

HC-One Limited

# Cedar House

## 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: About the service:

- Cedar House offers accommodation and personal or nursing care for up to 42 older people, some of whom are living with the experience of dementia. The accommodation is provided on the ground and first floor of a purpose-built building. There were 40 people using the service at the time of our inspection.

- Cedar House is part of HC-One Oval Limited, a large organisation which owns over 300 care homes across the United Kingdom.

People's experience of using the service:

- We found that, although there were processes for auditing and monitoring the quality and safety of services people received, these had failed to identify the issues we had found in a timely manner so the provider could make the necessary improvements.

- Although some improvements had been made, some people stated there were not always enough permanent staff on duty, especially at weekends and during school holidays to provide continuity of care. The staff rota indicated all shifts were covered, although many by agency staff.

- People who required the use of hoists to mobilise did not have their own allocated slings. This meant there was a risk of cross contamination. There was a malodour in the downstairs unit which persisted throughout the day of our inspection.

- People who used the service did not always get the support they needed to eat, in line with their care plans. Therefore there was a risk some people did not receive enough food and drink to meet their nutritional needs.

- There were times when staff did not meet people's needs in a person-centred way and were focused on the task they were required to complete. Some supported people without speaking with them or explaining what they were doing.

- The provider had processes for the recording and investigation of incidents and accidents. However, not all included actions taken to prevent reoccurrence and the lessons learned.

- People were supported by staff who were suitably trained, supervised and appraised

- There was evidence that people were offered a range of activities and an activity plan was displayed. The provider employed an activity officer who was planning to improve the provision of activities for people who used the service.

- Care plans were comprehensive and detailed. They contained all the necessary information about the

person and how they wanted their care provided.

- Risk assessments were in place. These identified the risks that people faced and included guidelines for staff to follow to help ensure people were safe from harm.
- People's healthcare needs were met because staff took appropriate action when concerns were identified.
- Medicines were safely managed. There were systems for ordering, administering and monitoring medicines. Staff received training in the administration of medicines and had their competencies checked.
- People's end of life wishes were recorded in their care plans. These included their religious and cultural needs and where they wanted to receive care when they reached the end of their life.
- Recruitment checks were carried out before staff started working for the service and included checks to ensure staff had the relevant previous experience and qualifications.
- The environment was comfortable and homely and suited to the individual needs of people, such as people living with the experience of dementia.
- The provider acted in accordance with the Mental Capacity Act 2005 (MCA). Where people lacked the capacity to make particular decisions about their care, their mental capacity was assessed. Where necessary, people were being deprived of their liberty lawfully.
- Rating at last inspection: At the last inspection on 15 and 16 January 2018 the service was rated requires improvement in the key questions of 'safe', 'caring', 'responsive' and 'well led' and overall. Previously to this, we also rated the service requires improvement for two consecutive years. During this inspection we found the service had not made the required improvements and remained requires improvement.
- Why we inspected: This was a planned inspection based on the previous rating.
- Improvement action we have told the provider to take: We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to meeting nutritional and hydration needs and good governance. You can see what action we have asked the provider to take at the end of the full report.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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** ●

# Cedar House

## 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:

Two inspectors, a member of the CQC's medicines team and an expert by experience took part in the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Cedar House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

#### Notice of inspection:

The inspection was unannounced.

#### What we did when preparing for and carrying out this inspection:

We reviewed information, including notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must notify us about by law, such as allegations of abuse. We also sought feedback about the service from the local authority and professionals who work with the service. The registered manager completed a Provider Information Return (PIR). This is a form that asks providers to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection:

We spoke with nine people who used the service and four relatives, and asked them about their experience of the care provided.

We spoke with the registered manager, the clinical lead, the administrator, two nurses and three care workers. Prior to our inspection, we emailed eight healthcare and social care professionals who were involved with the service to ask for their feedback about the service, and received two replies.

