

MNS Care Plc

Hanbury Court Care Home

Inspection report

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Hanbury Court Care Home provides 24 hour care, including personal care for up to 35 adults. This includes nursing care for older people who may be living with dementia. The service is a purpose built property. The accommodation is arranged over two levels. There were three bedrooms with en suite toilet facilities. All other bathrooms and toilets were shared. There were 32 people living at the service at the time of our inspection.

The service had a manager who had been at the service for seven months at the time of our inspection and was awaiting the outcome of her application to become the registered manager of the service. 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.

We inspected Hanbury Court Care Home on 22 and 27 June 2016. This was an unannounced inspection. At the last inspection on 31 July 2013 we found the service met the required standards. At this inspection we found two breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 regarding, medicines management and supporting staff.

People were not safe at the service. There were poor arrangements for managing medicines. People were at risk of harm when moving around the service. Staff did not always treat people with respect and dignity. Peoples care plans were not always person centred.

Staff did not always receive up to date training, supervision and appraisal. Some staff did not have a clear understanding of the application of the Mental Capacity Act (2005). There was poor record keeping and quality monitoring tools used by the service did not identify issues of safety and quality. Staff had mixed views about the staff culture and management team.

People and their relatives told us they felt safe using the service. Staff knew how to report safeguarding concerns. There were up to date systems in place to maintain the safety of the premises and equipment. We found recruitment checks were in place to ensure new staff were suitable to work at the service.

Appropriate applications for Deprivation of Liberty Safeguards had been made and authorised. People using the service had access to healthcare professionals as required to meet their needs.

Staff knew the people they were supporting. People using the service and their relatives told us the service was caring. Staff respected people's privacy and encouraged independence. People and their relatives knew how to make a complaint. The service enabled people to maintain links with their culture and religious practices.

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. Medicines were not always administered safely. People were at risk of harm when moving around the service.

People felt there were enough staff available to meet their needs.

People had risk assessments in place to ensure risks were minimised and managed.

People and their relatives told us they felt safe. There were robust safeguarding and whistleblowing procedures in place and knew how to report it. Staff were recruited appropriately.

The provider carried out equipment and building checks.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff did not receive training, appraisals and supervision to support them in their role.

People's health and support needs were assessed and reflected in care records.

People were supported to maintain good health and to access health care services.

People had access to nutritious food and drinks.

Some staff had a good understanding of the Mental Capacity Act (2005).

Is the service caring?

Requires Improvement ●

The service was not always caring. Staff did not always treat people with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences. However we did not see how people who may identify as lesbian,

gay, bi-sexual or transgender would be supported by the service. We have made a recommendation regarding best practice.

People using the service were not always involved in planning and making decisions about the care and support provided at the service.

The service enabled people to maintain links with their culture and religious practices.

Is the service responsive?

The service was not always responsive because peoples care plans were not always detailed or regularly reviewed.

People were able to take part in a programme of activity in accordance with their needs and preferences.

There was a complaints process and people using the service and their relatives said they knew how to complain.

Requires Improvement ●

Is the service well-led?

The service was not well led. Effective systems were not in place to monitor the quality of the service.

Staff had mixed views about the leadership and staff culture of the service.

People using the service and their relatives told us they found the registered manager to be approachable.

Requires Improvement ●

Hanbury Court Care Home

Detailed findings

Background to this inspection

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

On both days of the inspection, the inspection team consisted of an inspector and a nurse specialist advisor. A specialist advisor is a person who has professional experience in caring for people who use this type of service. Before the inspection we looked at the concerns raised and information we already held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the host local authority to gain their views about the service.

During the inspection we spoke with eight people and two relatives of people who used the service. We spoke with 19 members of staff including night staff. This included the registered manager, a senior manager, five registered nurses, six health care assistants, the administrator, two housekeeping staff, the chef, kitchen assistant and maintenance person.

We examined various documents. This included seven care records relating to people who used the service, twelve medicine administration records, seven staff files including staff recruitment, training and supervision records, minutes of staff meetings, audits and various policies and procedures including adult safeguarding procedures. 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 to us.

Is the service safe?

