

The Fremantle Trust

Apthorp Care Centre

Inspection report

Nurserymans Road
London
N11 1EQ

Tel: 02082114000
Website: www.fremantletrust.org

Date of inspection visit:
01 February 2017

Date of publication:
06 April 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Inspection took place on 1 February 2017 and was unannounced.

Apthorp Care Centre is part of The Fremantle Trust. It is a purpose built residential care home that is registered to provide accommodation for up to 108 persons who require personal care. It is divided into three floors that contain units called 'flats'. All bedrooms are single rooms with en-suite facilities. At the time of our inspection there were 75 people living at the service who were older people, who were living with dementia or were people who have learning disabilities or who have autistic spectrum disorder.

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

At the previous inspection on the 6 and 12 July 2016 we found Apthorp Care Centre to be inadequate overall with five breaches of the regulations. As such the service was put into special measures. This meant that the service was kept under review and would be inspected again within six months. There is an expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. As such we inspected within six months on 1 February 2017 to identify if the provider had made improvements to the service.

At our previous inspection in July 2016 we found that medicines were stored in an unsafe manner that resulted in medicines being disposed of and replaced. During our inspection in February 2017 we found there was now safe storage of medicines. However although we found no errors in the general medicines administration we found omissions in the controlled drug procedure that was not being followed appropriately by staff.

At inspection in July 2016 we found risk was not well managed by the service as some people had no risk assessments and risk assessments were not reviewed to take account of changing circumstances. During inspection in February 2017 we found most people had up to date, detailed risk assessments. However we found people did not have assessments to manage the risk of diabetes and one risk assessment review although reviewed had not taken account of a recent fall.

In addition we found in July 2016 that there was no falls matrix or a system that investigated falls, injury or bruising. In February 2017 there was a system in place that was being used to track and investigate falls injury and bruising however we found one example of bruising not being followed up with an incident report as the procedure stated. Therefore we saw the system was not yet embedded in staff practice.

At our inspection in July 2016 we found that health assessment such as Waterlow (skin integrity assessments) and Malnutrition Universal Screening Tool (MUST) were not completed and reviewed on a

regular basis. During the inspection in February 2017 we found that these assessments were now in place and reviewed. However we saw that health monitoring forms were not completed on occasions for people. As such the service would not have the information recorded to ascertain if people were being well hydrated and had adequate food consumption. This had not been picked up by the service's monitoring systems.

Staff told us they were now receiving good induction and training but we found staff still were not receiving supervision sessions on a regular basis as per the providers' policy.

At our inspection in July 2016 people told us staff were kind, caring and respectful. During our inspection in February 2017 people and relatives still spoke highly of staff and we saw some sensitive and kind interactions between staff and people. We also noted the atmosphere was warm and friendly and there was lots of laughter and fun between staff and people, an improvement on our previous inspection. However we found one person who was unkempt, was wearing stained clothing and we observed they were not responded to in an appropriate manner when they required support. The person's care plan was incorrect and stated they spoke a specific language when in fact they did not. Staff did not know the language they spoke and understood, and it was not clear how they were being communicated with. As such their dignity was not being supported by staff.

In July 2016 we found that there was little or no management oversight of the day to day running of the service. In February 2017 people told us that the registered manager, who was appointed following our inspection in July 2016, had made good changes and was approachable. The registered manager was well respected by people, relatives and staff. We found that there were new posts created for three floor managers and a newly appointed deputy manager in addition to the previous care practice manager and assistant manager. This allowed for greater management oversight and accountability on the three floors. We found that the management team was newly formed but not all staff were clear of the new managers' roles so whilst this was a positive step forward, time was required for the new management system to embed.

We saw one person was not supported to eat when they required encouragement from staff. A second person was unsupervised in a kitchen area when staff were otherwise engaged with people. The management team had not identified that meal times required further staffing to meet all people's support needs.

In July 2016 audits had not identified the concerns found at our inspection. In February 2017 we found there was a new and comprehensive system being used by the registered manager to audit the service however had not long been in place and was not embedded in practice.

