy in their bedrooms, and staff always knocked on their doors before they came in.
- Care records and other records required to operate the service were stored safely maintaining the confidentiality of the information recorded.

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

- People told us that the staff were friendly and kind. One person said, "They seem to be caring." Another person said, " [Staff] is always looking after me and everyone is kind and polite." Relatives comments included, "Everyone is caring and respects [person]."
- We observed staff taking the time to sit with people and talk to them about events from the daily newspaper and taking time to reassure people if they needed it. Staff did not rush around and if people needed extra time staff made themselves available.
- Care plans we saw included information about people's personal, cultural and religious beliefs where this

was known. The service respected people's diversity and was open to people of all faiths and belief systems or none.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support; Meeting people's communication needs ; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of the inspection the service was not supporting anyone at the end of life. People had their end of life wishes recorded within their care plans. However, in one person's file the information was contradictory. Their care plan clearly stated they wanted to be resuscitated if they became unresponsive. Their file also contained a DNACPR (Do not attempt Resuscitation) form which stated the person did not wish to be resuscitated. This was misleading for staff and could result in the person not receiving the care they needed.
- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- People's communication needs were assessed. There were people who did not speak or read English as a first language and the registered manager had not ensured that information was provided to these people in a format they easily understood. Furthermore, when we spoke with the registered manager they were not aware of the AIS standard.
- Many of the people living at the home were living with dementia and the home was not offering activities specifically to support this group of people. During the inspection we observed the activities worker calling bingo, but the staff member was rushing the numbers and some people were struggling to cope, another staff member suggested they slow down to allow people to catch up and the worker responded by saying " I am not good at this game ".
- There was also little activities in place for people who stayed in their rooms and did not join others in the communal areas. Some people were confined to their beds and in one person's support plan we read they were at risk of isolation. There was no plan of care to address this need. We asked the activities worker what activities were arranged for this person and we were told, " There was no specific activities for individuals except talking to them."
- The registered manager told us people wanted to go on weekly outings but to date they had not managed this, but it was an area they wanted to improve on. We asked the registered manager how long they had been progressing this plan and they told us " It was taking a long time. "

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised all of the above issues with the registered manager and the home manager and they told us the activities worker was booked for specialist dementia training, but they had cancelled it. The registered manager told us they would be prioritising this area of work and they would ensure staff received the relevant training.
- Since the last inspection the provider had increased the number of activities within the home. People were encouraged to engage with activities, many of the relatives told us, they were happy with the activities, comments included: "[Person] participates in the activities like Bingo, painting and cake making" and "They entertain with music as well. "
- The home had visiting musicians who came to the home each month and people told us they enjoyed these sessions.
- We saw evidence of people and their families been involved in people's reviews and relatives confirmed this. Some care plans documented people's histories, their upbringing and their likes, dislikes so staff had information about the context of people's lives.
- Daily communication logs were completed by staff and they detailed any concerns staff had. From reading these notes we could see staff took appropriate action to address people's care needs.

Improving care quality in response to complaints or concerns

- The home had a complaints policy but since the last inspection they had received no complaints. The registered manager told us they felt this was because, "They operated an open-door policy and people and their relatives could speak freely if they had concerns. " The home had a formal complaints process in place and people and their relatives were provided with information about how to make a complaint.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection the registered manager and the home manager had started to make improvements to the home and there was some auditing systems in place, however there was a significant lack of oversight as the registered manager had failed to pick up the issues we found during our inspection. The registered manager had not always kept up to date on changes relating to the safe management of medicines, policies around medicines management were not updated in line with the latest guidance, for example, the policy on diabetes management was from 2001 yet documentation showed the registered manager completed an annual review of the diabetes policy. The registered manager had also not updated the safeguarding policy to reflect updated guidance such as the Pan-London multi-agency adult safeguarding policies and procedures.
- The registered manager did not always have appropriate oversight of the home, for example we found them to be unclear about the principles of the MCA. The registered manager was also unclear about the courses' content for staff's online training. This meant the registered manager did not have clear oversight of people's training.
- People who needed support to communicate were not always having their needs met. This meant the registered manager did not always have effective quality assurance checks in place to ensure people were receiving care in a dignified way.
- The registered manager was completing regular audits every month but these were not effective. These audits had failed to identify that some of the window restrictors were not working despite regular maintenance audits taking place. PEEPS were not always written in accordance with the providers policy so these were clear about how to support people to evacuate the premises should there be an emergency.

We found no evidence that people had been harmed however, the provider did not have effective quality assurance processes in place to keep people safe. This placed people at risk of harm. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the Duty of Candour and communicated openly with people and their relatives when things went wrong. The ethos of the service was to be open and

address issues and learn from the experience. When we raised all of our concerns with the management team they told us they were committed to improving the home for the people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Notwithstanding the above some people spoke well of the service and staff felt the home was well managed. Their comments included "I think it is well managed" and " Management are very approachable."
- The registered manager operated an open-door policy where people, relatives and staff were able to discuss any issues they might have. As a result, relative felt they could openly approach the management team if they had concerns.
- There were not regular residents or relatives meeting. We spoke with the registered manager about this and they told us it was because they operated an "Open door policy and the registered manager office was beside the front door, this meant relatives and people could come at any time and speak about concerns and they were addressed there." We did however, see that the registered manager had consulted with relatives and people about the menu choices and they had done this by arranging a series of meetings. The provider told us they provided regular updates to relatives by phone and email and if relatives wished for a more formal meeting this would be accommodated.
- The provider conducted an annual survey of people and their relatives to get their views about the quality of the service. In total 18 people and 11 relatives completed the annual home survey. The annual home survey covered areas such as care, environment, food and laundry and feedback . Overall the results were positive with one relative commenting that they received regular updates about activities that were happening in the home.
- There were regular staff meetings in accordance with the provider's policy, over the course of each year. The registered manager also conducted group supervision and issues arising from handovers were discussed as these meetings were used as tool to discuss concerns and agree on changes to the way care and support was delivered. Staff told us they found these meeting useful, one person said, "I find team meetings informative and a good way to learn about the residents and changes in the home."

Working in partnership with others

- The provider had developed effective working relationships with local services including local health services. Within people's files we could see the service worked in partnership with a range of local services.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always ensure that care was designed for people with a view to achieving service users' preferences and ensuring their needs were met.</p> <p>Regulation 9 (1) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person had not recorded where people did not have the mental capacity to make certain decisions, any decisions made were in their best interests</p> <p>Regulation 11(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure safe care and treatment because they had not always assessed risks to service users safety nor had they done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p>

Environmental risks and risks to people were not always identified or addressed.

Regulation 12 (1) 12(1) and (2)(a), (b) and (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not have effective arrangements to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risks service users faced while in receipt of care.
Regulation 17 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person did not have sufficient numbers of staff to meet people's needs
Regulation 18 (1)