

Cambridge Nursing Home Ltd

Cambridge Nursing Home

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

This was an unannounced comprehensive inspection which took place on 10 October 2018. The service was last inspected on 14 April 2015, where we found the provider to be in breach of the regulation in relation to safe care and treatment. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of safe to at least Good. At the focused inspection on 24 August 2016, we found that the provider had made improvements and were no longer in breach of the regulation and hence, overall rated Good.

Cambridge Nursing Home is a care home with nursing provided on three floors. The service is registered to accommodate a maximum of 49 people. The service specialises in supporting people living with dementia, physical disability, older people and younger adults. Cambridge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, 46 people were living at 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.

The provider did not ensure staff were deployed appropriately to meet people's needs safely. There was lack of appropriate hand wash facilities in the communal toilets and bathrooms. People were at risk as the window restrictors were not safe.

The provider did not always work in line with the Mental Capacity Act 2005 principles and Deprivation of Liberty Safeguards to ensure people's consent was sought in relation to care and treatment. The service's décor was not dementia friendly.

People told us some staff were not caring and did not always treat them with dignity and respect. Relatives felt unwelcomed as visiting times were restricted and did not always suit them. There was lack of structured stimulating activities for people living with and without dementia.

The provider did not have efficient and effective auditing, monitoring and evaluating systems to ensure the quality and safety of the care delivery.

Risks to people were appropriately assessed and mitigated so that staff could provide safe care. Staff understood their responsibilities in safeguarding people against harm and abuse. People's medicines were managed safely. Staff were recruited appropriately to ensure they were safe to support people.

People's needs were assessed before they moved to the service. Staff told us they received appropriate,

regular training and supervision to provide effective care. People's individual dietary needs were met. Staff worked well with healthcare professionals to ensure people's individualised needs were met effectively.

People's cultural and spiritual needs were identified, recorded and met by staff. The provider had effective systems and processes to support people at end of life.

Care plans were individualised and detailed people's likes and dislikes. Staff knew how to meet people's personalised needs. Staff were trained in equality and diversity. The provider encouraged lesbian, gay, bisexual and transgender people to use the service. People knew how to raise concerns and the provider maintained clear and accurate complaints records.

Staff told us they found the management approachable and felt well supported and valued. Healthcare professionals told us the service was well managed. The registered manager submitted a detailed action plan to address issues raised during our inspection.

We found the registered provider was not meeting legal requirements and was in breach of four regulations. These were in relation to safe care and treatment, dignity and respect, need for consent and good governance. We have made recommendations about staff deployment, infection control procedures, dementia friendly environment and activities.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People told us there were not enough staff to meet their needs. Staff were not suitably deployed to meet people's individual needs safely.

People were at risk due to the unsafe windows restrictors. Wheelchairs and hoists were stored in communal bathrooms posing a risk to people's safety.

Not all communal bathrooms had safe hand wash facilities.

Most people told us they felt safe. People's risk assessments gave sufficient information to staff on how to provide safe care. Staff knew how to safeguard people against harm and abuse.

People were safely supported with their medicines management. The provider followed appropriate recruitment practices to ensure staff were safe.

Accidents and incidents were reported, investigated and recorded. Staff wore protective equipment whilst providing care.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's consent was not always sought in relation to their care, accommodation and treatment. The service was not always delivered in line with the Mental Capacity Act 2005 principles and Deprivation of Liberty Safeguards.

The service had necessary adaptations to meet people's physical needs. However, the service lacked a dementia friendly environment.

People's needs were assessed before they moved to the service. People told us their dietary needs were met and were generally happy with the food.

Staff supported them to access ongoing healthcare services to

Requires Improvement ●

lead healthier lives.

Staff received regular training and supervision to deliver effective care. They told us they worked well as a team.

Is the service caring?

The service was not consistently caring.

People told us staff were not always caring and did not always respect their privacy. Relatives told us they did not always feel welcomed. People and relatives told us the visiting hours were restrictive. The service did not always provide person-centred care.