For example, they had not captured and addressed issues such as the lack of supervision sessions and the omissions in the controlled drug administration.

At inspection in July 2016 we found care plans were not in place on occasion and were not updated. In February 2017 we found that the management team and care staff had reviewed all the care plans since our last inspection and care plans were personalised, of a good standard and provided clear guidance for staff.

Activities had improved since our last inspection and we found a range of meaningful activities that people enjoyed. People who could not join in group activities were on occasion being encouraged to do activities in their 'flat' communal area or were visited by staff in their room.

During our last inspection people and relatives told us complaints were not responded to. During our

inspection in February 2017 people and relatives told us they could complain and we saw evidence that complaints were recorded and responded to appropriately.

We found that there was a robust recruitment procedure that checked if staff were safe to work with vulnerable adults.

We found that improvements had been made in a number of areas and the service now requires improvement overall however remains inadequate in the Safe domain. This means that the Apthorp Care Centre will remain in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in Safe Care and Treatment, Good Governance, Staffing and Dignity and Respect.

We are taking enforcement action against the registered provider. We will report further on this when it is completed.

You can see what action we told the provider to take at the back of the full version of the 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?

Inadequate ●

The service was not safe. Although medicines were now stored safely the procedure for administering controlled drugs was not being followed by staff.

People had risks assessments for most aspects of their care however we found that people did not have risk assessments for their diabetes management.

The service used a dependency tool to ensure there were sufficient staff to meet people's needs however we observed two occasions when staffing was not sufficient at meal times this had not been identified by the management team.

The service had robust procedures in place for the safe recruitment of staff.

The registered manager and staff understood their responsibility to report safeguarding adult concerns and posters advised people and their relatives how they could raise safeguarding adult concerns.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff had not received supervision in line with the service supervision policy.

The service was not recording health monitoring charts effectively to ensure people's fluid and food intake was adequate.

People were supported to access appropriate health care professionals.

Staff were receiving training to equip them to undertake their role.

The registered manager and the management team understood their responsibility to the Mental Capacity Act 2005 and had made Deprivation of Liberty applications appropriately.

Is the service caring?

Requires Improvement ●

The service was not always caring. Although we saw caring and sensitive interactions by staff when supporting people some people's dignity and diversity was not well managed.

People told us they were involved in their care planning and people's care plans contained their end of life wishes.

Is the service responsive?

Good ●

The service was responsive. People had person centred plans that contained guidance for staff about how they wished to be supported.

There was a range of activities for people to attend and the activity coordinators visited people who remained in their rooms.

Relatives and people told us they felt able to complain and that their concerns were addressed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. Although progress had been made since the last inspection systems such as audits were not embedded and had not captured concerns such as the lack of staff supervision sessions, staff and management support at meal times and staff not adhering to the controlled drug procedures.

There was increased management support at the service and this meant there was a greater management oversight throughout the service.

The provider and registered manager were working in partnership with the commissioning bodies to train staff and to address the concerns from the previous inspection.

Apthorp Care 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 checked 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 took place on 1 February 2017 and was unannounced. The inspection team consisted of four adult social care inspectors and one expert by experience.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition the provider had completed monthly action plans to keep us informed of their progress in addressing the concerns found during our inspection in July 2016.

During our inspection we spoke with 16 people using the service and five family members. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition we observed staff interaction with people throughout the day.

We reviewed nine people's care records this included associated documents such as risk assessments, recording charts and daily notes. We observed eleven people's medicines administration and looked at their medicine administration records. We checked the storage of medicines. We reviewed six staff personnel records this included recruitment and training documentation. We spoke with nine care staff and an activity coordinator. In addition we spoke with two floor managers, the care practice manager and the registered manager. We also spoke with the regional director and the director of quality and governance.

Following the inspection we spoke with the commissioning body and two family members.

Is the service safe?

