

# Care UK Community Partnerships Ltd

# Muriel Street Resource Centre

## 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: Muriel Street Resource Centre provides nursing care to men and women with a range of needs including physical disabilities, dementia and mental illness. The home is able to accommodate a maximum of 63 people over three floors. There were 56 people using the service on the day of the inspection.

- Since our last inspection the home had undergone a major managerial change. There was a new registered manager who had worked at the home in different roles for over three years. Other members of the senior management team, including the deputy manager and the clinical lead, had joined the team in January 2019. The lack of a complete management team up to January 2019 was reflected in the running of the home. During our visit we identified shortfalls that needed to be addressed.
- People were not always protected from harm from others. Prompt action had not always been taken by staff when concerns about the lack of person-centred care were raised by people. The management team had investigated all known safeguarding concerns to ensure people were protected.
- Feedback about staff at the home received before and during our inspection was mixed. Alongside some positive comments, we received information suggesting that staff were not always kind or attentive to people. This had been confirmed by our observations during both days of our visit.
- Staff had not always received regular support to assess their skills and to help them to care for people effectively. Not all staff completed their mandatory training within the given time frame. Staff supervisions and appraisal were irregular and for some staff infrequent. Staff conduct had not always been properly managed.
- People were not always sufficiently supported to eat and drink. People needed to wait a long time for their meals and they had not always received appropriate assistance to eat their meals. People's fluid intake had not been monitored closely as staff did not have guidelines on how much individual people should drink.
- Staff were knowledgeable about people's individual dietary requirements. However, records related to nutrition had not always been updated promptly. It was possible that staff would refer to guidelines about people's dietary requirements that were not current.
- Risks to people's health and wellbeing had been assessed and reviewed regularly. The information about the level of risk had not always been checked to ensure consistency with information in other care documents. It was possible that staff would not have access to correct information about the risk.
- Regular health and safety checks of the premises and the environment had been done. Most of the equipment had been checked regularly. Recording of the airflow mattresses checks needed to improve.
- Quality assurance audits were effective in highlighting issues and shortfalls in care provided. However, the implementation of the improvement plans was not effective in addressing issues, which meant they happened again.
- Relatives said that they had been involved in making decisions about people's care. However, when people lacked capacity to make decisions, there was not always clear evidence to show that people's representatives had been consulted.
- Overall, medicines were managed safely. However, a small number of shortfalls were identified during our visit.

- Staff were recruited safely. Appropriate checks had been carried out to protect people from unsuitable staff.
- New staff received an induction to the home and their specific role. Staff felt supported by the management team and they said they could approach managers any time for additional supervision and support.
- People could choose what they ate. There was a selection of food to choose during each meal and throughout the day. Jugs of water and juice were always available to people across the home.
- Staff supported people to have access to external health professionals when needed. Appropriate referrals had been made to ensure people received support they needed.
- The home was clean and well maintained. The environment was bright and spacious, and the home's decor was pleasant and helped safe movement of people with dementia and perception problems.
- People's privacy was respected when staff provided personal care.
- People had individual care plans that set out their care needs and how staff should support them. The care planning system needed to be reviewed as information provided was not always consistent.
- There were some meaningful social activities which we observed. A new lifestyle coordinator had commenced further improvement work to ensure all people were provided with individual activities and an interesting activities programme.
- People and their relatives were encouraged to provide feedback about care at the home. This was done through residents and relatives' meetings and periodic satisfaction surveys. People and relatives felt comfortable with raising any concerns with the registered manager. They felt the registered manager dealt with complaints promptly.
- The management team had received positive feedback from people using the service and relatives. All said they were approachable and responsive to any concerns raised. We observed that the management team was very knowledgeable about the people using the service, their needs and how they wanted to receive care.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have made two recommendations about comprehensive risk assessment and risk management planning and about the Mental Capacity Act.

Rating at last inspection: Requires Improvement (date last report published 26 March 2018)

Why we inspected: This was a scheduled inspection of the service; however, it was prompted in part by notification of an incident following which a person using the service died. The information shared with CQC about the incident indicated potential concerns about the management of risk related to choking and nutrition. This inspection examined if people were at risk related to eating and nutrition.