Staff spoke about people compassionately. People's cultural and religious needs and beliefs were recorded in their care plans.

Staff encouraged people to remain as independent as possible.

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Is the service responsive?

The service was not consistently responsive.

People told us there were not enough activities. The activities schedule showed there was lack of structured activities.

People told us staff knew them and met their needs. People's care plans were detailed and individualised.

Staff knew protected characteristics and how to meet people's personalised needs.

People knew how to make a complaint. The provider maintained clear records of complaints, concerns and compliments.

The provider was Gold Standards Framework accredited and staff were trained in end of life care. People were supported to have a dignified and pain-free death.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

We received mixed feedback from people in relation to the management of the service.

The provider lacked robust monitoring and evaluating systems to ensure the quality and safety of the care delivery.

Requires Improvement ●

Staff told us they felt supported and the management was approachable. Healthcare professionals told us the service was well managed.

The provider worked with other services to improve people's lives.

Cambridge Nursing 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.

The inspection team consisted of two inspectors, a specialist advisor who was a nurse, 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 care service. The specialist advisor, who was a nurse, looked at how the service managed people's medicines and how information in medicines records and care notes supported the handling of their medicines.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This inspection was informed by the feedback from the local authority, and health and social care professionals.

During the inspection, we spoke to 13 people who used the service and three relatives. We spent time observing interactions between people and the staff who were supporting them. We spoke with the registered manager, the director, the senior nurse, a night nurse and two daytime nurses, two senior care staff, two care staff and the chef. We looked at eight people's care plans and four staff personnel files including recruitment, training and supervision records, and staff rotas. We reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service. We also looked at records related to the management of the service including audits, health and safety checks and quality assurance.

Following our inspection visit, we reviewed documents provided to us after the inspection. Some of these included policies and procedures, training matrix, refurbishment plans and improvement plan.

Is the service safe?

Our findings

During the inspection, we checked whether the building met safety requirements including window restrictors. Care homes use window restrictors for the protection of people's safety. Window restrictors are designed to prevent people falling out of windows. We found not all windows had window restrictors and the ones that were in place could be overridden. The provider's refurbishment plan showed one of the tasks was to change the windows. However, this had not been considered as a priority and people were exposed to a potential risk of falling.

On the day of inspection, we saw wheelchairs, hoists and trolleys were stored in all the communal bathrooms and shower rooms making it difficult for safe access to those facilities. This all put people at risk of avoidable harm.

The above evidence demonstrates the registered provider was in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a wheelchair and a hoist stored by one of the fire exits thereby restricting the access in case of emergency. We showed the registered manager the fire exit which was not easily accessible. They acted on it at once and the hoist and the wheelchair were removed. Following the inspection, the provider told us that they had carried out a survey in relation to the window restrictors and scheduled dates to address the issue.

On the day of inspection, we noticed not all communal bathrooms, shower rooms and toilets had paper towels, hand wash or hand sanitiser. This meant people and staff were at risk of cross infection as they did not have access to appropriate hand washing facilities.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to safe infection control procedures.

Following the inspection, the provider told us that they had placed hand wash and paper towels facilities in all the required areas and that they will be monitored daily.

At the inspection, we checked if there were sufficient staff to meet people's needs safely. People gave mixed feedback about staffing levels. Some said that there were sufficient staff but others said they needed more staff. One person said, "Easy to ask staff for help." A second person commented, "I ring the bell if I need help. [Staff] come quickly. I don't ring at night but it is also good at weekends. They don't have a lot of time but if you need something they try to help." A third person told us, "[Staff] come when I ring in the day and at night."

However, some people told us staff were not always around for help. A person said, "The staff are spread thinly. Sometimes it is obvious that they are pushed." A second person told us, "They could do with more staff. On a Sunday it is deserted." A third person said, "At weekends, visitors have to wait a long time to get in as there is no one in the office by the door. The staff have to leave what they are doing to answer the door."