Our findings

The service was not safe. We found medicines were not administered or managed safely. We looked at 12 medicine administration records (MAR) and noted gaps in the MAR charts for four people. We spoke with staff about this. They were unable to confirm if all four people had received their medicines although the blister pack for each individual was empty. This meant people were at risk of not receiving their medicines safely.

Controlled drugs (CD) were not appropriately managed. Controlled drugs are medicines which are legally subject to special storage and recording arrangements. The CD register had several entries stating that the medicine had been administered however the dose given to people was not always recorded. Controlled drugs were not being managed in line with correct procedures. Two nurses must both check and count the CD before signing the CD register. We observed nurses did not check the remaining amount of CD's together. Although some CD doses administered to people were partly used there was no documentation of the amount of drug wasted in the CD register. This meant the service did not appropriately record CD's that had been administered to people and the balance of CD's could not be confirmed as correct.

Partly used controlled drugs were visible in the boxes used for medicines disposal. We were concerned that medicines could be easily removed from the box and spoke with the nurse about this. They told us this was how partly used CD's were disposed at the service although doom kits were used for disposal of other CD's and medicines that people refused when offered. A doom kit contains a substance which renders controlled drugs harmless and unusable.

Non-prescription and over the counter medicines (homely remedies) were not managed appropriately. We saw records indicating that homely remedies had been taken by a member of staff at the service.

The service did not follow correct procedures for the safe administration and management of medicines. The above findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Medicines taken as needed or as required are known as 'PRN' medicines. Information was available to enable staff to make decisions as to when to give these medicines. This ensured people were given their medicines when they need them. We saw PRN plans were completed for medicines people required. For example pain assessments were carried out before and after administering PRN pain relieving medicines. This meant the people were not at risk of experiencing discomfort. The recording of administration of PRN medicine was accurate and clearly documented.

We saw that people whose medicines were administered without their knowledge (covert administration) had a covert administration plan completed. The procedure involved the person's family member signing their consent and guidance for staff on how the medicine should be administered. Records showed how the medicine had been administered on each occasion. For example one person's records said the medicine was "Mixed into porridge." We saw records of best interest meetings relating to covert administration of

medicines.

We saw appropriate arrangements were in place for obtaining medicines. The systems in place for ordering of medicines were appropriate and utilised local pharmacy provision. Medicines received from the pharmacy for each person were recorded in their medicine administration records (MAR) charts. We saw records that medicines were prescribed, ordered and administered in a timely way to enable people to have their medicines when they needed them. People receiving medicines that needed regular blood monitoring and dose changes were appropriately managed.

Medicines were stored securely within locked trolleys kept in a treatment room on each floor. Medicines requiring cool storage were stored appropriately and records showed they were kept at the correct temperature, and so would be fit for use. Controlled drug medicines were stored safely and securely. Records showed all staff who administered medicines had the appropriate training and their competencies were reviewed.

We found the service did not always take appropriate action to ensure people were safe when moving around the service. On the first day of the inspection we found the corridors were untidy and cluttered with equipment. Free movement was restricted on the ground floor corridor by two trolleys and two hoists outside people rooms or in the middle of the corridor. This made it difficult to find a clear path to walk around the equipment and there were several trip hazards. We were concerned that the rails along the corridor were inaccessible to people who may need to use them for support as they walked around the service.

We found equipment was stored under the stairs including a Hoover, mop bucket, wheelchair foot rests and a wheel chair. We found trolleys containing continence equipment were stored in the bathrooms and toilets at the service. We also saw a hoist stored in one of the toilets used by people living at the service. One person using a walking frame was having difficulty getting into a toilet due to a large trolley of continence equipment stored in the area. We asked the manager to assist the person by moving the trolley which they did.

We spoke with the manager about the risk this presented to people using the service. They told us there was a lack of storage areas within the home and it was difficult when people were receiving personal care as the hoists were needed and there was no alternative storage close to people's bedrooms.

