Avery Homes (Nelson) Limited

# Adelaide Nursing and Residential Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection took place on 14 and 15 April 2016 and was unannounced. A new provider had taken over the management of the home and this is their first inspection since they registered with the Care Quality Commission in November 2014.

Adelaide Nursing and Residential Care Home provides residential, nursing and dementia care for up to 76 older people. The home is located in Bexleyheath, London borough of Bexley. At the time of our inspection 71 people were using the service.

There was no registered manger in post. The previous manager left their post two days before our inspection. A new manager had been appointed in March 2016 and they were in the process of registering with the Care Quality Commission, they were in post at the time of this inspection. 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 found a breach in legal requirement because the provider did not always maintain up to date records of each service user and staff. Accidents incidents were not always recorded which meant risks were not always assessed, monitored and mitigated to improve the quality and safety of the service provided.

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

People and their relatives were complimentary about the service and said they or their loved ones were safe living at the home. The provider had safeguarding and whistleblowing policies in place. Staff knew of their responsibility to safeguard people in their care knew of the whistleblowing procedure. Staff told us they were confident the current management team would take action if any concerns of abuse were brought to their attention. Risk to people had been assessed and appropriate action plans were in place to ensure identified risks were prevented or minimised. The provider had appropriate recruitment and selection process in place to ensure staff were suitable to work in social care. There were safe management of medicines practices at the home. There were arrangements in place to deal with unforeseeable emergencies.

There were adequate numbers of suitably qualified, experienced and appropriately trained staff to meet people's needs in a timely manner. There were processes in place to ensure staff new to the home had appropriate skills and knowledge to deliver care and treatment for the role which they had been employed to undertake. Both care staff and the management team demonstrated a clear understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to eat and drink suitable

and sufficient amounts for their wellbeing. Where required, other healthcare professionals were involved in people's care to ensure their needs were met.

People and their relatives told us staff were kind, caring and respectful towards them and their loved ones. People's privacy and dignity were respected and their independence promoted. People's likes and dislikes and their life history were recorded in their care plan to ensure staff were aware and provide adequate support. People and their relatives were involved in making decision regarding their care and treatment. People were encouraged to maintain relationships with their friends and family. Staff understood people's needs in regards to their race, religion and sexual orientation and supported them in a caring way. People and their relatives were provided with appropriate information about the service. Where required, people were supported with end of life care.

Each person using the service had a care and treatment plan in place which was specific to their needs. People were engaged in various activates of their choice including accessing the local community to keep them stimulated. People and their relatives knew how to make a complaint if they were not happy about the service.

There were systems in place to monitor the quality of the service including surveys, audits and various meetings to seek the views of people to drive improvement. However these systems were not always effective. All staff we spoke with were happy working at the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

There were policies and procedures in place to ensure people using the service were protected from the risk of abuse. Staff had received appropriate training and support to ensure they had the knowledge and skills to safeguard people in their care.

Risk to people were assessed and individualised to their needs. Appropriate actions plans were in place to minimise or prevent any identified risks.

There were safe recruitment practices in place and the staffing levels in place were appropriate to meet people's needs.

Medicines were managed safely and there were arrangements in place to deal with foreseeable emergencies.

### Is the service effective?

Good

The service was effective.

Staff were supported through induction, training and supervision to ensure they had appropriate skills and knowledge to perform their role.

Both staff and the management team demonstrated a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People were supported to eat and drink sufficient amounts for their wellbeing and people had access to other healthcare professionals when they needed it.

A refurbishment work was on-going to improve the quality of the environment people lived in.

### Is the service caring?

Good

The service was caring.

Staff treated people in a kind and dignified manner and people's

privacy and dignity were respected.

People's likes and dislikes and their life history were recorded in their care plan to ensure the staff were aware of their preferences and the lifestyle choices they had made.

People were involved in their care planning and reviews and their views were respected.

Staff understood people's needs in regards to their race, religion, sexual orientation and sexuality and supported them in a caring way.

Where required, there were arrangements in place to meet people's end of life wishes.

## Is the service responsive?

**Good**

The service was responsive.

Each person using the service had a care and treatment plan in place specific to their needs.

People were engaged in a range of activities including accessing the local community to keep them stimulated and support their interests.

People and their relatives knew how to complain if they were not happy about the service.

## Is the service well-led?

**Requires Improvement**

Some aspects of the service required improvement.

Care plans, staff records and accidents and incidents records were not always up to date with our findings.