Our findings

At our last inspection in July 2016 we found the temperatures of medicines storage areas were not always recorded, and we found medicines stored at too high a temperature to ensure they were safe to use. During our inspection in February 2017 we found this had been addressed and both medicines fridges and trolleys had the temperature checked and recorded throughout the day and medicines were stored at a safe temperature. At the inspection in July 2016 there were no clear guidelines for the administration of PRN medicines that is as and when needed medicines such as pain relief. We found this had been addressed and guidelines were now in place for staff reference.

We spoke with staff administering medicines and asked them what the medicines were used for. On most occasions staff could tell us or referred appropriately to the guidance provided that described people's medicines and their use. However one staff member told us a liquid medicine was a laxative when it was a medicine used to treat epilepsy. When asked, a second staff member administering an epilepsy medicine was not sure what the medicine was used for but checked the guidance appropriately. It was a concern that staff were unaware of this medicine's use, as epilepsy can be a life threatening condition. Staff should be aware of the importance of this particular medicine and not confuse it with a medicine that may on occasions safely be missed. We brought this to the attention of the registered manager who agreed to ensure staff received further training on administering medicines that would cover such conditions as epilepsy.

Although we found no errors or gaps in the general administration of medicines records we did find that the procedure for the administration of controlled drugs was not being followed. We found two gaps in controlled drugs medicine administration records (MAR). We checked with the staff member who showed us they had placed a dot on the MAR to remind themselves they had administered a controlled drug but had not signed the MAR as the procedure required. There was a second gap we found that the person had refused their controlled drug, and the staff member had not recorded this refusal. As such there was no explanation on the MAR as to why the controlled drug was not administered. In addition when observing the administration of controlled drugs we found that the controlled drug log was kept, as a common practice, in a general office on a desk with other files and was not kept securely in the locked controlled drugs cabinet. This meant unauthorised staff had access to the controlled drugs log. We brought this to the attention of the care practice manager who placed it in the locked controlled drugs cabinet where there was access by authorised staff only.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12.

During our inspection in July 2016 we found that bruises, falls and incidents were not always recorded and investigated. This was because the procedure was unclear and not understood by staff. There was no oversight as to why people had bruising or had fallen. During our visit in February 2017 we found there was now a system in place to record bruises, falls and incidents. In addition there was a matrix to analyse why falls or bruising had taken place and we saw an example of staff practice being changed in response to the

new oversight by management.

As part of the procedure staff completed a body map and incident report that the care practice manager reviewed to ensure all protective measures were in place and that unexplained injuries were investigated appropriately. Although we saw most incidents such as falls and bruises were reported appropriately one of the four body maps we case tracked had not been recorded in an incident report and as such the subsequent investigation by the care practice manager had not taken place. We brought this to the attention of the registered manager who confirmed they had adjusted the procedure to ensure this does not occur again. We found therefore that the systems were now in place but not fully embedded in staff practice.

During our last inspection in July 2016 we found that there was poor assessment of risk and risk assessments were not reviewed to reflect changing circumstances. During our inspection in February 2017 we found that most people had detailed and relevant risk assessments for areas such as skin integrity, nutrition, moving and handling and personal emergency evacuation plans that had been reviewed in a timely manner. However we still found instances where risk had not been considered appropriately. For example, we found one person's body map and incident report noted they had a fall in November 2016. However the risk assessment did not consider the fall when reviewed and therefore did not reflect all risk factors. We saw two people's care records who were at risk because they had a diagnosis of diabetes managed with insulin. However there was no risk assessment in their records to highlight the risks to the person if this condition was not well managed and to inform staff of the actions to take to minimise risks to these people. We brought this to the registered manager's attention. Following our inspection they sent us information that showed one of the people had a risk assessment with regard to their diabetes but it had not been transferred from their old care plan to their new revised care plan and confirmed the other person did not have a risk assessment in place. We acknowledged that this person did have a detailed care plan that gave good guidance to staff. However it was important that there was a risk assessment for staff to refer to and that all people's documents follow the same process to support staff to find information quickly. The registered manager ensured these omissions were addressed.