Flooring was worn and damaged in some bathrooms and could cause a trip hazard and harbour bacteria. In one bathroom we saw the bath panel was damaged and had large cracks. One corner was held together by tape. In a toilet used by people living at the service we found the toilet seat was faulty and did not fit the toilet. One relative told us they had been waiting for a repair to be carried out in their relatives' room for several days and this had not been done. They had been told the delay was due to the maintenance person being on holiday. We spoke with the manager about the arrangements for maintenance cover at the service. They told us they called in external contractors as necessary. However this had not happened. This meant people were at risk of harm because hazards were not identified and repairs were not always carried out in a timely manner.

We spoke with the manager about our findings. They told us these repairs would be carried out. Following the inspection we received confirmation from the manager that the bathroom flooring had been replaced, the bath panel had been repaired and a designated storage area was now available for the storage of hoists and continence trolleys. We were satisfied this had been addressed by the service.

The service was in a poor decorative state. The manager told us there was plans to update the décor and showed us a sample of the type of improvements planned. We saw one bedroom door had been painted and had a knocker and letter box. The manager explained this was done in the style of a front door and further plans included decorating the corridors to look like a street. They said this would help residents living with dementia to become familiar with their surroundings.

During this inspection we found building safety checks had been carried out. For example records showed boiler, water hygiene and electrical checks were carried out annually. Other checks on equipment such as hoists, water temperature and fire alarms, emergency lighting, pressure mattress and window restrictors were carried out monthly or weekly. All communal areas of the service were checked daily by the maintenance person and monthly with the manager. Any repairs identified were logged and completed. The service used external contractors for plumbing and electrical repairs. We spoke with the maintenance person about our concerns. They said they had already carried out the daily check and had added the issues identified to their log for completion.

Risk assessments were carried out for people using the service. Risk assessments documented identified the risk and detailed actions needed to minimise and manage risk for the person. These assessments included risks associated with specific medical conditions, pressure areas, mobility and falls, bed safety, behaviour that challenges the service and nutrition. Risk assessments were reviewed monthly or sooner if a new risk was identified. Staff we spoke with were knowledgeable about people's individual risk management plans and knew actions needed to minimise the risk. For example we looked at risk assessments for one person relating to behaviour which stated, "I may become agitated if I am in pain. Staff need to speak with me and find out if I am in pain, sit with me and explain anything I don't understand."

People using the service told us they felt there were enough staff available to meet their needs. One person said, "Yes, there's always someone around." Another person said, "They (staff) take time with you they don't rush." A third person said, "They come quickly when I press the button at night it's unusual to have to wait for someone to come. That happens if they're with someone else. But when they come they help me. They make me a hot drink if I can't sleep."

Staff had mixed views about the level of staffing at the service. When asked if there were enough staff one staff member said, "In the mornings care is rushed we could do with another member of staff, many of the residents require two carers for assistance we are short in the mornings for bathing and showering." They told us people are bathed or showered weekly or more if they want to but staff numbers were short to ensure this happened." Other staff told us there were enough staff but said when staff are off sick or they need to escort people to appointments they can be short staffed. We looked at staffing rotas which confirmed staff sickness or absence at short notice was covered by a bank of staff employed by the service. One member of staff told us, "We usually have enough staff we are only short if someone's sick and then someone gets brought in to help us out." During our visit we saw staff provided the support people needed, when they required it.

When asked if they felt safe people using the service said, "Yes I do, everybody is kind to me here." Another person told us, I could not live without these girls (health care assistants). They look after me very well. I always feel safe."

The service had a safeguarding policy and procedure in place to guide practice. Safeguarding training for staff was mandatory. We looked at records of this and spoke with staff who told us they had completed safeguarding training. We noted that some non-care staff had not completed safeguarding training. One staff member said, "I don't have safeguarding training I don't really know much about it."

Other staff we spoke with had a good understanding of safeguarding adults and gave examples of the different types of abuse. Staff were knowledgeable about the process for reporting abuse and knew who to notify. The service had a whistleblowing policy and procedure. Staff we spoke with knew how and where to raise concerns about unsafe practice at the service. Some staff we spoke with told us that while they would not hesitate to do so, they were concerned about the repercussions of voicing concerns.