Follow up: We asked the provider to submit to the Commission an action plan to show how they will make changes to ensure the rating of the service improves to at least Good. We will continue to monitor the service and we will revisit it in the future to check if improvement has been made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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** ●

# Muriel Street Resource Centre

## **Detailed findings**

### Background to this inspection

The 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two adult social care inspectors, a nurse specialist advisor, a pharmacist specialist advisor and two Experts 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. The Experts by Experience had personal experience of mental health and dementia care.

Service and service type: Muriel Street Resource Centre is a care home. People in care homes receive accommodation and nursing or personal care. 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: This inspection was unannounced. Inspection site visit activity started on 28 February 2019 and ended on 1 March 2019.

What we did before the inspection: We reviewed the information we held about the service. These included people's feedback and notifications of significant events affecting the service.

What we did during the inspection: We spoke with members of the senior management team including the

North London regional director, the registered manager, deputy manager and a clinical lead. We also spoke with 16 staff members including two team leaders, four health care assistants, five nurses, the maintenance worker, the chef, the kitchen assistant, the business assistant and the lifestyle coordinator.

We spoke with 10 people who used the service and four relatives visiting the home. Many of the people using the service were unable to share their experiences with us due to their complex needs. Therefore, in order to help us understand people's experiences of using the service, we observed how people received care and support from staff. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with one external healthcare professional who visited the home during our inspection.

We looked at records which included care records for 19 people, recruitment, supervision and training records for nine staff members, and other records relating to the management of the service, such as health and safety checks, team meeting minutes, medicines and the home's and the provider's audits.

What we did after the inspection: Following the inspection, the registered manager provided us with additional information related to the service provision, staff training and supervision trackers and other documents related to the running of the service. We included this information in our inspection findings.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from harm from others. When people raised their concerns, staff had not always acted to ensure it was investigated. Concern about a lack of person-centred care was raised by two people. We could not find evidence that showed action had been taken to investigate and address this. The current registered manager was not aware of this concern until the inspection team pointed this out. The registered manager said they would investigate it.

The above is evidence of a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where safeguarding concerns had been raised with the registered manager, prompt action had been taken to ensure people were protected. We saw that the home had worked together with the local authority to investigate concerns and to ensure people were safe. However, the home had not informed CQC about four safeguarding issues which they should have reported to comply with the law. Two issues were under the previous registered manager and further two under the current registered manager.

We are looking into this.

- Staff received safeguarding training. Staff we spoke with could describe what they needed to do if they thought people were at risk of harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and reviewed regularly. Most risk management documents provided guidance for staff on how to support people effectively. We saw risk assessments associated with nutrition, moving and handling, falls, choking and transport away from the home.
- We looked at risk assessments for four people with behaviour that might challenge the service. We saw risks were highlighted in people's plans. These described triggers as well as preventative and de-escalation strategies for staff. One person receiving more intense support due to their behaviour did not have a behavioural risk assessment in place. We highlighted this with the registered manager who said this would be addressed. We noted that clear guidance from an external professional on how to manage this person was present. In another example, a person had a detailed risk assessment around their behaviour. This information was not transferred in any detail in to the person's care plan.
- The information about the level of risk did not always match between the various care documents. There was a possibility that staff would not have access to correct information about the risk.

We recommend that the service consider current guidance from a reputable source about comprehensive risk assessment and risk management planning.

- Each person had a Personal Emergency Evacuation Plan (PEEP) in place to guide on how to support them in case of fire.
- There were regular building, health and safety, environmental and fire safety checks carried out to ensure people lived in a safe environment. Most equipment checks had been carried out as required. We noted some gaps in records relating to airflow mattress checks. Airflow mattresses are used to prevent people developing pressure damage. We had not received information of concern around skin care and pressure ulcers at the home. We assessed this was a recording issue rather than the lack of appropriate checks. However, the record keeping needed to improve to ensure risks related to incorrect mattress airflow were identified and action taken when needed.