The visitors have to wait a long time to be let out, too." A fourth person commented, "Sometimes I call out and they ignore you. I have to be careful not to use the bell too often otherwise they say, 'You've called us once,' and they take the bell away from me. The bell is on a hook. Sometimes it is put where I can't reach it." A fifth person said, "I don't know about a bell. I call out if I need help." A relative told us that their relative was regularly left on the bedpan for 15 to 20 minutes at a time. Another relative commented, "Sunday's, there are so few staff around. On a Sunday hardly, anyone is here."

We asked staff if they felt the staffing levels were sufficient. They told us generally they were fine and were able to meet people's needs. However, they said that at times they felt overstretched.

At lunchtime we observed lunch on all the three floors and found although the lunch was served efficiently on the ground and the first floor just after 12pm, no staff was present on the top floor. Three people that required help with their meals were served lunch at 12.45pm. One person asked us to find out when the lunch was due as they were hungry. We heard another person shouting for staff as they were hungry.

In the afternoon, we visited the top floor and found there were no staff present. We pressed the call bell to see how long it took for staff to arrive. It had been five minutes before a staff member arrived at the person's bedroom. The staff member told us they were not aware the call bell had been pressed. They had visited the person to give them something that they had asked for earlier.

The provider used a dependency tool to identify people's dependency in relation to activities of daily living including feeding, washing, dressing, grooming, toileting, drinking, eating, communication moving and handling. This information was used to identify staffing needs. Staff rotas showed during day time one nurse, one senior care staff member and two care staff were allocated to the first floor, and similar staff numbers were allocated collectively to the ground and top floors. However, the first floor accommodated 18 people, and the ground and the top floors together had 28 people. This demonstrated that the staff were not suitably deployed to meet people's needs safely.

We asked the provider how they monitor if people's call bells are answered in a timely manner. They told us the call bell system enables them to run reports to monitor whether people's call bells are answered on time. However, they had not run reports since the new system was installed early in this year. They told us that moving forward they would run reports and monitor it to ensure people's call bells were answered on time.

We spoke to the provider about our concerns in relation to staff deployment. They told us they would review staff rotas and deploy staff accordingly.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to safe staff deployment.

Following the inspection, the provider told us they had reviewed staff deployment and now sufficient staff were present on the top floor.

Most people told us they felt safe at the service and generally found staff trustworthy.

During the inspection, a person and their relative reported a safeguarding concern which the inspector promptly raised with the provider. Following the inspection, the provider raised the safeguarding case with the local safeguarding authority and opened an internal safeguarding investigation. Safeguarding records showed the provider followed appropriate procedures to ensure people were safeguarded against abuse.

The provider had safeguarding and whistleblowing policy and procedures in place and staff were aware of these. Staff had a comprehensive awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. Staff told me they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Staff we spoke to were aware of how to identify, report and record concerns of abuse, neglect and poor care. They had contact details of the local authority safeguarding team, and this information was displayed around the home. A staff member told us, "I have done my safeguarding training and I will report anything wrong. I know what to do." Another staff member commented, "I know my residents, and I would have no problem whistleblowing if I saw something wrong."

We asked staff what actions they would take in the event of a medical emergency and they were able to demonstrate the relevant training they have had and said they felt confident to respond to emergencies. Staff were aware of people that had opted out of resuscitation. Records confirmed this.

The provider had appropriate and detailed risk assessments in place to ensure risks to people were identified and mitigated. Staff were provided with sufficient information to manage people's risks safely. There was a variety of risk assessments and corresponding care plans in place such as personal care, eating and drinking, falls, skin integrity, pressure sore and moving and handling. For example, one person's skin integrity plan stated, "In order to maintain skin integrity and to prevent skin breakdown and avoid complications, staff are to check the skin daily for any spots marks and bruising and discolouration." There were also risk assessments specific to people's health condition such as diabetes, Alzheimer's, depression and bed rails.