Accidents & incidents were managed by the service. We saw records of incidents that had taken place involving people who use the service and noted recommendations had been made and recorded in the accident file to prevent reoccurrence. Serious incidents were reported to the local authority safeguarding team as appropriate, however we noted this was not always done in a timely manner. Staff we spoke with knew the procedure for reporting accidents and incidents.

There were effective recruitment and selection processes in place. Staff records showed they had been subject to appropriate and necessary checks prior to being employed by the service. We saw copies of proof of identity, their application form, which included their employment history, were kept on file. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. We saw references had been obtained to ensure people were of good character and fit for work. Records showed that staff's nursing registration, criminal checks and visa status where relevant had been monitored on a regular basis to ensure they were eligible to practice or work. One staff member told us, "I had all my checks done before I could come to work here."

Infection control policies and procedures were in place. Records showed infection control audits were carried out monthly. The service had an infection lead member of staff who was responsible for monitoring infection control procedures. They told us, "I am in charge of infection control. We do all the barrier nursing things, hand washing, checking bins and laundry. We asked about training. They said, "Yes we do but I always check my staff to make sure they all do the infection control things as well. I like to be thorough." Staff we spoke with were clear about infection control procedures including those put in place when people using the service had symptoms of a suspected infection.

We saw staff wearing aprons and gloves when serving meals, carrying out cleaning or preparing to support people with personal care. We observed staff washing their hands and removing aprons before leaving peoples' rooms or moving to different areas of the service. Housekeeping staff we spoke with told us about the process for ensuring the service was clean and the risk of infection minimised. This meant the service had processes in place to minimise the risk of the spread of infection.

We noted that the sinks in the treatment rooms were not clinical wash-hand basins. This meant that staff may not be able to follow hand washing techniques correctly. Following the inspection the manager provided confirmation that the taps had been replaced in clinical areas. We were satisfied this had been addressed by the service.

Is the service effective?

Our findings

The service was not always effective. The providers appraisal policy stated "All staff will have an annual appraisal session." Staff told us and records confirmed they were not receiving a regular annual appraisal. Staff files reviewed did not contain appraisal records. One staff member told us, "I am still waiting for it (appraisal) I have not had one for a long time." Staff should receive regular appraisal of their performance in their role to identify any training, learning and development needs and any other support that is needed.

Staff we spoke with told us they attended training courses relevant to their role. Staff told us training was done using a system which consisted of live streamed programmes or DVD's, group discussion with their peers, a work book and quiz. Staff said they found this useful. The service had a program of training which was divided between mandatory training completed annually and essential training which should be completed by all staff within three months of commencing employment at the service. Mandatory training included fire training, food hygiene, moving and handling, infection control, medicines competency and safeguarding. Essential training included Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS), continence, activities, dementia, first aid, documentation, health and safety and nutrition.

We found that most staff were up to date with mandatory training. However, records showed many staff had not completed essential training. For example of the 52 staff working at the service eight had not completed safeguarding training. None of the staff had completed dementia or activities training. Records showed two staff members had completed nutrition training, nine had completed continence training, 21 completed health and safety training and 29 had completed mental capacity training. This meant, staff were not always supported to receive training to enable them to fulfil the requirements of their role.

New staff were given an induction which included shadowing shifts (working alongside an experienced colleague) over a one week period and a programme of training. One member of staff told us, "I did induction for a week and did training like fire training, infection control and had time to find my way round the home." From October 2015 it was a requirement that new staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of training, be observed by a senior colleague and be assessed as competent within 12 weeks of starting. We saw that people's induction was not recorded and that their competency was not assessed during the induction period.

Staff received support to carry out their roles through supervision meetings. Supervision meetings are held so staff and their manager can discuss the staff member's on-going performance, development and support needs, and any concerns. Records of supervision meetings showed supervision sessions had taken place for most staff however some non-care staff told us they had not had supervision meetings and didn't know if any had been planned. Staff who had received supervision told us about positive experiences regarding their supervision sessions.