We reviewed a range of records. These included eight people's care records, audits and quality assurance reports. We also looked at five staff files in relation to recruitment, supervision and training and reviewed records relating to the management of the home and a sample of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

RI: 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.

### Preventing and controlling infection

- The provider had a policy and procedures and staff had received training in infection control. However, there was a strong malodour on our arrival in the ground floor unit. This diminished throughout the day. However, there were still areas where this persisted. We raised this with the registered manager who told us they would address this.
- People who required the use of hoists to mobilise did not have their own allocated slings. We checked the room where equipment was stored and saw that there was a range of slings in different sizes. A member of staff told us these were wiped down each night by night staff as part of their duties. However, they acknowledged that there were times when a sling would be used without first being cleaned for the next person. This meant that there was a risk of cross contamination and infection. We discussed this with the registered manager, who acknowledged that this was not good practice and would address this without delay.

We recommend that the provider seek and implement national guidance in regards to infection control and prevention.

### Staffing and recruitment

- At our last inspection of 15 and 16 January 2018, we imposed a breach of Regulation, because we found that there were not always enough staff to provide support and care to people in a timely manner and according to their care plans. At this inspection, some improvements had been made., and new staff had been recruited and were undergoing an induction. We also found other areas requiring improvement.
- People we spoke with told us they felt safe at Cedar House, however, some stated there were not always enough staff on duty, especially at weekends and during school holidays. One person told us, "Yeah they're good. I just feel they are short staffed." They added there were few permanent staff which meant it was, "Very hard to get to know who is helping me as they change so frequently."
- Staff we spoke with told us there were not always enough permanent staff on duty, especially at the weekend. They said they felt especially rushed at mealtimes. One staff member said, "We don't have a continuity of faces due to agency staffing levels." A relative told us the home was often short of staff and used mainly agency staff. The registered manager told us the nurses were all agency staff and they acknowledged that staffing had been an issue. However, they added that they had just recruited a bank nurse who was ready to start, two care workers were undergoing an induction and they were waiting for

references for a further three care workers. They added that they used a reliable agency who ensured that a group of regular agency care workers were provided, to help ensure people received continuity of care.

- The provider used a dependency tool to establish the number of care staff needed to meet the needs of people who used the service. For example, some people had been assessed as needing a high level of care and were allocated one to one support. On the day of our inspection, we saw this was in place in line with their care plans.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with indicated they felt safe living at the service. Staff received training in safeguarding adults and the training records confirmed this. The provider had a safeguarding policy and procedures in place. Staff we spoke with could describe the different types of abuse, signs and symptoms that would alert them and knew what to do if they had concerns about the safety of a person. Staff were aware of the whistleblowing policy and who to contact if they had concerns about people's care or safety.

Assessing risk, safety monitoring and management

- We found that risk assessments were carried out for different aspects of care such as the risk of falls, malnutrition, choking, bedrails and the risk of developing pressure sores. Risk assessments were thorough and regularly reviewed. They included the risk and action to be taken to reduce this.. For example, a person using the service was at risk of self-injury and often displayed behaviours that challenged. We saw that a thorough risk assessment and a robust plan were in place to minimise the risk. This included hourly checks of the person day and night, behaviour monitoring charts to be completed so staff could identify any triggers, and ensuring no sharp objects were within reach.

- The provider had a policy and procedures about falls management. We saw this was available to staff and included a pathway to manage people who had fallen or were found on the floor and medicines associated with falls.

- The provider had a health and safety policy and procedures, and staff told us they were aware of these. There were processes in place to help ensure a safe environment was provided, including legionella, gas and electrical appliances and fire safety checks. Legionella is a type of organism that lives in water systems, which can cause severe infections. A general risk assessment identified the hazards, who might be harmed and how, what was already in place in terms of control measures, and what further action was necessary.