### Using medicines safely

- We looked at 19 Medicine Administration Records (MARs) and other records related to medicines management, across all three floors at the home. Except for a small number of shortfalls, we saw that overall medicines were managed well.
- The shortfalls included the following. For one person, MARs stated that the medicine had been dispensed, but the number of tablets in the box suggested that the medicine had not been given to the person. Medicines storage temperatures had been checked, but, not always recorded as required by the current guidelines. In one case a person refused to take their medicines, however, there was no evidence that action had been taken to follow this up. We immediately reported this to the registered manager and prompt action was taken to address this.
- Medicines administration had been recorded and signed by staff on MAR charts to confirm medicines were given.
- Medicines were stored safely in a lockable trolleys and rooms to ensure unauthorised persons did not have access to it.
- Medicines received and disposed had been monitored, counted and outcomes recorded for future audit.
- We looked at medicine audits conducted by the management team prior to our visit. We saw that these were effective in highlighting and addressing issues around medicines management. We spoke with the management team, about shortfalls we saw during our visit and they assured us these would be addressed.

### Staffing and Recruitment

- People we spoke with said there were enough staff to support them. One person said, "I don't use the call bell. I've not needed it. I see the staff around and I can speak with them." A family member confirmed, "Every five minutes they come, and they check, or they walk past, and they look in the room."
- The staffing level at the home was allocated depending on the current number and the level of needs of people who used the service. Rotas showed approximately one staff member allocated to three people on higher dependency floors and one to five on the lower dependency floor. The registered manager explained that staff numbers could vary if people's needs had changed.
- During the day, we saw that in most cases, staff responded to people's changing needs promptly. However, during the evening, we observed that staff were not always readily available to attend to people. This was confirmed in the feedback we received from relatives prior to our visit. We raised this with the registered manager who assured us this would be immediately addressed.
- There was a safe recruitment procedure in place to ensure people were supported by suitable staff. Appropriate checks, such as enhanced criminal checks and obtaining a full employment history, had been completed. Where applicable qualifications and registration with professional bodies had been verified.



Periodic audits were in place to ensure registration remained valid. This was also true for the agency staff used at the home.

### Preventing and controlling infection

- Staff received infection control training. Personal protective equipment, such as gloves and aprons had been available for staff to use. The registered manager carried out a yearly infection control audit. This was to ensure infection control measures at the home were followed.
- We saw that mostly staff adhered to the infection control principles. They wore gloves and aprons when providing care and served meals. We observed one situation where a staff member used their hand rather than cutlery to serve food to people. We spoke about this with the registered manager who said he would address this with staff.

### Learning lessons when things go wrong

- The registered manager kept a log of accidents and incidents and what action had been taken to address the situation. The providers internal audit from January 2019, identified that accidents and incidents reports had not always been completed with the correct information about the occurrences. In response, the registered manager implemented a new accidents and incidents tracking system. This included analysis of possible themes and patterns and an action plan to reduce the risk of accidents and incidents reoccurring.

## 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The majority of people we spoke with told us they enjoyed food at the home. Their comments included, "I like best that we are well fed" and "The food is very good, good cooking."
- Records related to people's nutritional needs had been reviewed regularly. However, the information across various documents was not always accurate. People's nutritional care plans specified individual dietary needs and personal, cultural and religious preferences. These were accompanied by malnutrition assessment (MUST), swallowing, choking and hydration risk assessments. One person's risk assessment stated that the person should be weighed weekly, however, their care plan referred to monthly weight checks. The providers own audits carried out in December 2018, January and February 2019 highlighted that information about people's changing nutritional needs had not been updated promptly. There was a risk that staff would refer to incorrect guidelines when supporting people.
- People's fluid intake had not been monitored closely. Staff were required to complete individual fluid charts to ensure people had enough fluid. With one exception, individual daily fluid goals were not stated on fluid chart seen. Consequently, staff did not have guidelines on how much people should drink to avoid dehydration. One person's fluid chart showed they only consumed 200mls of liquid (approximately one cup) that day. It was not clear if this had been followed up on. When fluid charts had been completed, staff had not always totalled it to check how much people drunk. These was true of all fluid charts we saw.
- Staff did not always provide enough support to people during meal times. On the first day of our visit, during lunchtime, we observed people waiting to receive their food for long time. There was not always support offered for people to eat and to enjoy their meal. One person appeared confused and in need of guidance on how to eat. Staff did not approach them for over 20 minutes. The second person was given another spoon of food while they were still chewing. This could cause the person to rush unnecessarily and increase the risk of choking. Another person, dining in the lounge was waiting for food over 40 minutes. After their meal was served, the person was left unattended. Staff did not check if they needed any assistance for another 20 minutes.