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

People using the service told us staff obtained consent before carrying out care. One person told us, "Yes. They ask first before they start helping me." Another person said, "They [staff] help me with washing and dressing but they always tell me what's going to happen and it's always private." Staff were knowledgeable about how to obtain consent. They told us they would ask permission and explain what they were about to do before carrying out care. We observed staff asking people before they carried out care or support. However we noted people's care records did not show they had signed consent to care where able to do so.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The manager was knowledgeable about the MCA, how to obtain consent before giving care and about completing mental capacity assessments for people using the service. Records showed some staff had attended MCA and DoLS training however, some nursing and care staff were less confident in their understanding of MCA and DoLS. Staff were aware of the MCA, but not necessarily its application to practice.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of inspection thirteen people who used the service had authorised DoLS in place because they needed a level of supervision that may amount to deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. The provider had sent in notifications to the CQC about the decisions of applications submitted for DoLS.

People told us they enjoyed the meals at the service. We observed lunchtime at the service on the first day of our inspection. The menu options were steak pie with broccoli and mashed potato or vegetable curry. Omelettes were also available and one person had asked for a special of their choice. People using the service enjoyed the meals which were flavoursome and well presented. One person said, "The food is really nice here." Another person agreed and told us the portions were "Generous."

Care plans contained information about the nutritional and hydration needs of people using the service. Records included monthly weight monitoring charts as well as dietary and food texture needs. The chef explained that for people who have diabetes, "All desserts and puddings for the home generally are made with artificial sweeteners to enable the diabetic residents to have a good variety and not miss out" and for people on pureed or liquidised foods, "Special dietary requests are catered for and food thickeners added by care staff and we puree the meals. I have a list of all special requirements the nurses come and tell me personally." Observations showed people were offered different options for their meals during the inspection. People's likes and dislikes in relation to food and drink was clearly documented. The chef told us, "I know all the residents in the home I go and speak to them and find out their likes and dislikes and keep those details in the folder in the kitchen." One person using the service told us, "I have certain soft foods. The cook comes and chats with me about the dinners I want. I choose fish really often." Another person said, "I work with the cook to get the dinners I like."

The chef explained that there was a, "Fortnightly menu, meals are home made with fresh produce with fresh fish on menu three times a week." People using the service had a choice of breakfast daily including a cooked breakfast. We saw a selection of meal choices for lunch, dinner and supper. Mid-morning and mid-

afternoon drinks and snacks were available including milky drinks and fruit squash. One person told us, "There's always tea and coffee and I can even get a hot drink any time of the night if I want it." The chef explained some people liked a takeaway at times and the service ensured they had this when they wanted. The chef was aware of people who required meals to meet their cultural preferences.

Staff interacted positively with people during lunch. Staff supporting people with their meals did so patiently and chatted with them during the meal offering them more and asking if they wanted a drink. We observed one person change their menu option because they "Just didn't fancy it now." They were given the meal of their choice.

Staff asked people if they would like a second portion of lunch. People enjoyed the lunchtime experience and sat at dining tables with their friends. One person said, "We have lunch and a bit of a chat." Another person explained "You can eat in the lounge as well but I prefer to have my lunch at the table and my dinner in the lounge watching the telly."

Records showed relevant safety checks were carried out daily in the kitchen, for example temperatures of the fridges, food labelling and expiry date checks and reheating guidelines. We looked at up to date daily cleaning schedules and noted deep cleaning took place every three months by external contractors.

People were supported to access healthcare services and received support to maintain their health. People told us they were able to see a doctor if they needed to. One person said, "The doctor comes on a Tuesday. We have three different ones but I always get my usual doctor." Staff told us and records confirmed GP visits to people living at the service took place weekly and at other times as required. Records showed visits to the service from various health care professionals such as speech and language therapists, palliative care team and dieticians. There were records of visits from the dietician, chiropodist, tissue viability nurse and physiotherapist. Peoples' care records contained information relating to various appointment letters following up from referrals.

Handover meetings took place at the end of the evening shift and end of the night shift. The nurse on duty handed over to the nurse coming on the next shift. They in turn handed the information over to all staff. We observed a handover meeting. Each person living at the service was discussed. Any issues or changes in their wellbeing were discussed and actions taken were communicated. For example one person had refused to have their blood glucose level monitored by the night staff and the incoming staff member was reminded to ensure this was checked before the person had their breakfast. We were concerned that information may not be passed on to all staff. However staff we spoke with did not think was an issue and told us they always passed the information on. We saw procedures in place for checking the information received during handover was passed on and carried out by all staff.