A third person managed their own diabetes but they also did not have a risk assessment to ensure it was safe for them to do so. There were also no guidelines for staff in the care plan around hyperglycaemia and hypoglycaemia to assist the person when their blood sugar levels increased or dropped. The person monitored their own blood sugar levels but no records were maintained. The risks involved in supporting this person were not fully identified, thereby, putting the person at risk of harm.

The above concerns are a further breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12.

At our inspection in July 2016 people and relatives complained that staff did not wear name badges and they did not always know who the staff were. At our inspection in February 2017 we found that staff were now wearing name badges. Some people said they had staff who they were familiar with "I know most of them. Some are from other places if someone is off sick. I recognise most of them yes" and others said that they had staff they did not always know. "I don't know all their names, they are always different." The registered manager told us that there was "No one [staff] in the building who hasn't worked at Apthorp before, they are working with someone [staff] familiar with the environment and people living here." The registered manager explained they used bank / relief staff who were already familiar with the service to cover staff absence. New staff shadowed or worked with existing staff.

The registered manager showed us a tool used to determine people's level of dependency and it identified

the level of staffing required. The dependency tool also identified people at high risk and was used to determine the level of staffing required to address that risk. Since our inspection in July 2016 there had been a restructuring of management with a significant increase of managers. The registered manager explained to us that he wanted greater management oversight of the day to day running of the service. We found in February 2017 there were now three floor managers, one on each floor. These managers were supported by the care practice manager, a newly appointed deputy manager and the registered manager.

We found there were mixed views about staffing levels. One person told us "It really differs. Sometimes there are more than others" and some people told us "I have a couple who assist me yes. There could be a few more staff sometimes but there are usually enough in day and night". One relative who visited on a regular basis told us there were enough staff "Always someone around". One person told us "They could get a few more staff. It's busy at evening times and meal times" Two observations showed that there may not always enough staff at meal times. In one 'flat' at lunch time two staff were providing support to people. One newly appointed staff member was assisting someone to eat and the other staff member was serving food and assisting one person who needed prompting to eat. One person who liked to wash up and clean was left alone in the kitchen area, although a staff member was in the dining room, they could not see that the person was alone in the kitchen. We brought this to the attention of the floor manager who told us that due to risk of scolding with hot water, person should not be left alone in the kitchen and required staff supervision when undertaking activities in there.

In addition although we saw good examples of people being supported by staff to eat in a sensitive and timely manner we observed when staff did not respond appropriately to a person who was not eating. The person was observed at breakfast time to have a bowl of porridge and scrambled egg on toast in front of them for at least 30 minutes (It was already in place when the inspector started to observe) they did not touch their food and they were not encouraged or supported by staff to eat the food. Later they were observed again for 30 minutes without touching their lunch in front of them, only when the inspector brought this to the attention of the team leader did the person receive support from a staff member who sat next to them then they began to eat their meal. The team leader told the inspector the person would often eat if someone sat with them but they did not have enough staff to sit with the person. This illustrated there were not enough staff in the dining area to support people with eating.

We checked and the person had not suffered a weight loss but we were concerned they were not receiving the support to eat that they required. We brought this to the attention of the registered manager who told us immediately following the inspection they have made meal times a 'protected time.' As such all managers will support staff to ensure every person has the support they require at meal times.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18

We found at both inspections in July 2016 and February 2017 there was a robust recruitment procedure, staff completed an application form and attended an interview to ensure suitability for their role. The service obtained references, undertook checks with the Disclosure and Barring Service (DBS), and checked proof of ID and address before employing staff to ensure they were safe to work with vulnerable adults.

During our inspection in July 2016 safeguarding adult concerns were not always reported appropriately and people were not informed how they could raise concerns. At our inspection in February 2017 people were positive about living at Apthorp Care Centre and told us "I feel safe, yes no worries." Since our last inspection all staff had received safeguarding adult training and told us how they would report safeguarding adult concerns appropriately. There were now posters displayed to remind people how to report any concerns

they may have and we saw that the registered manager had reported safeguarding adult concerns to the appropriate bodies.