The above is evidence of a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (14 4 a, d)

- We spoke about this with the registered manager who addressed this matter immediately. On the second day of our visits the meal time was managed differently. People who appeared restless were reassured and people who needed help with eating were supported promptly.
- We also saw positive examples of staff supporting people during meal times. Breakfast time was peaceful,

and people enjoyed various types of food. One person needed assistance, staff supported them kindly and without rush.

- Staff we spoke with were able to tell us about people's individual diet requirements. This included risk of choking, physical, environmental and behavioural factors which could impact upon people while they eat.
- People could choose what they eat. There was selection of cold and warm food for breakfast and always a choice of two freshly cooked meals at lunch. A variety of food was available in the evening. We observed that food served to people was prepared in line with information in their care plans and risk assessments.
- Jugs of water and juice were always available to people.

#### Staff support: induction, training, skills and experience

- Staff had not always received regular supervision. Records in staff files and the supervision matrix showed that supervisions were irregular and for some staff infrequent. At least eight staff members had not had their individual supervision for over 7 months. At least one staff member did not have supervision for over 11 months.
- When conduct issues had been discussed with staff, there had not always been evidence available to show that action was taken to address it. Therefore, we could not always say if the matter had been dealt with effectively.

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

- People and relatives told us that they thought staff had the knowledge and skills to support them. One person told us, "[staff are] Well trained, as far as I'm concerned, very good at moment." Family members spoke positively about staff skills. One relative said, "She's well looked after."
- Staff were required to undertake regular refresher training. Records showed that not all staff completed the required training within the given timeline. The registered manager informed us that action had been taken to ensure all staff undertook training as required. This included mandatory training being scheduled for upcoming months and a disciplinary action taken when staff omitted to participate although requested.
- New staff received induction to the home and their specific role. Each new staff was required to complete an induction handbook which outlined learning acquired during the completion of the Care certificates. The Care certificates is a set of standards that provides new staff with the knowledge, skills and behaviours expected in the role of care workers. We saw examples of completed books in the staff files.
- Staff felt supported by the management team. They said they could approach managers any time for support. The supervision records we looked at showed that topics discussed included people's care, training and development, performance feedback and action plan to follow.

#### 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.
- Relatives said when people did not have the capacity to make decisions, staff spoke with them about care provided to people. People's files had some evidence of best interest decisions taking place. However, records were not always comprehensive. Not all care files included evidence that people's representatives had been consulted about people's care. One person's care plan stated that an independent advocate would make decisions about care on behalf of the person. There was no evidence of the advocate's

involvement for this person. Another person had a Lasting Power of Attorney appointed (LPA). There was no evidence that the person's care plan had been consulted with them. An LPA is a person who has formally been given authority to act for another person in specified health or financial matters.

We recommend that the provider seeks further guidance and training from a reputable source on the principles of the Mental Capacity Act.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found that when required, the registered manager had submitted DoLS applications to the relevant local authorities. The registered manager had promptly followed up on the applications to check if they had been authorised.
- Staff had received training in the principles of the MCA. We observed staff following the principles of the MCA as they asked people's consent before attending them.

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

- Staff supported people to have access to external healthcare professionals when needed. One person told us, "Staff call the GP. I also have a chiropodist." A family member confirmed, "They [staff] call the GP and give me the updates."
- There were monthly multidisciplinary meetings (MDTs) including the home's clinical staff and external healthcare professionals. This gave the opportunity to discuss peoples' changing needs and to make appropriate referrals quickly.
- When needed, referrals had been made to an optician, chiropodist, tissue viability nurse (TVN), mental health team, dentist, the palliative team, dietitian and a speech and language therapist (SALT).