Is the service caring?

Our findings

People were not always treated in a dignified manner because staff approach was not always consistent. During the inspection we observed one person left uncovered while staff left the room to get a replacement sheet for them. We brought this to the attention of the staff member. They explained the person was wet so they were left uncovered. We suggested that they could have used the towel to cover the person as they may be cold and were exposed. The staff member did not respond but said to the person, "You are alright aren't you?" We spoke to the senior staff member on the floor who said they would address this with the staff member concerned. We observed other staff knocking on bedroom doors and waiting for a response before entering.

When asked how they promoted dignity, one staff member told us they had concerns about staff approach. They said, "I do feel though that some of the carers don't talk that much to the residents, they could be talkative when they are helping them, rather than going into the rooms and pulling the covers off them without speaking or asking, this makes the residents agitated it's like they are only here to perform the job and not be there for the residents". Another member of staff told us they ensured doors were closed and curtains drawn when assisting people with personal care. They told us, "I speak respectfully. I call each resident by their preferred name. I make them feel comfortable. I don't want them to feel embarrassed or awkward."

A person using the service told us, "If I need to have my personal care done they make sure everywhere is closed first, curtains, doors and they make sure I'm really clean. We have a little bit of a laugh and they don't make me feel embarrassed."

People using the service and their relatives told us the service was caring. One person said, "It's lovely here and they (staff) are all so nice. We all have a joke." Another person said, "They are so nice even when I'm rude to them when I'm grumpy they don't take any notice. They're still nice." When asked if they thought the staff were caring a third person said the staff were, "Very nice staff. Best thing about them is they are just nice, gentle and friendly." A fourth person said, "Of course, these girls (staff) are so lovely."

One relative told us, "I can honestly say my [relative] is so happy and contented I cannot find any faults. It's caring." Another relative told us the service cared for their relative, "Very well."

Staff we spoke with told us they felt it was a caring service. One staff member said, "Yes we all care about these residents we will do anything for them they are lovely residents here." Another staff member told us, "It's like a family here and this is their home. I like to get to know our residents." A third member of staff said, "I really like this job. It's about giving your best to the residents considering their needs and what makes them well and happy."

We observed staff interacting with people in a kind, respectful and personalised way. There was laughter and good natured exchanges between staff and people using the service. One staff member noticed a person sitting quietly on their own. They sat beside and asked why they were "So quiet today." They spoke

with them about the morning's events offering them a cup of tea. They were soon laughing and chatting together. Staff described how they developed relationships with people which included speaking with the person and their family to gather information about their life history, likes and dislikes. One member of staff told us, "I build a relationship with them by talking and getting to know them. I find out what they like and don't like." Another staff member said, "I really care about these residents, I've spent time with them and I have a good relationship with all of them. I know everything there is to know about them." One relative told us, "My [relative] is very ill and when we moved in they really took time to get to know her."

The service respected people's privacy. One person's care plan detailed staff should give them "Private time" with their friends and family. Staff told us how they ensured people had choices. One staff member said, "I get them to choose their outfit and look how they want to look for the day." A person using the service told us, "I choose what I want to do and when I want to do it."

Staff provided information and explanations when supporting people with daily living activities. We observed a staff member explaining to one person that even though it wasn't a hot day they needed to have more drinks to stop them becoming dehydrated.

Observations showed staff supporting people to remain independent and people were encouraged to participate in activities outside the service. One staff member spoke with someone finalising arrangements for their outing. This person told us, "It's better than all the money in the world to be able to go out and about. It makes me feel so happy."

People were supported to take part in their cultural or spiritual practices. Staff knew about people's cultural backgrounds and told us how they supported them.

Staff told us people using the service were encouraged to give their views about the service and spoke with the activities co-ordinator. We did not see records of this. People using the service told us they sometimes went to meetings but we were unclear if these were residents meetings or ones they attended with their relatives.