- There was an up to date fire risk assessment and this was regularly reviewed. The provider undertook fire drills for staff and people who used the service. There were fire instructions and evacuation plans displayed around the service, and staff were aware of the fire procedure. People had individual fire risk assessments and Personal Emergency Evacuation Plans (PEEPS) in place. Fire safety checks were undertaken, and included fire doors and fire extinguishers. We saw evidence that these were up to date.

Using medicines safely

- We audited 36 supplies of medicines which were in their original packs to see if they were given as prescribed. All tallied on the first floor but on the ground floor we found some gaps and discrepancies. These were for a medicine to protect the stomach and a blood thinner for one person. For another person we saw that a blood thinner was prescribed twice a day but was only given once a day on the first day of the cycle. This was reported to the registered manager who told us they would meet with the relevant member of staff and carry out an investigation. Following the inspection, they reported they had taken appropriate action, and had put in place a more robust medicines monitoring system.

- We looked in detail at 12 MAR charts on the ground floor and 14 on the second floor. We saw that one person's medicines were not signed for on the morning of the inspection. This person was asleep and nurses gave the medicines at their request later in the morning. Medicines to be administered 'as required' (PRN), such as pain killers, had protocols in place so that staff could identify when people were in pain and give the appropriate treatment. Variable doses were recorded accurately on the MAR charts.
- We observed medicines being given to three people and saw that this was carried out appropriately and respectfully.
- Where people were prescribed patches for pain relief, we saw there was a patch chart in place for some people to ensure rotation of the site of application of a patch and all people prescribed insulin (a medicine to manage diabetes) injections also had the site of injection recorded. Creams for personal use were recorded on a separate chart by the care worker undertaking personal care. This chart also included a map to indicate the site of application. There were records of blood glucose levels where people were diabetic before staff administered insulin. Abbey pain scores were calculated for all people experiencing pain to monitor the effectiveness of medicines to manage pain.
- Some people had difficulty swallowing their medicines and were having medicines given to them by crushing. Others were given medicines covertly with food because a best interests decision had been made to do so, as the person did not have the mental capacity to make a decision to take their medicines. We saw that the home had sought advice from the community pharmacist and that multidisciplinary agreements were available in the person's care plan.
- We looked at storage of medicines and saw that these were kept securely. Where medicines required refrigeration, we saw that fridge temperatures were recorded appropriately. We looked at controlled drugs and saw that they were kept securely and balances were correct.
- We looked at weekly audits and monthly audits for the last three months and saw evidence that the registered manager addressed issues identified by the audits in staff meeting and the home improvement plan. In December for example, we read that stocks of medicines were frequently not available at the beginning of the medicines cycle. The manager had held a meeting with the GP practice and the pharmacist and an email trail and logging system had been introduced. We noted just one medicine out of stock for the current cycle and this had been received by the home by midday.

#### Learning lessons when things go wrong

- All incidents and accidents were recorded and included details of what happened, and an action plan. For example, where a person had unexplained bruising, we saw that the GP and the safeguarding team were consulted, and where another person had sustained a skin tear, a body map and wound care plan were put in place. However, neither of these incidents had any record of investigation or lessons learned, despite the fact that these were serious. We discussed this with the registered manager who told us they ensured the investigations and lessons learned were recorded and that for each incident or accident, they carried out a supervision meeting with the relevant member of staff, and group supervision where necessary. However, this was not evidenced on the incident and accident records. The registered manager told us they would include this in future.
- We saw evidence that serious safeguarding incidents were appropriately reported and investigated and lessons learned were identified.

# 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

RI: 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

- People we spoke with were happy with the food on offer. One person told us, "Food's not bad. It's better now" and another said, "The food is nice. As nice as it gets."

- People who used the service did not always get the support they needed to eat. One person's care plan stated they required prompting and encouragement to eat their meal. Staff had left the person's meal on a tray in front of them at 12.55pm. We saw a small portion of food had been eaten. A member of staff came into the room at 1.05pm. We asked about the recommended prompting and how long they anticipated remaining with the person to do this. There was no clear answer and the staff member proceeded to remove the tray. The nurse in charge came in and asked them to leave the tray and continued to prompt the person to eat. We returned to the room at 1.40pm. We saw the person was alone, the tray was in the same position and no additional food had been eaten.