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

- People's care needs and personal preferences had been assessed before people moved into the home. The assessment had been carried out by an independent assessor appointed by the local authority. This had been then discussed with the registered manager to ascertain if the home could provide care that met respective individual's needs.
- People could visit the home and spend some time there before they move in. This gave them an opportunity to meet other people using the service and staff and to ascertain if they would like to live there.

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

- The home was clean and well maintained. We noted three small maintenance works that needed to be completed. We spoke about this with the registered manager who took immediate action to address it.
- Each floor had at least two lounges and a spacious dining area. There was plenty of space for people to spend their time socializing with others and to relax in the quieter area if they wished to.
- The home had been recently renovated. The environment was bright and spacious. There were contrasting colours used for the walls, floors and amenities, such as toilets seats and hand rails, across the building. This assisted safe movement of people with dementia and perception problems.
- Further uplifts had taken place within the home that enabled positive engagement for people using the service. For example, there had been a reminiscence area added on the first floor and an elegant music area on the ground floor. We saw that people used and enjoyed the space created.
- The registered manager told us the redecoration work was ongoing. They were awaiting the delivery of a

dementia friendly artwork and the installation of a dementia multi-sensory equipment for people to enjoy when they wished to.

## 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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- We received mixed feedback about staff at the home. Most people and relatives said staff were kind. One person said, "The staff are pretty good. I am well looked after." A family member stated, "The staff are very compassionate." We also received less positive feedback describing care that was not considerate. One person told us, "I had an appointment they didn't tell me about. Not fair they didn't tell me." A family member described a specific care arrangement in place to ensure the person was safe. They told us it was not always followed.
- During our visit, we observed kind interactions between staff and people. Much of the communication with people was positive and staff and people were laughing together. We also saw interactions that were not kind and people appeared affected by it. One person become very distressed and was asking for support. No staff approached the person to offer reassurance and help. When they responded, it was done in the way that increased the person's distress. We also saw two incidents where a person using the service became cross with a staff member attending to them. The staff member told the person to "calm down". They did not enquire why the person got upset and what their needs were.
- Prior to our visit we received information about staff not always attending to people when needed. In the evening, on the first day of our visit, we observed no staff could be found on one of the floors for over 10 minutes. In another example, we saw a person being visibly distressed as they were walking without shoes and they said they felt cold. This was not noticed by staff until the inspector pointed it out.
- The issue of unkind staff conduct had been identified during the inspection in January 2017 and January 2018. We spoke about our observations with the registered manager who ensured us action would be taken to address this. The registered manager informed us staff were in the process of receiving customer care training. The aim was to help staff to manage their interactions with people better. All staff were expected to complete it by the end of April 2019. Because the matter had been recurring, we assessed that more robust action should be taken to address these issues.

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

Supporting people to express their views and be involved in making decisions about their care

- People were supported as much as possible in making decisions about their care. All relatives we spoke with confirmed that they had been consulted and involved in discussion on what care should be provided to people.

- Information about people's communication needs was recorded in their care plans. This included the language spoken and any communication aids needed to communicate with others, for example flash cards. The information was detailed and staff had sufficient guidelines on how to communicate with people effectively.
- Staff knew people's communication needs well. They described to us various ways they could communicate with people non-verbally to determine what their needs were. This included ensuring eye contact, observing body language and using flash cards and pictures