At the time of our inspection there was no registered manager in post. A new manager was recently appointed to be the home manager and was in the process of registering with CQC.

The provider had systems in place such as audits, surveys and various meetings to monitor the quality of the service and drive improvement where required.

All staff we spoke with told us they enjoyed working at the home because it was a friendly environment and the management team were approachable.

# Adelaide Nursing and Residential 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.

This inspection took place on the 14 and 15 April 2016 and was unannounced. On the first day of the inspection the inspection team consisted of an inspector, a specialist advisor in nursing and mental health and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. One inspector returned to the home on the second day of the inspection.

Before the inspection we looked at the information we held about the service including information from any notifications they had sent us. A notification is information about important events which the provider is required by law to send us. We also asked the local authority commissioning team and the local safeguarding team for their views about the home.

At the inspection we spoke with nine relatives and two people using the service to ask them for their views about the service. We spent time observing the care and support being delivered. Not everyone using the service was able to communicate their views to us so we used the Short Observational Framework (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We interviewed the area manager, the home manager and the assistant manager. We spoke with three nurses, eight care workers, an activities co-ordinator and a member of catering staff. We also spoke with a visiting GP and dentist. We looked at 15 care plans, 27 medicines administration records (MAR), five staff recruitment records, staff training and supervision records and other records used in managing the service such as policies and procedures, audits and minutes of meetings.

Good

# Is the service safe?

## Our findings

People said they felt safe living at the home and that staff were kind and treated them well. Relatives told us they felt their loved ones were safe in the home. Comments from relatives included, "Yes very safe, they do their best for her." Another relative commented, "Yes my (family member) is bed ridden and I feel he's very safe." A third relative commented, "Yes I feel that my (family member) is safe here when he tries to walk there is always someone to help him".

The home had a safeguarding adults and whistleblowing policies in place. Staff demonstrated a clear understanding of the types of abuse that could occur and the signs to look out for. Staff told us they would report any concerns of abuse to their line manager or team leader. Staff knew of the whistleblowing procedure and told us they would use it if their concerns were not addressed; however staff were confident the current management team would take action if any concerns of abuse were raised with them. Staff had completed safeguarding training to ensure they had appropriate skills and knowledge to report any concerns. The home managers knew how to raise a safeguarding alert with the local authority as well as to notify CQC. However, there had not been any safeguarding allegations made in the year 2015 and 2016 and the local safeguarding team confirmed this.

Risk to people had been assessed in areas relevant to their care and treatment needs including risks in relation to moving and handling, eating and drinking, falls and skin integrity. The risk assessments were specific to people's individual needs and included guidance for staff on how to manage risk safely. Risk assessments formed part of people's agreed care plan and staff showed an understanding of the risks people faced and the actions they needed to take to ensure people's safety. For example where a person was identified as being at risk of falls due to their physical health and cognition, there was clear guidance in place including supporting the person to use walking aids, ensuring their environment was well lit and without obstruction and other trip hazards for their safety to be maintained.

The provider had safe recruitment and staff selection processes in place. Appropriate recruitment checks were undertaken before staff began working at the home. Recruitment files showed the provider had obtained and updated criminal record checks, proof of identification, copies of completed applications forms with no gaps in employment history evident, two references and evidence of the right to work in the United Kingdom. This showed that staff were well vetted by the provider to reduce the risk of unsuitable persons working at the home. Nurses registrations were checked to ensure their professional registration remained valid.

On three of the four units in the home, people using the service and their relatives told us that there was sufficient staff available to meet their needs or their loved ones needs. However, on one of the units relatives felt more staff were required and comments from relatives included, "No, I think they're short staffed but they seem to cope well." Another relative said, "No they could do with more and they couldn't manage with any less." A third relative commented, "No there is not enough staff we had a residents meeting and they assured us they will be employing more staff". Staff on this unit also confirmed that they had experienced staff shortages in recent months, however they felt the staffing arrangements in place when met was

sufficient to meet people's needs. The provider informed us that in the month of March 2016 they experienced some staff shortages because most staff had booked this period as annual leave due to their financial year ending. They said internal bank staff were used to cover staff vacancies and agency staff were only used as their last resort. They told us they had recently recruited new staff who were going through an induction programme at the time of this inspection. We observed a good staff presence on both days of our inspection and the staffing rota in place corresponded with the number of staff available on each shift and in each unit. We did not see anyone waiting for long periods to be attended to on all four units and the two call bells we tested on the unit where concerns were raised were attended to promptly. This showed people's needs were met in a timely manner where required.