- We observed people being supported at lunch time in both units. There was a menu at the entrance to the dining area and the food reflected what was listed. People were verbally offered a choice of meals. It was clear that not all were able to understand what they were being offered. However, there were no pictorial menus on tables or on a board, to help people who were visually impaired or those living with dementia choose their meals. Tables were set nicely although glasses did not look clean. We raised this with the registered manager who told us after the inspection they had purchased new glasses.

- We also saw an almost full plate of food removed from a person who was asleep. They awoke but the member of staff did not check with them if they had finished eating or if they had had enough to eat or wanted something else to eat.

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

- Some people were offered alternatives if they did not like what was on the menu. One person said no to both choices offered to them and was immediately offered a cheese sandwich, which they accepted.

- Following a complaint in relation to food, the registered manager showed us evidence that appropriate action had been taken to help improve the provision of food. For example, on the day of our inspection, the chef and assistant chef were on a two-day training course about special dietary needs and food preparation. In addition, we saw that all staff were due to attend a compulsory training session on dysphagia. Dysphagia is a medical term for swallowing difficulties.

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 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 checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People, or when necessary, their representatives, were involved in decisions about their care and support. We saw staff asking people's consent before supporting them, and giving people choice.

- Where people lacked capacity to make certain decisions, we saw that mental capacity assessments had been undertaken.

- Where necessary, decisions had been made in the person's best interests and best interests assessments had been undertaken. For example, a person who had been assessed as lacking mental capacity had been moved downstairs when a bedroom became vacant, because even though the person could not make the decision, staff knew the person enjoyed the garden, and they would benefit from having a view of it. We saw that the person's representatives had been involved in this decision.

- Where people were subjected to a number of restrictions that could have amounted to a deprivation of liberty, applications were made under DoLS for authorisations to deprive them of their liberty. We saw that the registered manager kept a record of DoLS authorisations and monitored when these were due to be reviewed.

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

- People's care and support needs were assessed prior to admission into the home. Pre-admission assessments were comprehensive and included people's likes and dislikes and how they wanted their care provided. This information was used in people's care and support plans.

- Some people told us they were consulted when their care and support were reviewed. Records we viewed indicated that people or their representatives were involved in decision making.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained and inducted. Staff received training the provider identified as mandatory, such as moving and handling, health and safety, first aid, food safety and safeguarding. We viewed the training matrix and saw evidence that when training was late or had expired, this was promptly identified and organised. Training in subjects specific to the needs of people who used the service was provided to staff. These courses included dignity, dementia care and promoting healthy skin.

- Newly recruited staff received an induction before they started caring for people who used the service.

This included an introduction to the provider's policies, and training in the principles of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

- We saw evidence that agency staff received an induction of the service before being allowed to support people who used the service. One agency staff told us they chose to work at Cedar House as they felt well supported by the nurse in charge and the registered manager. They added their induction was comprehensive and despite working at the home regularly, they were given an induction each time they came.

Staff working with other agencies to provide consistent, effective, timely care

- Care records showed that people who used the service were supported to access healthcare professionals when this was required. The registered manager told us they had a good relationship with the healthcare professionals who provided a service to people, such as the optician, GP, tissue viability nurse and SALT team, and this helped ensure people's healthcare needs were met.

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

- The home was split into two separate units over two floors. People's bedrooms were personalised and looked homely. There were memory boxes outside people's bedrooms which contained photographs and meaningful objects so the person would recognise their rooms more easily. Bathrooms and toilets were clean and easily accessible. There were framed posters of famous landmarks and displays of photographs. There was appropriate signage to facilitate the orientation of people living with the experience of dementia.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed and recorded in their care plans and were regularly reviewed. The GP and other healthcare professionals visited whenever people required medical attention and had a good working relationship with the staff. We saw evidence in people's care records which confirmed they were supported to access healthcare professionals when this was required.