#### Respecting and promoting people's privacy, dignity and independence

- During our inspection in January 2018 we observed staff practice during morning handover needed improving because people's privacy was not always respected. At this inspection we saw this had been addressed. We saw staff knocked on people's doors and waited for a reply before entering their room.
- Peoples' care plans included information on what personal care was required. This included people's preferences, such as using a bath or a shower and how they liked to be supported. Records included information on the number of care staff needed and aspects of self-care people could carry out themselves.
- Staff we spoke with knew how to protect and promote people's privacy. All staff spoke about the importance of privacy when providing personal care. We observed that care records were stored securely in locked cabinets in the nurse's stations which were locked when staff were not present.
- We observed that people were clean and their hair, teeth and nails all appeared to have been attended to. Clothes people wore were clean.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The system relating to care planning needed reviewing as there was a risk staff would not have current information about people. Each person had two version of their care plan, an electronic and a paper copy. Different staff referred to different versions when describing people's needs to us. We noted information on both documents did not always match. It was not always clear which version was the most current.
- The level of information about people in their care plans differed depending on which staff formulated them. Most care plans were comprehensive, and person centred. These included helpful guidance for staff on people's needs and specific health issues such as diabetes, epilepsy, chronic and specific disease. We also saw meaningful lifestyle care plans. Most of them gave a full history of people which would help staff to provide all-round, person centred care to people. We noted this was not universal for all care plans as some had limited information about people and information was outdated. For example, one person's care plan stated they would sometimes wake in the night and walk around the unit. At the time of our visit the person was not able to mobilise independently anymore.
- People's care was planned with people or when appropriate their representatives. All relatives we spoke with confirmed they had seen people's care plans and they were consulted about care provided to people.
- Families had been encouraged to visit and be involved in decision making and providing information on how to best support people.
- We discussed issues related to care planning with the registered manager, he was receptive to our feedback and assured us the issues would be addressed.
- The home was in the process of improving the activities programme. The activities coordinator was appointed in January 2019. They had been gathering detailed information about people and what they liked so interesting and bespoke activities could be provided for all people at the home.
- Life books had been completed for each person using the service. These gave people the opportunity to have their history and background conveyed in a way that celebrated this person. The books seen provided good detail about people and their interests.
- We observed some activities taking place during our visit. We saw people taking part enjoyed it. The activities timetable included group exercises, quizzes, creative and pampering sessions and theme nights.
- The home had recently published the new Muriel Street information magazine. The aim was to inform people using the service about activities and social events happening at the home. This included weekly visits by children from a local primary school, social trips to local pubs, café's and theatres. There were various music sessions taking place at the home. People using the service also had the opportunity to attend football matches and participate in tours at local football stadiums.

Improving care quality in response to complaints or concerns



- The provider had a complaints policy and procedure in place. We noted it had not been displayed and readily available for people to see. We discussed this with the registered manager who addressed it immediately. The policy was displayed on each floor before the end of our visit.
- Most people and relatives we spoke with said they never had to complain about the service. Those who did make a complaint said it was dealt with promptly and well. One person said, "[If I had a complaint] I would go to the manager, I know the procedure." A family member told us, "If something is not right I address it immediately with the Manager."
- Since our last inspection in January 2018, the home received two formal complaints. We saw these were investigated by the registered manager promptly.
- The registered manager told us, that at the request of the families, he had increased the frequency of relatives' meetings to monthly. He said this would allow him to deal with any arising issues promptly.

#### End of life care and support

- Where appropriate, people had end of life care plans which set out advanced care preferences as far as these could be ascertained. The care plans also included information on what support should be provided in case people's health significantly deteriorated. This included anticipatory medicines to reduce possible pain and recommended plan of action including people's own ongoing involvement when possible.
- When people were unable to express their own preferences, families and significant others were encouraged to provide information on what people's end of life wishes would be.
- DNAR (do not attempt resuscitation) forms were in place. These had been agreed and signed by a GP. We saw that in most cases people's relatives and significant other had been consulted on this matter.
- Records showed that referrals to palliative care team had been made when required.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- Quality assurance audits included the home's managerial thematic audits and a range of the provider's quality checks. All audits we saw had identified issues highlighted by us during the inspection. However, improvement plans had not always been effective in addressing these issues. Accountability and the time frames to achieve outcomes had not always been specified and, we noted, similar issues reoccurred. This mostly related to care documents not being updated or having conflicting information about people's care needs.
- The management team had not addressed matters related to staff conduct satisfactorily. Staff records showed that conduct issues had been discussed with staff. However, this had not always been reviewed and it was not clear what action was taken to address highlighted issues.
- Monitoring systems related to staff training, appraisal and supervision showed that staff had not always received this support as required. The training matrix indicated that some staff mandatory training was overdue for over four months. At least eight staff members did not receive supervision for over seven months. It was not clear what action had been taken to address it.
- The registered manager had not informed the commission about four safeguarding events. They should have done this to comply with the requirement of the Regulations. Two issues were under the previous registered manager and further two under the current registered manager. We are looking into this matter further.