Hanbury Court Care Home produced a newsletter for people using the service. The provider also produced a newsletter for people using the service and their relatives. We looked at the most recent issue of this which included updates on events in other services within the group, corporate information, events and entertainment.

People's care files showed plans were in place for end of life care and included people's wishes for preferred place of care and specific funeral plans. During our inspection the service was supporting several people who were at the end of their lives and their care plans were reviewed or updated monthly to ensure they were receiving the appropriate care in line with their wishes. Staff we spoke with knew people's wishes. Staff told us about the process for arranging support for people and their family with the palliative care team and with end of life facilitators in the local borough.

People's individual need for maintaining meaningful relationships was included in their pre-admission assessment and in care plans. However, the opportunity to seek information about people who identified as lesbian, gay, bi-sexual or transgender (LGBT) was not clear in care files or in pre-admission assessment. Care plans, did however, contain information regarding whether or not people had been in committed heterosexual relationships. Analysis of training records showed staff had not received training in equality and diversity and this was not included in the mandatory or essential training programme.

We recommend the service seeks and follows best practice guidance on supporting people who identify as LGBT in care homes.

Is the service responsive?

Our findings

Initial assessments were carried out when people came to live at the home and each person had a care plan. Care records reviewed were not always detailed. The manager told us they were aware care plans were not person centred and were in the process of changing all care plans to a new template which would address this.

Nursing staff were carrying this out and had received training on how to complete the new care plans. We looked at these care records and saw these were more person centred. We noted that some information was still incomplete including assessment and monitoring of their personal care and continence needs. We spoke with the manager about this. They told us they were carrying out audits and taking necessary actions to address this. We saw records of this and the plan to complete all care records by mid-August 2016. Staff were knowledgeable about people's individual care needs and had a good understanding of personal histories and preferences. Staff were able to explain how they used the care plans and risk assessments to ensure appropriate care was given to meet people's needs.

Care plans included details about people's individual needs as well as their preferences. For example, each care plan contained a 'Personal Information' section which had details about medical conditions, allergies, religious beliefs and next of kin details. Care plans also contained a personal life history, detailing information such as their previous occupation, where the person was born and any significant memories. Staff we spoke with told us, "I regularly check the care plans just in case anything has changed, that's how we know what the treatment is or any risks we need to look for."

Care plans contained information about the types of activities people enjoyed, for example, "Likes to knit and read. I like to take my bag with me to the day room it has my glasses, book and knitting in it." The service documented the activities that people were doing in their care records. This meant that the service responded to people's preferences.

People using the service and their relatives had mixed views about activities at the service. There was a programme of activities displayed which included movement sessions, card making and art and crafts. People told us they liked to join in but wanted more activities. One person said, "I like card making but it would be good to have a couple of days when it takes place. I can't make it today, now it's not on till next week." Another person said, "There's something going on here and if not we go to the lounge and sit there and have a chat. More would be good." The service had an activity co-ordinator. On the second day of our inspection they had arranged for people to attend the polling station to vote. One person told us, "It takes it out of you going out but it's great to get out and about and this [voting] is important. It's all organised so I can go." Staff told us they sometimes had impromptu BBQ's when the weather was warm. They said they went out to do any extra shopping needed and asked people using the service what they wanted to eat. People using the service also told us about the BBQ's and that they enjoyed them.

People were given the option to decorate their rooms with their personal items and most rooms were personalised with people's own furniture. One person using the service told us, "Look at my photos. This

picture was a present." Another person said, "I love to have all my stuff around me. I do need help to keep it all tidy but I love having it around." This meant the service gave people choice and encouraged individuality.

The service had a complaints policy and procedure. People using the service and their relatives said they knew how to complain if they needed to. The management team and staff were able to explain how they would deal with a complaint. The service had received one complaint which was recorded and had been responded to and resolved in line with the providers' complaints procedure.

Is the service well-led?

Our findings

We found the service was not always well led. We found some people's care records were not always up to date. For example, care plans were not reviewed monthly by nursing staff, pre-admission assessments did not always include information relating to people's background, needs and abilities assessments were incomplete and were not evident in some care files. Consent forms were not always signed and dated and there were gaps in monitoring forms. For example, personal hygiene records and continence charts had not been completed for several days. Some hospital passports were also incomplete. Hospital passports are documents accompanying someone to hospital containing information about a person including their medical history, allergies and communication needs. Applications for Deprivation of Liberty Safeguards although completed were not always included in people care files. This was not always identified during audits carried out by the management team.