- Where people were at risk of ill health if they did not drink enough, we saw that staff took appropriate action to monitor and encourage people to drink. They kept records about how to manage the risk of dehydration and monitored the fluid intake of people. The fluid charts we viewed confirmed this. A member of staff told us the registered manager constantly reminded staff about the importance of offering fluids to people who used the service.

## 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

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

Respecting and promoting people's privacy, dignity and independence

- Staff described how they supported people to maintain their privacy and dignity and treated them with respect. One said, "I ensure doors and curtains are closed when delivering personal care, and always make sure people are covered when in public areas." However, our observations throughout the day did not always support this. We saw that people were not always supported during mealtimes in a caring and dignified way in line with their care plan, while encouraging them to do as much as they could for themselves to promote their independence. We also saw that staff did not always interact and engaged with people when they supported them to eat and drink to make it as enjoyable and sociable a moment as possible.

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

- Most people who used the service told us the staff were caring and they were treated with respect. One person said, "They're very kind" and another stated, "They're the best part of the service. Really helpful." However, one person said that staff were "Nice people" but "They don't come up and engage you." Another person told us they were not always happy and said, "They don't really look after us, they don't."
- Relatives' opinions of the service varied. Some thought the staff and management were kind and caring and they were happy with the service. However, another relative told us staff did not meet the needs of their family member. They told us, "Standards have been going down lately" and "Usually carers never sit in the lounge with them. Today they are."
- On the day of our inspection, we saw some caring and respectful interactions between staff and people who used the service. For example, a member of staff cheerfully came into the dining room and said, "Hello [person]. Why are you alone here? Do you want to come to the entertainment? It's on now, if you want to come with me, I will stay with you." However, there were times when staff were focused on the task they were required to complete and supported people without speaking with them or explaining what they were doing. For example, we saw a member of staff supporting a person to eat their meal without speaking with them or making eye contact. We raised this with the registered manager who told us they would speak with staff about this. They also added they were confident this would improve when all the newly recruited staff were fully inducted and they could stop using agency staff.
- Some people required support to eat and drink and we saw staff sitting with them offering this support. However, there was no social interaction and the staff member was engaged in the task rather than the person they were supporting. A person who required a pureed diet was offered this, but meat and

vegetables had not been separated and were all mixed together so that the person would not be able to taste the different components of the meal. This also made the meal look unappetising.

- Relatives told us they could visit anytime. One relative told us they were invited to meetings and always felt involved with the wellbeing of their family member. People's religious and cultural needs were recorded in their care plans as well as their preferred name, to help ensure staff were aware and could meet their individual needs. For example, one person for whom English was not their first language had a communication care plan in place which included guidance for staff to follow around the best way to communicate with the person. Staff used verbal cues and gestures and learnt some words from the person's relative. Where available, people's personal histories were recorded in their care plan to provide staff with additional information about the people they were supporting.

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

- People who used the service were encouraged and supported to make decisions about their care. Most staff appeared to know about people's likes and dislikes and we saw examples of this throughout the day.

- People and relatives were invited to express their views about the care and service provided in the home through regular meetings. These included discussions about any staffing updates, planned events and activities, healthcare appointments and any other important and relevant information. The registered manager told us they were now organising meetings exclusively for people who used the service. They said, "Sometimes people don't get the chance to speak freely when their relatives are there, so these meetings will give them the chance to express their views."

# Is the service responsive?

## Our findings

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

RI: 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

- At our last inspection of 15 and 16 January 2018, we found that some care plans did not provide information in relation to the person's support needs which was consistent with information in other documents relating to care. We also found that records were completed in relation to people's behaviour but the information was not used to inform practice. At this inspection, we found that improvements had been made.