Staff we spoke to understood risks to people and how they managed them to ensure people's safety. For example, staff demonstrated skilled moving and handling techniques when transferring residents. We observed staff supporting people with hoists safely and communicated with them clearly. They worked in pairs as required. A staff member commented, "I always transfer with two staff and I have been trained."

Staff recruitment records showed the provider carried out appropriate checks to ensure staff that were employed to work with people at risk were safe, of good character and skilled. There were satisfactory reference and criminal checks in staff files.

Medicines were managed consistently and safely in line with the national guidance. People told us they were satisfied with medicines management support and had confidence in staff that supported them with their medicines. A person said, "They give me medicines three times a day and wait while I take them." Another person commented, "I trust the staff to give me my tablets". We observed nurses being patient and kind during medicines administration. People received their medicines as prescribed with dedicated trained staff to manage stock control, ordering and safe storage of medicines. Medicines were managed by staff who were appropriately trained and their competency assessed annually.

Appropriate management systems were in place to ensure medicines were managed safely. Medicines were kept securely in locked trolleys and rooms. Staff kept temperature records for fridge and medicines room. Records showed medicines were stored in temperatures that met the requirements. Medicine administration records (MAR) contained sufficient information such as allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately and stocks we checked tallied with the balances recorded. There were checks of medicines and audits to identify any concerns and address any shortfalls. The provider followed safe practices in relation to administering, recording and storing of controlled drugs.

Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines. There were instructions for staff on how and when to give 'when required' medicines to people which ensured people had prescribed access to pain relief or laxatives, with suitably spaced doses.

Staff comments included, "All medication is stored in in a lockable medication cupboard. Only authorised staff had access to medication" and "We take medication very seriously, it is a big responsibility and I am very careful."

There was a process in place to report and record accidents and incidents, actions taken and lessons learnt. However, the lessons learnt and outcomes were not always recorded on the incident forms and within the incidents file. This meant it was not always possible to ascertain the learning outcomes. The registered manager told us moving forward they would document lessons learnt on the incident records. Lessons learnt were shared with staff via staff handovers, team meetings and supervision.

Staff were trained in infection control practices and we saw them use personal protective equipment including gloves and aprons when supporting people. Staff said they were provided with sufficient personal protective equipment. A staff member told us, "We always have enough equipment to use here, and we can get more if we need." Staff were aware of which bags to use for infection control. We saw sharp bins were used appropriately.

We looked at people's individual and premises fire risk assessments and evacuation plans, water temperature and legionella tests, maintenance records and electric and fire equipment testing records. The service had records of hoist and wheelchair testing records. These were all up-to-date. Staff told us they conducted fire drills every Friday. We spoke to a nurse who according to the provider's fire policy would be the responsible person to facilitate the evacuation in case of emergency. They were able to describe the actions they would take in case of fire emergency and these actions were as per the fire evacuation plan. However, the management told us they did not keep records. They said moving forward they would keep fire drill records.

Is the service effective?

Our findings

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's care files had records of their mental capacity assessments to ensure people had capacity to make decisions related to their care and treatment. Where people lacked capacity, there were records of DoLS referrals and authorisation certificates. However, we found the provider had not followed suitable procedures to ensure two people's consent was sought in relation to their accommodation changes.

At the inspection, we found two people had been sharing a bedroom with appropriate facilities to ensure their privacy when providing care. However, the service had not recorded and explored the people's consent for sharing a bedroom. Records confirmed this. One person sharing the bedroom told us they did not know who the other person was but did not mind sharing the bedroom. The other person was unable to reply to our question.

We spoke to the management about the shared bedroom arrangement. They told us that following the death of a person sharing the bedroom they had asked the other person who lived on their own in their bedroom, if they wished to share a bedroom. This person had been living at the service in their own bedroom for four years and was assessed as lacking capacity to make decisions regarding their care and treatment. The provider had not followed the best interest decision making process to decide whether it was in the person's best interest to move out of their bedroom and share a bedroom with another person. As per the MCA and DoLS procedures, where it has been decided that a person is unable to make a decision for themselves, appropriate procedures need to be followed to make a decision in the person's best interest. This is called a best interest meeting. However, there were no records of this conversation. This showed the provider had not followed the appropriate processes to ensure people's consent was sought in relation to their care and treatment.