Quality monitoring systems were in place however, they had not identified the other issues we had identified during our inspection such as poor medicines management and safety of the premises. This meant people were not protected against the risk of harm or inappropriate or unsafe care and treatment by regular monitoring of the quality of the service provided. We looked at records of monthly audits carried out. These included care planning and risk assessments, accidents and incidents, infection control, falls monitoring, medicines management and health and safety. The service had an action plan which was on-going. Although this showed the service had identified some of our concerns not all had been addressed at the time of our inspection. The above findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The service sought feedback from relatives about the service. Meetings took place at the service. One relative we spoke with told us the meetings took place "Every two months and we are encouraged to speak out, quite a few of us come, I have got to know many of the other relatives, very often we group around and do activities with everyone it's lovely really." We looked at records of these meetings.

We saw one recent survey carried out at the service to gain feedback about the quality of meals provided. People were mostly satisfied with the meals provided and their dining experience. The management team told us further surveys were planned to take place over the coming months to gain feedback about care, activities and the environment within the service.

The management team and staff told us and records showed staff team meetings had taken place. We looked at records of the various meetings for staff groups and a joint meeting for all staff in February 2016. Areas of discussion included confidentiality and team working. Staff said they found the meetings useful and were kept up to date with changes at the service. However, some staff said they found the meetings uncomfortable because it highlighted certain behaviours that were deemed unprofessional.

People and their relatives told us they found the manager approachable. One person said, "Since she's come things have really improved." Another person said, "It's better. The new manager is good." We observed people using the service speaking with the manager during our inspection.

Staff had mixed views about the leadership of the service. We found that some staff had a better relationship with the management team than others. Some staff said they were happy with their role and the interaction with the management team was positive. One staff member said, "[Manager] is nice she is trying to put things right." Another staff member said, "This place is well run it's improving all of the time. [Manager] is new but very good."

However, other staff did not share this view. One staff member said, "She's not a people person, not approachable." When asked if they would go to the manager about any concerns another staff member replied, "I would rather go and see [staff member], much more approachable." Staff told us that when they raised concerns with the manager they did get a response to their concern but they said there was a lot of change needed as some staff groups were not working well together. One staff member told us there was tension between some staff members and they did not feel this was being addressed by the management team. Another member of staff said, "It's because [manager] is new and trying to implement change. It's just difficult." A third member of staff said, "This home is improving all the time but staff need to work together. Some have been here a while and they just don't want to welcome new [staff] and work together." They said they thought the manager was trying to lead the team and said, "There has been a marked improvement things are settling and staff are becoming more responsible and will now take ownership for what they do."

Some staff were concerned about the culture in the service. While staff said they enjoyed working with people using the service, they told us about difficult relationships between some staff and said some did not work as a team and they felt the management team were not understanding or addressing this quickly. One staff member told us, "It's just not a nice place to work." They said, "I just get on with my job." Another member of staff said, "I love the work. The environment is very tense here at the moment, lots of moaning going on. I feel really demotivated." A third staff member said, "Well the atmosphere at this home has definitely changed, too many changes here all at once it's too much."

The management team told us there had been a lot of changes at the service over the last seven months and this had affected staff morale. They said they had been addressing the issues raised by staff but, in line with confidentiality did not always share actions they were taking with the staff teams. The management team said they felt well supported by the provider and were able to contact them easily for guidance or support.

During the inspection the manager was open about areas of improvement. Throughout the inspection we requested records and information from the manager, senior manager and managers and administrator which was provided promptly and with detailed explanations. All staff we spoke with were helpful, co-operative and open.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not follow policies and procedures for managing medicines.12 (1)(2)(f)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with the requirements. 17(1) The provider did not maintain accurate, complete and contemporaneous records 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. 17 (2)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure persons employed by the service receive appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties they are employed to perform. 18 (1)(2)(a)