- Care plans included a 'resident profile', where basic details about the person were recorded, such as 'important things about my life', 'my personal care needs' and 'how do I tell you what help I need'. Care plans were comprehensive and written in a person-centred way. They included detailed information about the person and their individual needs. Each section included strategies and guidance for staff to follow so they could meet the person's needs. For example, one person who lived with dementia had difficulty expressing their needs due to anxiety and confusion, and tended to get distressed at times. The care plan stated that staff 'Assist [person] to be in a happy mood by using music and singing with them'. The person's activity care plan confirmed they liked musical activities and singalong.

- People's care plan contained information about how staff could best communicate with them, in particular, if the person had dementia or any sensory loss. They took into consideration how a person who could not express themselves verbally may communicate their distress or stress, such as becoming tearful, shaky, and displaying unusual behaviours such as undressing. The care plan identified possible triggers, verbal or physical cues, and guidance about how to meet the person's needs. Staff we spoke with indicated they knew people's needs well and described how they would meet the person's needs.

However, despite the above we saw that staff did not always follow people's care plans when delivering care. In addition to staff not supporting people with their meals in line with their individual care plans, we saw that there were times when staff were focused on the task they were required to complete and supported people without speaking with them or explaining what they were doing. This was despite some people having clear care plans on communicating with them. We raised this with the registered manager who told us they would speak with staff about this. They also added they were confident this would improve when all the newly recruited staff were fully inducted and they could stop using agency staff.

- Wound care was well documented in people's care records and included clear management plans, evidence of referral to the tissue viability nurse and completed body maps. We saw that staff recorded the healing progress of the wound, and the daily care the person received appropriately.

- Staff kept daily records of the care people who used the service, received. We saw these were written in a

respectful way and included not only tasks undertaken but any social interactions or event that had taken place. However, one person's name had been spelt wrongly on a number of occasions. We mentioned this to the registered manager who said they would address this.

- People gave us mixed feedback about whether they enjoyed the activities on offer. One person told us, "Not my sort of thing. Just throwing a ball to each other. I would like a good quiz occasionally" and another said, "I'm not good at playing games, their activities? I mean, why would I? Pass a ball. I'm 82." However, some people and relatives were more positive. One relative told us, "They've got a minibus and went to Watford shopping centre" and another said, "They took [family member] to Uxbridge garden centre. The care home tries to make an effort."

- There were activity plans displayed on the notice board in communal areas. These included ball games, movie morning, art and crafts, bingo, coffee morning, singalong and reminiscence. There were photos of events and activities that had taken place at the home. On the day of our inspection, an entertainer was visiting and we saw people being engaged and enjoying this. Staff kept a record of each person's particular interests so they could engage them in activities they enjoyed. These were regularly reviewed. There was a full-time activity coordinator who was enthusiastic and keen to develop the activity provision. They told us they were re-developing the activity care plans for all the people using the service.

Improving care quality in response to complaints or concerns

- Most people we spoke with were happy with the service and had not wanted to make a complaint. One person told us, "Overall, I feel pretty pleased to be here." One relative stated, "In the last year, it's got better. In the past, it was a bit rough. There's been improvement, people listened to, complaints listened to, the manager works hard." However, another relative disagreed and told us they were not satisfied about the way their complaints were dealt with and had to contact other agencies and the provider to look into their concerns.

- The provider kept a log of all complaints received and we saw these were taken seriously and responded to appropriately and in a timely manner. We viewed a range of complaints received in the last year and saw the registered manager had conducted full investigations such as interviewing relevant staff and people who used the service. Where appropriate disciplinary action was taken in line with the provider's policy and procedures. For example, where a relative had complained about their family member's dietary needs not being met, we saw that appropriate action had been taken, such as providing staff with additional training.

- The provider kept letters and cards received from people and relatives. We viewed a sample of these. Comments included, "My experience of this home is that it is always clean, residents always appear to be happy and the staff are always cheerful and helpful", "I am very happy with the care that my [family member] receives" and "My [family member] has been extremely well looked after."