People told us staff did not always respect their choices. A person commented that staff sometimes did not listen to what they had to say. They said, "I said don't give me sandwiches but they put them down anyway. They tell me I am going to the lounge and I say I don't want to go, I don't want to do exercises. Sometimes they listen, sometimes they take me anyway." Another person said that they really had to get up in time for breakfast between 8 and 8.30am but they could go to bed when they wished. A third person told us they

watched television in the communal living room as they did not have one in their room. They further said, "They [staff] tell me to go back to my room at 4 or 5pm and I have got nothing to do then." This meant people's choices were not always respected and promoted.

The above evidence demonstrates the registered provider was in a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some people told us staff did not respect their choices we saw during the inspection staff generally asked people before supporting them and gave them choices. Staff demonstrated a good understanding of people's right to choose, MCA principles and the working knowledge of DoLS. A staff member said, "It is about whether they [people who used the service] can make decisions for themselves. They still need our help. they can make choices in food, whether they want a shower. We involve family whenever required. When we are assisting people, ask people how they wanted to be supported, abide by their wishes." Healthcare professionals told us staff gave people choices. One professional commented, "They do give [person who used the service] choices and give her an opportunity to say what she wants."

People's needs were assessed before they moved to the service. Records confirmed this. The needs assessment detailed information on people's medical, physical and mental health needs, background history, the support they required. This enabled the provider to determine if they could meet people's individual needs effectively. The information gathered at the assessment stage was then used to create people's care plans and risk assessments.

Staff told us they were provided with sufficient induction, refresher training and regular supervision to do their jobs effectively. Their comments included, "It is very helpful", "We had a PEG feed training yesterday. I attended end of life care training, I found that very interesting. We get regular refresher training, always face to face" and "It improves my skills." Training certificates and training matrix showed staff were provided with fundamental, additional and refresher training to provide effective care. All staff were also undergoing the Care Certificate training. The Care Certificate is a set of standards that social care and health workers use in their daily working life. Staff training included in areas such as safeguarding, health and safety, moving and handling, food safety, MCA and DoLS. Staff also received training in dementia, pressure relief, nutrition and hydration, catheter, depression and diabetes.

Staff supervision records showed they received regular one to one and group supervisions. Staff told us they found supervision sessions helpful. Their comments included, "I receive it every three to six months. Last one was in August. If we want to have a discussion we could do that and do not have to wait for supervision", "It is helpful for me because I can see if I have made any mistakes and improving myself. I am knowing more and I am feeling more comfortable in my work" and "We are made aware of any changes." Staff received annual appraisals where their performance was assessed and goals set for the next year. Staff told us they worked well as a team to ensure people received effective care. Their comments included, "We are working as a team" and "We have a good team here. We work well together as a team."

For the most part, people told us they liked the food. A person said, "Most of the food is good. Sometimes it is a bit too spicy." Another person told us, "I like the food they give me. I can choose." A third person said, "There is not much choice but the food is all right." A fourth person commented, "The food is OK. Basically, one main dish and you say if you want something different. You can have sandwiches or a cooked meal at night if you want. Tea comes around with a biscuit in the afternoon. There is no drink between breakfast and lunch but you can ask for a drink if you want it." A relative commented that their family member ate very little before they moved to the service. Since being at the service they had noticed that their family member had been eating well as the staff took time in assisting them with feeding. One person told us they liked their

cultural food. They said, "The food is good. There is choice every day and I can have [culturally specific food]."

We observed breakfast and lunch time meals, and saw people were offered choices in food and supported by the staff in a kind and compassionate manner. For example, people chose the day before what they wanted to have for breakfast. We saw some people had cereals and toast, whilst others had cooked breakfast such as bacon, tomatoes, eggs and sausages. One person told us, "I had a lovely breakfast of [cereal] and a slice of toast and enjoying my cup of tea." We saw drinks were available throughout the day.