People and their relatives told us that there was appropriate support in place to manage medicines safely. Each person using the service had a medicines administration records (MAR) which included their photograph, allergies, names of their medicines, dosage, frequency and time of day the medicines should be given were recorded. We found that people were receiving their medicines as prescribed by healthcare professionals. We observed staff administer medicines on two of the units. Majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacy. Medicines were stored safely in a locked trolley which was kept in the medicines room on the various units accessible to authorised staff only. Controlled drugs were also stored safely and we checked the balances of controlled drugs against the records on two of the units and found the records to be accurate. Medicines that required refrigeration were stored in the fridge and both the room and fridge temperatures were checked and recorded daily to ensure that the medicines were stored safely and effective for use. A training matrix showed that staff responsible for the administering of medicines had completed training on the safe management of medicines. The management team told us staff medicines competencies had been assessed and they showed us documentation to confirm staff had the knowledge and skills needed for the safe management of medicines.

There were arrangements in place to deal with foreseeable emergencies. Each person had a personal emergency evacuation plan (PEEP) as part of their care plan and this was specific to their individual needs. The provider also held a central fire evacuation plan in place which was easily accessible to ensure people were safely evacuated in the event of a fire. Staff knew of actions to take in the event of an emergency which included contacting the emergency service. Staff had received training in fire safety and first aid to ensure they had the appropriate skills and knowledge to support people in the event of an emergency.

Weekly fire tests and monthly fire drills were carried out by the maintenance team. A portable appliance test (PAT) was completed in January 2016 which showed that electrical devices had been checked and found safe for use. A recent Legionella tests had also been completed in January 2016 to ensure the water supply was safe for use. Lifting equipment had also been checked and found safe for use. The provider had liability insurance in place to ensure that people using the service and those visiting were protected from unsafe or unsuitable premises.

Good

# Is the service effective?

## Our findings

People told us they felt staff were suitably qualified, experienced and appropriately trained to meet their needs. A relative commented, "The level of confidence I have in the staff here is huge…there is always someone with her, she is never lonely." Another relative commented, "The staff are brilliant, the care is good weekends as well as weekdays."

New staff completed a two week induction when they began working at the home. The induction programme included training, familiarising new staff with the provider's policies and procedures and shadowing experienced colleagues. The area manager informed us that newly employed staff were now using the Care certificate, a new nationally recognised qualification for health and social care workers. Staff records demonstrate that all new staff had undergone an induction when they began working with provider to ensure they were suitably skilled for the role they had been employed for.

Staff were supported through training to ensure they had acquired relevant skills required to care and support people living at the home. Most of the staff training sessions were done in-house and this was appreciated by staff who felt it was 'good practice'. The trainer also worked in the home, and it was felt that it led to 'real life learning'. One staff member said, "The trainer could see me do what she has taught me and correct me if I am wrong". Training records showed staff had completed training in areas such as safeguarding , moving and assisting people, health and safety, fire safety , infection control and food hygiene. Staff had also completed training specific to people's individual needs such as behaviours that challenge and dementia care. There were systems in place to ensure that staff training was kept up to date and a training planner was in place to book staff on the next available training where they were due to refresh their training. An in-house face to face training was being carried out on our first day of inspection and we also saw staff attendance records for various training sessions in April 2016 to demonstrate that appropriate support was being provided to staff where required.

Staff said they were supported through regular supervision every eight weeks. The management team confirmed it was the provider's policy to support staff with a maximum of six supervision sessions annually. The staff supervision records we reviewed for January 2015 to April 2016 showed all staff had received supervision. An annual appraisal was in place for all staff to ensure their professional development was being supported.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We observed staff offering

choices and respecting people's decisions throughout our inspection. Both care staff and the management team were familiar with the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff told us of how they support people by giving them opportunities to make decisions and choices for themselves when providing personal care. They said when people could not make specific decisions for themselves best interest meetings took place involving the person using the service, their relative where applicable, staff and other healthcare professionals involved in their care. People's records showed that mental capacity assessments had been carried out where this was appropriate and best interest decisions made where required.

We found the provider was working within the principles of the MCA and DoLS and had submitted an application to the local authority (Supervisory Body) to legally deprive people of their liberty when it was in their best interests. The management team told us an individual application had been made for everyone using the service to protect them because they kept the front door locked for people's safety. One person's records show an application under DoLS had been authorised for them and we checked and confirmed that the provider was complying with the conditions applied under the authorisation.