End of life care and support

- People's end of life wishes were recorded in their care plan. This included details about the person's medical history and their understanding in relation of their prognosis. It also recorded any religious or spiritual needs the person may have. 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were kept in people's records. We saw these were completed appropriately by the relevant healthcare professionals and included a summary of the discussion with the person or, where appropriate, their representative.

## 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

RI: 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection of 15 and 16 January 2018, we found that, although there were processes for auditing and monitoring the quality and safety of services people received, these had not always been effective in identifying shortfalls. We saw the provider had a 'Home improvement plan' in place following an internal inspection and were addressing the issues they had found. Although we saw evidence that improvements had been made, at this inspection, we found that a number of shortfalls had not been addressed in a timely manner so the provider could make the necessary improvements.
- Although the registered manager agreed that people needed to have individual slings for the hoist when they were supported with moving and handling, they had not acted on this to help minimise the risk of cross contamination and infection. There was a malodour on the ground floor which persisted throughout the day of our inspection, which had not been controlled by current cleaning arrangements the provider had in place in the home.
- Although the registered manager had addressed previous concerns in relation to food and nutrition, people who used the service did not always get the support they needed to eat, therefore there was a risk some people did not receive enough food and drink to meet their nutritional needs.
- There were times when staff did not meet people's needs in a person-centred way and were focused on the task they were required to complete. Some supported people without speaking with them or explaining what they were doing.
- The registered manager had taken appropriate steps to improve the staffing situation and had recruited more permanent staff who were due to start working at the service after their induction. However, people, relatives and staff told us the home was often short staffed and people's needs were not always met. The staff rota indicated that most shifts were covered although many of these were covered with agency staff. This meant that people did not always receive continuity of care.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had been in post since June 2018 and was a qualified nurse. They were supported

by an operations manager who had recently started working for the organisation. They told us that until recently, they had struggled because they had little support with running the service. However, this had improved recently. An experienced administrator had started in January and a new clinical lead had started the day before our inspection. The registered manager told us they were hopeful that with this level of support, they would be able to make the necessary improvement.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Some people and relatives thought the service was well-led and were very happy with the care they received. One person told us, "It's starting to turn around now" and another said, "[Registered manager] is quite new, but no complaint."

- Staff we spoke with said they felt supported by the registered manager. One member of staff told us, "The manager is approachable and involved. [They] are never afraid to roll their sleeves up" and "I never hesitate to speak with [them] if I have concerns. [They] are very welcoming."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular staff meetings to discuss any issues and share information about people and the running of the service. These included daily handover meetings in the morning, where nurses and care staff attended to share updates about people who used the service. In addition, there were regular falls meetings where individual incidents were discussed and reviewed. Discussions included providing assistive technology such as sensor mats where people were at risk of falls from their bed.

- The provider had undertaken satisfaction surveys for people and relatives. We saw that these showed an overall satisfaction with aspects of the service. We saw evidence that where issues were identified, action plans had been put in place to improve these.

Continuous learning and improving care

- The registered manager attended provider forums organised by the local authority. They told us these were useful and provided training in a range of subjects relevant to their role. For example, training in mental capacity assessments. They were also undertaking a leadership course with the Clinical Commissioning Group (CCG).

Working in partnership with others

- Managers meetings took place monthly and the registered manager told us these were helpful in providing support and the sharing of information. Relevant information from these meetings were cascaded to the staff team to increase their knowledge and promote good communication. The registered manager told us they were committed to make improvements and run a good service. They said, "We did well with our CCG's inspection, after only two months of me being here. Things had already improved."

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 Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  The provider did not always ensure service users received support to eat and drink or to choose their meals according to their preferences.  Regulation 14 (1) (4) (a) (d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person did not have effective arrangements to assess, monitor and improve the quality of the service.  Regulation 17(1) (2) (a)