People were offered a variety of diets that met their specific needs, for example, chopped, pureed, diabetic, low fat, low salt, diabetic, vegetarian. People's care plans had guidelines that described how staff were to provide them support at meal times, along with any associated risks. We saw that people with complex dietary needs were protected from risks. For example, one person with difficulties swallowing food was being appropriately supported. The service had arranged for the speech and language team (SALT) to assess the person's needs. The recommendations and actions suggested by the SALT had been applied promptly. Following the SALT visit nurses, staff and the kitchen staff had been updated on the person's requirements for a soft diet and an urgent referral to a dietician. Food and fluid charts were kept where necessary. People were weighed every month and if there were concerns of potential weight loss they were weighed weekly. Records confirmed this.

The Food Standards Agency had rated the home five stars at their last inspection which meant the hygiene standards were very good. The kitchen maintained a four-weekly menu and sought feedback from staff whether people liked the food or requested any changes.

People told us a GP visited them regularly and they could ask the nurse to see them when they wanted. People told us when necessary staff accompanied them on hospital and healthcare professionals' visits. There were records in people's care files to confirm they had seen healthcare professionals such as physiotherapist, chiropodist, dentist, Speech and Language Therapist. People with pressure sores and on bedrest were regularly observed and repositioned, and ensured they were comfortable, warm, clean and tidy. There were skin integrity care plans, a timely turning routine and body maps. Records were carefully maintained in relation to wound management support. Staff knew how to meet needs of people with pressure sores. A staff member said, "We always look at skin during personal care. We understand how important this is." However, we found the records were not always robust in the recording of body mapping and turning charts. The registered manager told us they would feedback to nurses and make the necessary improvements.

Healthcare professionals told us staff worked well with them and were efficient in following the recommendations. One healthcare professional said, "[Person who used the service] was non-weight bearing when moved here, staff have been supporting well to enable her to relearn skills related to personal care, dressing and undressing. [Staff] [are] very good at monitoring her movement to make sure she does not fall, making sure she has sufficient nutrition."

People's bedrooms were clearly labelled with their names outside. The service was designed to cope with most disabilities including lifts, specialist baths, appropriate grab rails and handles, different height chairs and wheelchairs. However, there were no dementia friendly sign postings around the home. There were no obvious toys, memory boxes or tactile equipment for those with dementia apparent.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to dementia friendly environment.

Is the service caring?

Our findings

During the inspection we asked people and their visiting relatives whether staff were caring and helpful. Whilst most people and relatives told us staff were caring, others told us some staff's attitude was not always caring. A person told us, "It is fantastic here. I am happy." Another person commented, "They are very nice here and they care."

However, one person said, "Some are very good, some don't even speak when they come into the room." Another person commented, "Some are ok but some could be better." A third person said, "The carers [staff] are nice up to a point but they don't always understand that some of us sitting here have got all our marbles." Another person commented, "Sometimes when they [staff] turn you over they grab your leg and I think this is dangerous. Some just say, 'Turn over', it depends on [which] nurses."

Relatives comments included, "The other week I found [person who used the service] crying because of their [staff] attitude. I have noticed they [staff] ignore [person who used the service] when asking something" and "Many staff do a fantastic job but [person who used the service] is regularly experiencing poor attitudes."

People gave mixed feedback when we asked them if staff treated them with dignity and respect. One person said, "Most of them [staff] are alright and the nurses are respectful when they get me up." Another person told us, "Staff were respectful and kind in their ways." A third person said, "There is only one [staff member] who is not respectful. Apart from that I am happy." A relative said, "Overall from what I have seen the staff are respectful."