People and their relatives were complimentary about the food. People said the food was 'good', there were sufficient amounts of food to eat or drink at any time of the day and they were offered choices. All meals served in the home were freshly cooked each day by the kitchen staff. Kitchen staff were aware of people's nutritional needs including individual dietary requirements. There were two choices available at lunch time and staff asked and showed people the choices available and respected the choices people made. We saw one person requested a drink of their choice which was not available in the dining room and staff went to the kitchen to fetch it. Where people could not eat independently they were supported by staff or their relatives to eat sufficient amounts for their wellbeing. The atmosphere in the dining room was friendly and relaxed and music was being played in the background. The provider operated a staggered meal time to ensure that people with similar abilities ate their meals together and relatives were complimentary of this.

People and their relatives told us they or their loved ones had access to appropriate healthcare professionals when they needed it and records we looked at confirmed it. At our inspection we met a visiting GP, a dentist, district nurses and professionals from the mental health team. They told us that they did not have any concerns about the home and that staff were very 'caring' and supported them during their visits to attend to people's needs. Records also showed the chiropodist, dietician, speech and language therapist had been involved in people's care and treatments. Where required people were supported to attend hospital appointments to ensure they received safe care and treatment that met their needs.

The environment appeared clean, tidy and free from unpleasant odour. An on-going refurbishment work was being carried out at the time of our inspection to improve the environment people lived in. People and their relatives said the refurbishment work had not impacted on the care delivery in any way. There were handrails throughout the home to support people mobilise independently. There were two floors to the home and there was a lift available to transport people in between floors. There was a well-kept garden at the home which residents used when the weather was brighter and warmer. A relative told us they appreciated the garden because their loved ones "room opens to the garden just like her home … and staff support her to use it." Doors to people's rooms were identified with their names, pictures and in some cases with a synopsis about their life to aid people with their memory and orientation.

Good

# Is the service caring?

## Our findings

People and their relatives said staff treated them and their loved ones in a kind and caring way and that their privacy and dignity were respected. A relative commented "They go beyond the call of duty when they wash him they close the door and they always knock before they come into his room." Another relative said, "They always knock on her door before they come in and they treat her with kindness and compassion, the staff are great here." A third relative commented, "The staff are brilliant and they are such nice people. She is as good as gold and it is a really caring environment."

Throughout our inspection, we observed staff speaking and treating people in a respectful and dignified manner. There were positive and caring interactions between staff and the people they cared for. Staff appeared to know all the people in their care and called them by their preferred name. Staff took their time and encouraged people when supporting them. The atmosphere in the home was calm and friendly and there was suitable music playing in the background where people were not engaged in planned activities. Staff told us of how they promoted privacy and dignity such as knocking on doors and shutting doors when providing personal care and we observed this at the inspection.

People's likes and dislikes including the food they preferred, clothing and activities they enjoyed were recorded in their care plans. People's life history which included their family history, education, occupation and things they did for leisure were also recorded in their care plan so staff would know about the kind of lifestyle they had lived. Staff we spoke with were knowledgeable about the people they cared for including their likes and dislikes. Staff told us of some people's life history and this corresponded with the information shared by their relatives or recorded in their care plans.

People's independence was promoted. People with varying abilities used different walking aids including walking frames and handrails to support them walk independently. We found that one person although frail and at risk to falls liked to walk and staff supported this person to walk around the unit as safely as possible.

People were involved in their care and treatment. People and their relatives told us they had been consulted about their care and treatment needs and felt involved in the planning and reviewing of their care. A relative commented "Yes I'm involved in his care plan and it's reviewed on a regular basis." Care plans had been signed by people or their relatives to demonstrate they or their relatives had been involved in making decisions about their care and treatment.

People were supported to maintain relationship with their family and friends. Relatives said they could visit the home at any time and that they were always welcome. One relative said, "I live and work locally and visit regularly and I am always welcome with a smile." Relatives were provided with meals to encourage them to visit and to support people during mealtimes. All the relatives we spoke with were happy with the care and treatment their loved ones received at the home and told us staff kept them informed of changes of their loved ones needs when required.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual

orientation and gender and supported people appropriately to meet their identified needs and wishes. Where required people were supported to practice their faith and various religious representations visited the home to ensure people's spiritual needs were met. Where people did not have any religious interests or needs, their wishes were respected. We saw that married couples were encouraged to live in rooms next or opposite each other and spend the day together in each other's company if they wished to. Staff told us couples could not stay in the same room because the sizes of the rooms were not appropriate to accommodate two people and that other risk factors were also taken into consideration when these decisions were made. Relatives told us that people's appearances were maintained regularly including having their hair and nails done once a week and care records we looked at confirmed this.