We found that as in our previous inspection Apthorp Care Centre was clean and had no mal –odour. Staff had received appropriate training to maintain good levels of infection control and used protective equipment such as disposable gloves and aprons. Cleaning staff used colour coded mops to avoid cross infection and laundry staff told us linen was washed at a suitably high temperature.

Is the service effective?

Our findings

In our inspection in July 2016 we found that staff did not receive regular supervision and some staff had not received supervision sessions for several years. In the inspection in February 2017 we still found staff supervision not consistently taking place. We looked at staff personnel files and the registered manager's service workbook for 2016 and found significant gaps in supervision sessions. We also talked with staff who confirmed supervision sessions were not always being held. One staff member had not received supervision since 2014. The provider policy states supervision sessions should take place at least 4 times a year. We brought this to the attention of the registered manager who found the supervision session matrix had not captured the relief / bank staff who were working at the service on a regular basis. The registered manager sent us information to show that all staff now had supervision dates planned for future supervision sessions. There was an updated matrix that included all staff and showed when supervision sessions were held or missed. The service was not supporting staff appropriately in terms of offering supervision sessions.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18

During our inspection in July 2016 we found staff did not always undertake all the appropriate assessments to ensure people's health needs were being met. In our inspection in February 2017 we found people had MUST assessments used to monitor and assess risk of malnutrition. The registered manager told us "Weight and nutrition is my passion" and had devised a calculation tool so that people's weights could be monitored over the course of a year and the tool could automatically calculate if the person's risk of malnutrition was high, medium or low risk.

Most people liked the food served although one person said they would prefer more choice. People told us "Yes it's very good. I choose from a few things and I go and eat in the dining room" and "I eat in my chair in my room. I like it in there and I do like the food. I choose from two different meals." People also confirmed they were offered plenty of drinks throughout the day "They bring you water, tea, squash and you get to choose what you have. I go and get it in my room. A jug is on the side" and a relative told us "There is always tea being offered." We saw that people were offered options during mealtimes and choice such as egg, toast, or porridge at breakfast. We observed people who had pureed food were supported to eat, staff sat next to them, took their time, and told them what the food was.

However we found inconsistent recording on charts relating to people's health. People who were at high risk with regards to their nutrition and fluid intake had fluid and food monitoring charts to allow staff to monitor their food consumption and fluid intake. We found that some people's food and fluid charts were not regularly completed and contained gaps in recording. One person who was receiving palliative care had their fluid intake monitored and recorded carefully throughout the day until for example 18:00 or 20:00 but the night staff did not record fluids taken on the chart and instead put general comments in the night notes such as "drink given" which did not give an indication of the amount taken by the person. This meant there was not a comprehensive overview of the fluids being taken by the person. Another person identified at risk

of malnutrition by the dietician did not have their food intake recorded in a consistent manner as we found there were general recordings that lacked information about the amount of food consumed. In addition some food charts did not state if food supplements were given to the people. These omissions in recording meant there were not robust systems in place to monitor people's nutrition and hydration needs were being met. The registered manager agreed to address health recording with all staff including night staff to ensure accurate and detailed records were made.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17

In our inspection in July 2016 we found that not all staff had received key training to support them in their role. During our inspection in February 2017 staff told us they had received training. Staff we spoke with told us they found the training helpful. We spoke to one newly recruited staff member who told us they attended the induction training, found it "useful", and were shadowing other staff which they found "very helpful". We saw staff had received training in key areas such as safeguarding, moving and handling and food safety. Care staff had attended work shop sessions run by the local authority at Apthorp Care Centre in care planning and they spoke enthusiastically about what they had learnt. We saw staff had put their new skills into practice to review people's care plans.