However, some people told us staff did not always respect their privacy, and did not treat them with dignity and respect. A person commented, "Staff open our letters. Three weeks ago, a nurse told me I have got your appointment. I asked her how she knew. She said, 'We have had a letter.' She [nurse] showed it to me [person who used the service] and it was addressed to me. I said it was illegal to open my letters. She said, 'We like to be sure we have got everything under control'." A third person said, "I happened to throw some advertising for insurance away in the bin as I did not want it. The girls had the liberty to take it out and ask why did I throw it away." A relative told us that their family member had said, "Two of the nurses are quite rude. They just walk in and walk out without speaking and they don't knock."

People told us staff did not always have time to interact with them. A person said, "The only people who really come into my room for long are the family. No one else." Another person told us, "Staff sometimes come in [the room] to chat." At the inspection, we observed staff were caring when supporting people. We saw staff were generally sensitive and patient towards people's requests. However, we did not observe staff spending time with people interacting when they did not require any support.

During the inspection, we noticed, most people's bedroom doors were left open during the day. However, it was not established whether people wanted their bedroom doors left open and their wishes in relation to this was not captured in their care plans. This showed not all staff treated people with dignity and their privacy was not always respected.

We spoke to the registered manager about the people and their relatives' feedback and they were surprised. They told us staff were trained in dignity and privacy. They further said that they would provide a refresher training to all staff in dignity in care so that they were reminded of how to provide dignified care. The registered manager told us they would ensure people were asked of their wishes in relation to whether they wanted their bedroom doors left open and their wishes would be reflected in their care plans.

During the inspection some people and relatives told us the service was not always sensitive towards visitors and did not allow visitors after 7pm. They said they felt unnecessarily restricted by the visiting hours. One person said, "My son works in the City and two friends work in Mile End. They get pushed out at 7pm when they haven't been here long." Some relatives told us they did not always feel welcomed and were reprimanded when they spoke to other people living at the service. One relative commented, "I used to visit [person who used the service] on the [number] floor. They told me off for visiting him. We are not allowed as relatives to interact with other residents."

We spoke to the management about this. They told us they had applied visiting hours as some visitors were not mindful when visiting their relatives late in the evening and the impact it had on other people who used the service. We reviewed the provider's visitor's policy. The policy stated specific hours that the visitors could and could not visit their relatives. This meant people were restricted from seeing their relatives and friends. Following the inspection, the provider told us that they would arrange a meeting with the relatives and friends and the people who used the service to discuss the visiting hours.

The above evidence demonstrates the registered provider was in a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the visiting healthcare professionals and they told us staff were caring. Their comments included, "The staff here are very caring. I have no concerns", "They [staff] are always caring, [person who used the service] has good relationship with [staff member]" and "Staff all seemed very friendly. People looked comfortable."

Staff spoke about people in a compassionate manner. They gave us examples of how they ensure people's dignity was maintained. Comments included, "Close doors, curtains when providing care", "Knock on doors before entering people's bedrooms", "Be polite and respect their wishes."

People's care plans had information on their religious and cultural needs. People told us their cultural needs were met. One person told us during their religious festivals the registered manager arranged [religious] celebrations and gave them traditional sweets. A religious person visited people at the service that followed that religion on a weekly basis.

Staff told us they encouraged people to remain as independent as they could. During the inspection, we saw staff encouraging people to feed themselves where possible, and to access communal living rooms on their own.

Is the service responsive?

Our findings

Most people told us there was a general lack of activities at the service. A person said they were pleased to, "Get me hair done." They further said that they were pleased that the nurse occasionally, "Walks me with the frame. I would like to do more." A second person told us, "If there is anything happening they take me out of my room. We do exercises and mental puzzles with a lady who comes in. Nothing goes on in my room." A third person said, "Doing some exercises here." They said, "There is nothing to do here. I am disappointed." A fourth person commented, "No one comes to my room to do things." A fifth person told us on weekends there was lack of activities. They said, "That is the only thing I grumble about. There is nothing going on."

The ground floor communal living room had a board that displayed pictures of activities that were scheduled throughout the week. The activities were such as newspaper reading, and St Patrick's Day. There were activities provided by external entertainers on a weekly basis including a foot-tapping music activity, reminiscence group, visits to a local memory café and a fortnightly visit by a hairdresser. The service had a library that people could use when they wished.