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and how the provider understands and acts on their duty of candour responsibility

- People were invited to participate in monthly residents' meetings. Available minutes, from meetings in March and June 2018, showed that people were encouraged to give feedback on care received. When issues had been highlighted there was no evidence to show that action had been taken to address it. Similarly, there was no evidence to show that staff had been updated on matters discussed in these meetings.

The above is further evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

- The latest service users survey had been carried out in February 2018. We saw the overall feedback had been positive and people were satisfied with care they received.
- There were separate quarterly relative satisfaction surveys. The last one was carried out in between August and November 2018. 11 relatives responded. We noted the overall satisfaction decreased compared to the previous survey. The main area of reduced satisfaction related to the staff responsiveness to concerns and the atmosphere at the home. There were also aspects of the service that received a more positive rating compare to the previous survey. These related to supporting people in accessing the community, access to the registered manager and the overall welcome at the time of admission.
- There were separate relatives' meetings, where family members and significant others discussed care provided and running of the home. The registered manager explained the frequency of this meetings had recently increased to monthly. This was to prompt an open discussion and a prompt response to any issues arising.
- Staff spoke positively about the management team. One staff member said, "The manager has been very supportive, I am able to balance work and home." All staff we spoke with said the culture at the home promoted open communication. They said problems could be reported and the management team would address them.
- Staff participated in regular team meeting where they discussed care provided to people and other matters related to running of the service.
- Staff commitments to good quality care and team work had been recognised through a colleague of the month award.
- The registered manager understood his responsibility under the duty of candour and prompted open and transparent communication with stakeholders when there were areas which went wrong and needed to improve. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Planning and promoting person-centred, high-quality care and support with openness;

- People and relatives said the registered manager was approachable and supportive. One person told us, "I'm comfortable with the Manager. He seems very nice. I think the place is well managed." A relative confirmed, "The Manager is very good, very approachable."
- People and relatives were involved in planning and reviewing of people's care. The registered manager and the clinical lead were very knowledgeable about the people using the service, their needs and how they wanted to receive care.

Managers and staff being clear about their roles

- The current senior management team had been newly formed. The home had a new manager who had worked at the home in a different role for over three years. They registered with the Commission in December 2018. The new deputy manager and the clinical lead joined the home in January 2019.
- The new management team were responsive to our feedback and were keen on addressing issues highlighted in the quality audits and during our inspection.
- Our conversations with the managers and the staff team showed that all had clarity about their tasks and duties and understood their responsibilities associated with their roles.

Working in partnership with others

The home had worked in close partnership with external health and social care professionals. One professional told us, "Staff would raise any concerns with me, I know them well and talks to them often

about care provided to people."

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   |
| Treatment of disease, disorder or injury                       | The registered person did not ensure that all service users were treated with dignity and respect.<br><br>Regulation 10 (1) (2) (c)  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  |
| Treatment of disease, disorder or injury                       | The registered person did not ensure that systems and processes had been established and operated effectively to prevent abuse of service users.<br><br>Regulation 13 (1) (2)  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs   |
| Treatment of disease, disorder or injury                       | The registered person did not ensure:<br><br>Receipt by a service user of suitable and nutritious food and hydration which is adequate to sustain life and good health,<br><br>Regulation (14 (1) (4) (a)<br><br>If necessary, support for a service user to eat or drink was provided |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance   |
| Treatment of disease, disorder or injury                       | <p>The registered person did not operate effective systems to:</p> <p>Assess, monitor and improve the quality of the service.<br/>Regulation 17(2)(a)</p> <p>Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.<br/>Regulation 17(2)(b)</p> <p>Maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;<br/>Regulation 17(2)(c)</p> <p>Act on feedback from relevant persons and other persons on the service provided in the carrying of the regulated activity, for the purpose of continually evaluating and improving such services.<br/>Regulation 17(2)(e)</p> |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing  |
| Treatment of disease, disorder or injury                       | <p>The registered person had not ensured that staff received appropriate support, sufficient training, supervision and appraisal of their skills to enable them to carry out the duties they are employed to perform.<br/>Regulation 18 (2)(a)</p> |