People told us staff supported them to see their doctor when they request an appointment. One person told us "I ask a carer if they can get the doctor to come to me when they come in next. They write it down and I see the nurse and the doctor comes." Most people's relatives were positive about people's health care one relative told us "They seem good with this. They arrange doctors, opticians, dentists when we ask and they come in quite quickly." Another relative was concerned that some people who were usually independent with aspects of their care but who have occasions when they are not so able may not always have the staff oversight around for example their denture care and to ensure their health appointments were not missed. However they felt communication was improved and that they were notified quickly if a medical emergency occurred.

During our inspection we saw evidence that staff supported people to access appropriate health care and worked closely with the Care Homes Enhanced Support Services (CHESS) team in Barnet. This is a pilot project multidisciplinary team comprised of nursing, physiotherapy, occupational therapy, pharmacy staff and a consultant geriatrician. They work alongside the GP and care home staff to provide a mixture of hands-on care and training. In addition staff had appropriately contacted the Rapid Response Team that provided a service to support staff to manage people who for example had chronic conditions that would usually require a hospital admission. We saw people were receiving medical care quickly and had support from appropriate professionals, this included people who were receiving end of life care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found they had systems in place to ensure they upheld people's legal rights.

The registered manager and floor managers demonstrated they understood their responsibilities under the MCA. At the last inspection in July 2016 we found that Apthorp Care Centre were applying for Deprivation of

Liberty Safeguards appropriately. During our inspection in February 2017 we found that the registered manager was continuing to consider if DoLS were required for people appropriately. Care staff could tell us how they obtained people's consent before acting and care plans described how people made choices. For example "[X] is unable to choose clothes, however if an item is shown and she likes it she will smile, therefore staff are to show her items and await her reaction"

Is the service caring?

Our findings

People told us they were happy with their staff support "Yes they are lovely. They have time for a chat with me" and "They are always asking if I'm okay or need something doing" and "They always stop and have a chat and ask if we need anything."

We saw laughter, chatting and even dancing between people and staff there was a friendly cheerful atmosphere in the communal areas. Staff were aware of people's preferences and told us for example "Residents sit in the same seats as they all like to sit with friends and use this room for each meal." We observed staff to be caring and often sensitive in their approach to people, for example getting down to eye level when talking with people. We felt there was more laughter from people and a happier atmosphere as a result of improved staff interaction with people.

Most people told us that staff respect their privacy and knock before entering their bedrooms- "Yes I get time alone if I want it and that's respect. They knock on the door and come in when you answer" and "Yes they treat me well. I have my independence and dignity here." However one person told us "No they never knock my door, just walk in. They do show me some respect though. I tell them if I don't want anyone in".

Most people we saw during our visit were dressed appropriately and looked well groomed. We saw staff support people to remain clean when eating meals and they adjusted clothing to retain people's dignity. However we saw one person wore stained clothes had uncombed hair and was unkempt. We observed they were slumped in an arm chair. They required assistance from staff as they kept trying to get up but were unable to as the seat was too low. We observed they had been given a cup of tea however they could hardly lift the cup, as it was full and heavy, and had been put on a table a bit too far away making it difficult for them to reach. Although they managed, they were in danger of spilling the hot drink on them self. In addition we were told by staff and informed by the person's care plan that they spoke Gujarati but an inspector found they did not respond to Gujarati but in fact were Hindi speaking. We brought our concerns to the registered manager who immediately following our inspection spoke with staff about the importance of maintaining people's dignity and confirmed the person was Hindi speaking. The registered manager told us that the increased visibility of managers on each floor will help address the issue of treating residents with dignity and respect and the monthly monitoring of care plans and risk assessments will ensure they are accurate and up to date

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 10

During our last inspection in July 2016 we found people were not involved in their care planning. In the inspection in February 2017 we found people were now being involved. People told us "They talk to me about who helps me best, how much support I need and how many people I need on things like having a bath. I like to do things myself." Another person said "They ask me to tell them if I need any extra support. I want my independence and I get it."