People were provided appropriate information about the home in the form of a booklet called 'A warm welcome to… Adelaide'. This provided people information about the home and the standard of care to expect. It covered areas such as the provider's aims and philosophies, facilities available in the home such as catering and laundering care, advocacy, how to make a complaints and access to other healthcare facilities such as a dentist. Relatives said they felt they and their loved ones had been provided with adequate information before they came to the home.

People were supported with end of life care where required. People's care records demonstrated their end of life wishes had been discussed with them where they wished to do so. For example some people had specific directives in place for their religious needs to be respected. People's capacity had been assessed in relation to their end of life care. Where people did not want to be resuscitated, Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms had been completed and signed by people, their relatives [where applicable] and their GP to ensure their end of life wishes would be respected. Each person that did not wish to be resuscitated had their folders colour coded to ensure information was readily available to staff and other healthcare professionals when they needed it.

Good

# Is the service responsive?

## Our findings

People said they were happy living at the home and knew how to complain if they were not happy. A relative said, "The staff always listen to us and they take actions…they are proactive." Another commented, "The care is good, I am happy with the care dad is receiving here… The staff are very friendly and helpful, if I have any questions they query it and provide answers."

Assessments were undertaken to identify people's needs before they moved into the home. Each person using the service had a care and treatment plan in place which was specific to their needs. This covered areas such as medicines, eating and drinking, personal care and communication. Ways in which people would like to spend their day and their likes and dislikes were also included in their care plan. People were allocated a keyworker to coordinate and monitor their care to ensure their preferences were respected and met. People and their relatives told us they were involved in the care planning and reviews and their views were taken into consideration and acted upon. The care plans we looked at provided clear guidance for staff on how to care and support each person. Staff we spoke with were aware of people's care and treatment needs and the support to provide to ensure their needs were met. The care plans were reviewed monthly or when people's needs changed and included relevant information on people's current care needs. Daily care notes written by staff demonstrated the care delivery was in line with the care and treatment that had been planned for.

People were supported to engage in a range of activities to reduce the risk of them feeling isolated and to support their interests. At the time of our inspection, there were two full time activities coordinators in post who were responsible for planning and leading on activities to stimulate people. The activity coordinator told us that activities were identified based on both individual and group interests and the abilities of people to undertake these activities. There was an activity planner in place which included activities such as bingo, sing along, arts and crafts, board games and one to one sessions. A relative informed us, "The entertainment they have here is brilliant! Example is having here travelling theatre groups." On both days of our inspection, we observed people engaged in activities including a karaoke session where people sang along and others danced in pairs to the music.

People were also supported to access the local community. For example people with sporting interests were supported to attend football matches and one person took part in boxing activities. We found that some people also enjoyed visiting the local restaurants to eat, drink and take part in activities of their choice such as bingo.

People and their relatives knew how to complain if they were not happy about the service. One person said, "I will speak to staff." Another person said, "I will speak with the managers." A relative told us, "I will talk to the nurse first then I will talk to the manager." Another relative commented, "I will speak to the nurse first then the manager and if no joy to social services." At our inspection, all the people we spoke with told us they did not have anything to complain about. The provider had a complaints policy in place and this was provided to people when they first started using the service and included information on external

organisations such as the local authority ombudsman if their complaints were not dealt with satisfactorily.

We reviewed the provider's complaints log. This was well set out and easy to follow and included a tracker to record the progress of any complaints received. We saw that where people had made either verbal or written complaints, staff had followed the provider's complaints procedure, by recording, following-up with actions such as response letter, investigating and meeting up with the complainant to ensure the matter was resolved. For example, there was a complaint about staffing levels on one of the home's unit and the provider had responded with actions they had taken in addressing the issue by recruiting more permanent staff to be placed on that unit.

Requires Improvement

# Is the service well-led?

## Our findings

Records were not always managed appropriately. Accidents and incidents records included details of any accident and incidents that had occurred and actions that had been taken to ensure the safety and welfare of the individual involved. Staff knew of the provider's reporting and recording protocols for any accidents and incidents such as a fall or an injury. However we found that staff were not always reporting and recording incidents that related to staff themselves. For example staff informed us that they were sometimes 'scratched and hit' by some people using the service on one of the units; however, they seem to accept this as 'part of the job', and did not record this on the accident and incidents forms or in the person's notes. Staff told us they had implemented a peer buddy system and worked in pairs and look out for each other when dealing with any issues that challenged. However due to the lack of recording, there could not be a clear audit on incidents of any one individual to ensure appropriate support was in place and this required improvement.