Care plans contained information with regard to people's cultural and religious diversity needs for example that someone was a non -practising Catholic but would now like the priest to visit and that one person was a Christian who liked to attend a Baptist church. Another person's care plan stated "Sometimes responds if spoken to in French." We saw one team leader do this and the person then took their medicines with a smile.

Is the service responsive?

Our findings

At the previous inspection in July 2016 there were activities taking place but not everyone who wished to attend could and people who remain in the 'flats' or their room did not have access to activities. At the February 2017 inspection people told us they attended activities supported by staff and the activity co-ordinators. "I like to sing and listen to music. We have a dance. I used to go out but not now" and "I like quizzes like today. I like to read the papers and they get them. Yes I go in the gardens and they are really nice in the summer and I went on the Royal Albert Hall trip." A relative told us "They do nice things. Lots of art and painting and they have been planting bulbs lately."

There was a programme of activities advertised so people knew what was taking place each day. On the day of inspection we saw that people sat in armchairs and wheelchairs in the 'bar' area next to an attractive well planted balcony. The activity co-ordinator waved and greeted everyone by name and encouraged them to wave and speak back. People played a quiz game about the 1960, 70's and 80's. The activity co-ordinator encouraged people to join in answering questions by asking if they remember things happening at certain times and involving everyone. The room had a relaxed atmosphere and there was chatter between people regarding quiz answers and their memories. In the afternoon there was a visiting shop selling clothes and staff supported people who wished to buy new items.

We saw that one activity co-ordinator went around the service visiting people who were bed or room bound and read poems to some people and put music on the radio for others. There were activity trolleys on each floor but we did not see these used on the day of inspection. However in one 'flat' people were supported by staff to draw and colour pictures. People were happily engaged in this activity and it promoted conversation between people and staff. The regional director told us that they had plans to use the communal areas on each floor more effectively and to redesign the 'bar' area to further promote activities. We thought there was an improvement with more people engaged in activities than at the previous inspection.

At the last inspection in July 2016 we found some people's care plans had not been completed even though they had lived at the service for some months and others were not updated or reviewed to reflect changes in circumstances. During our inspection in February 2017 we found this had been addressed. The service had trained staff in care planning and care plans were personalised with clear guidelines for staff to follow. People now had a 'Personal Profile' that gave an accessible introduction to staff of people's history such as where they were born and what their job had been. In addition profiles contained their 'likes' such as "Reggae music" and their preferred routine. This allowed new or agency staff to quickly get a sense of the person and understand their support needs.

People told us they had a choice of how they wished to be supported for example if they wanted a bath or shower, "I have a shower because it is easier with my chair, I can choose though. A shower is quicker." People's care plans reflected their choice and gave details such as "Plait her hair". There were clear guidance of people's staffing support needs for example one person required two staff to support with personal care and to transfer them using a hoist. There were lifting and handling guidance for staff and a photo of the correct size sling to use. We saw that care plans were reviewed and updated on a monthly basis

and when there was a change of circumstance. For example one person's mobility had changed and their care plan had been updated to reflect this.

During our last inspection in July 2016 people and relatives told us that their complaints were not listened to and no actions were taken. We found also there was no complaints procedure displayed to tell people how to complain and very few complaints were recorded and investigated. During our inspection in February 2017 we asked people and their relatives if they now felt able to complain they said they felt they could. One person told us "They would listen. I would tell a carer and then managers. I write it down so I remember what I need to say" and one relative told us "Managers have an open door policy so I would go to them with a bigger concern, if small to the carers and they usually help." We found that there was a complaints procedure displayed and complaints made had been recorded, investigated and responded to appropriately by the registered manager.

Is the service well-led?

Our findings

People and relatives spoke well about the management team. "They say hello when I come in and out and ask me how my day is going." Staff and people spoke highly of the registered manager who maintained a visible presence in the service by walking around the service each day liaising with the care practice manager and the three floor managers. The registered manager told us "I want more eyes and ears on the floor, more management presence." Staff told us the registered manager was approachable and was making positive changes in the service.