People's records including care plans and staff supervision records required updating in some areas. For example, some care plans did not always follow a logical sequence. Information in one care plan did not include the person's life history although staff knew of their history which we confirmed with their relatives. The unit manager told us they were aware that not all care plans were up to date and told us they had started to action these to ensure they included all information required. Staff supervision records were also not up to date. For example for 50 staff sampled, records showed that 11 of 50 staff had received two supervision sessions in 2016 and 39 of 50 staff had received one supervision session in 2016. Although all staff and the management team were confident that both individual and group supervision sessions were being carried out in line with the provider's policy, the records in place were not consistent with the information shared with us. The new management team informed us they were aware of their records not being up to date and that they had put plans in place to update all staff records.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives knew who the home managers were and told us they felt the home was well-led. At the time of our inspection, there was no registered manager in post; the last registered manager left their post on 12 April 2016. A new permanent manager was in post at the time of our inspection and had experience of managing another care home in South East London. They had applied to become the registered manager for the home and were in the process of registering with CQC. The home manager was aware of their responsibility to notify CQC of any statutory notifications.

The home manager was supported by a deputy manager, a clinical lead and a unit manager. An area manager was also in post and responsible for supporting the home manager drive improvement. The area manager organised monthly managers' meeting to ensure adequate support was in place for the home manager and to share learning from other services. The area manager who was also available on both days of our inspection had a good knowledge of the home and told us they operated 'a culture that feels like a

family' and staff confirmed this. They said appropriate support was in place for staff and that staff were respectful and good at their job. The management team spoke to us about the refurbishment work which was on-going at the time of our inspection. They said their aim was to modernise the home to the standard of other homes owned by the provider and create a better environment for people using the service. They showed us a model show room and said it was the provider's aim to convert all rooms in the home to this standard. Work had already begun on the main dining room on the ground floor and they told us all kitchen diners on the various units would also be refurbished to enhance people's experiences.

The provider had systems in place to monitor the quality of the service and this included both internal and external audits. Internal audits included areas such as safeguarding, nutrition, training, infection control, medication and health and safety. The last audits carried out in February 2016 showed the home had scored 93.98%. Action was being taken following these audits. For example at the last audit staff training scored 50%. We saw that improvements had been made since the audit was carried out with adequate support in place for staff. The area manager also undertook monthly audits and we saw that where areas of improvements were required such as the environment action was being taken to address this.

External independent auditors such as the local commissioning group carry out regular audits of the home and improvements were made following recommendations from these audits. The local pharmacy responsible for supplying the home's medicines had also undertaken an audit in January 2016. The audit document recommended the home to annotate medicines with the date which the content should be used by. We saw that staff had implemented this to ensure medicines were safe for use.

A residents and relatives survey undertaken in 2015 showed 20 out of 68 people responded to the survey questionnaires. The survey covered areas such as the environment people lived in, privacy and dignity, nutrition, laundry care and other facilities in the home. The results of the survey were rated good in all areas and all of the people said they would recommend the care home to a friend or a relative.

The provider used various meetings to gather people, their relatives and staff views to improve the quality of the service. Other meetings were also about managing the service and these meetings included residents and relatives meetings, care staff meeting, kitchen staff meetings, domestics and senior staff meetings. Relatives confirmed they attended these meetings and that their views were taken into consideration when making decisions about the service. Minutes of a relatives' meeting we looked at showed discussions covered areas such as refurbishment work, meals, activities, laundry care and staffing levels. Where required action had been taken following the feedback people and their relatives had given. For example, the provider had taken action in providing people with a choice of a carpet or wooden flooring in their bedrooms as requested to ensure their wishes were met. Staff said they felt able to raise any issues or concerns with the management team at these meetings.

All staff we spoke with were happy working at the home because they felt valued. They said it was a friendly environment, they work together as a team and the management team were approachable. All health and social care professionals were complimentary about the home. They said the staff team were caring and were confident the new management team would take the home forward in all aspects of care delivery.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not always maintain up to date records of each service user and staff. Accidents incidents were not always recorded which meant risks were not always assessed, monitored and mitigated to improve the quality and safety of the service provided. |