Since our inspection in July 2016 when we found a lack of management oversight, a new management structure had been put in place with floor managers on each floor. The provider created offices on each floor with computers and telephone system to enable the floor managers to work effectively. The newly appointed deputy manager was based within the service and not in the reception area, again in order to facilitate greater 'hands on' management approach. The regional director told us that they were promoting with staff a new approach as they wanted both managers and staff to take responsibility for what took place on their floor, to be accountable and responsive.

There was considerable improvement in the management oversight of the service from our previous inspection in July 2016 where there had been little or no management oversight or accountability. In February 2017 we found that the floor managers we spoke with were knowledgeable and experienced however they were newly appointed. We found that not all staff were clear about the new management system and the different manager roles. For example one team leader told us they were "Not sure what the floor manager's role was" and told us that some clarity of the role and responsibilities would be useful. We saw therefore that positive steps had been taken by the provider and registered manager to address the concerns arising from our previous inspection about the management structure but there was still 'work in progress' to embed the new system and make it robust and effective.

We found that there had been regular staff meetings to inform staff of the changes and to listen to their feedback. There had been service user and relatives meetings to discuss proposed changes and to allow concerns to be raised and addressed. Relatives also told us "You get newsletters and there is information on notice boards" All relatives spoken with found communication better since the inspection in July 2016 with "Significant improvement". However some relatives had found the services data systems were not updated to ensure they were notified of meetings and that the contact details for relatives were not always current despite having given the information.

At our previous inspection in July 2016 we found audits undertaken by the service did not identify the concerns we found at inspection. During our inspection in February 2017 we saw that daily checks of the environment were taking place, training was being monitored to ensure staff received the training they required, all people's care files had been completely reviewed and updated. In December 2016 there had been an audit of all staff recruitment. Medicines were audited by floor managers and by the care practice manager. There were positive measures undertaken to monitor people for example the registered manager had devised a spread sheet to monitor people's weights over a 12 month period. This had allowed the

registered manager to have a quick reference overview of what was happening with people's weight in the service and to ensure that staff were taking the correct steps to maintain people's nutritional intake.

However we found for example that the controlled drugs procedure was not being followed and this had not been picked up at audit. Health monitoring records for food intake and fluids was not robust and this had not been identified by audit. The registered manager showed us all audits were now completed in a registered manager's workbook. Each month the work book was sent to the director of quality and governance to scrutinise and the analysis went to the board of directors. The audits covered all aspects of the service such as recruitment, supervision, health and safety, care plans, risk assessments, medicines, incidents and accidents and complaints. The workbooks aim to provide a comprehensive oversight of the service and to identify where there is a short coming in the service. However we found that only one month had been completed so far. It was not a comprehensive audit system yet. We noted for example that three staff were missing from the staffing list in the workbook, the registered manager amended this. Potentially this can be an effective auditing system once the system is embedded.

The provider and the registered manager have been working in partnership with the commissioning bodies to address the concerns raised at our inspection in July 2016. Staff have attended local authority training workshops and the service has been open and transparent in responding to the concerns raised. They have attended regular meetings with the commissioning body to monitor progress and had undertaken monthly audits and sent a report to the Care Quality Commission of the detailed findings of these audits and details of all actions taken as a result of those findings.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Not all people's personal dignity was being well managed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment A breach of controlled drug procedure A breach of not assessing all risks.

The enforcement action we took:

A positive condition is already in place from Inspection July 2016 we will keep this in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits had not addressed health checks recordings not being kept in a robust manner. Audits had not picked up the controlled drugs omissions. Audits had not addressed the lack of supervision sessions.

The enforcement action we took:

A positive condition is already in place from Inspection July 2016 we will keep this in place

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Supervision session were not taking place. There was not always adequate staffing levels at meal times.

The enforcement action we took:

A positive condition is already in place from Inspection July 2016 we will keep this in place