The management told us the daily activities were the responsibility of staff on each floor. Sometimes people were encouraged to come to one floor for an activity. These activities would consist of playing cards and doing puzzles. They took place usually during the afternoon and when staff were free to facilitate it. On the inspection day, we did not see people being offered any activities. For the most part of the day, they were seen in their bedrooms or communal rooms watching television. The management said that staff were encouraged to go into people's individual rooms to chat to people who were not able to leave their rooms. However, most people told us staff were generally busy and did not have time to interact with them.

The provider had employed an activities coordinator to arrange and facilitate activities. However, this staff member had been on annual leave for three months and the management was not sure if they were going to return to work. We asked the provider what had they implemented in the interim to ensure people continued to receive mentally stimulating activities. They told us they had informed a senior care staff member to coordinate the activities in the interim. We asked this senior care staff member of their activities plans. They told us that they were not sure that they had been assigned with this additional duty. This showed that the activities were not always planned and structured to meet people's needs, and were taking place sporadically.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to stimulating activities for people who used the service.

People told us their needs were met. A person said, "I have everything I need here." Another person told us, "I am happy. I have got company here. They cannot do everything but they try." Staff we spoke to demonstrated a good understanding of people's likes and dislikes. A staff member said, "I know my residents well, and would treat them like my nan."

People's care plans were detailed and individualised and gave information to staff on how to meet people's

personalised needs. The care plans captured information around their life and background history, likes, dislikes, spiritual and cultural needs, nutrition and hydration, personal care, medical needs and support plans to meet people's needs. For example, one person's nutritional care plan instructed staff to encourage the person to choose what they wanted to eat, to present food in an attractive manner, and to assist them with their pureed diet.

Staff were trained in equality and diversity and demonstrated a good understanding of the ways people can be discriminated against the protected characteristics. Staff told us they would support lesbian, gay, bisexual, transgender (LGBT) people with their individual needs. Their comments included, "It is who they are and we respect them for who they are", "If they wished to talk about it then we would listen, it is their choice whether to disclose" and "We will support them with their needs whether they are gay or not. We are here to care for people."

People told us they knew how to complain and generally felt comfortable to raise concerns. One person said, "I never complain." Another person told us, "I would speak to the manager or the [nurse] if I wanted to complain." A third person said, "My clothes go missing all the time. I always tell them. The washing doesn't come back from the cleaners. I complain to the main nurse." A relative commented, "[Person who used the service] seems happy here. She has not complained about anything." The provider had a complaints policy in place and maintained clear records of concerns and complaints details, and how and when they were addressed. The records showed a clear audit trail of actions taken and whether the complainant was satisfied with the outcome. For example, one relative had raised concerns in relation to their family member's bed on 6 August 2018. The provider took the concerns on board, duly checked the type of the bed that was required, ordered it accordingly and a new bed was installed on 16 August 2018. The records stated that the complainant was "Grateful for a prompt change."

The provider kept records of compliments by the people who used the service and the relatives. They had received 25 written compliments since the start of this year. Some of them included, "Care is excellent, staff are nice and helpful", "Staff were patient to [person who used the service] and attentive to [person who used the service] needs" and "A special thank you for celebrating [person who used the service] birthday and having photos whereby [person who used the service] was seen all smiling during the birthday celebrations arranged by staff."

The provider had an end of life care policy and had recently been accredited with Gold Standards Framework. The Gold Standards Framework gives outstanding training to the services that provides end of life care to ensure better lives for people and recognised standards of care. All staff were trained in end of life care, advance care planning and end of life care in last few days. Staff we spoke to demonstrated a good understanding of the support people required at their end of life and how they met their spiritual and cultural end of life care needs.

People's care files had a form outlining their diagnosis and advance care planning, when they were last seen by the GP, their Do Not Attempt Cardiopulmonary Resuscitate status, pain management, spiritual and cultural needs, and where they wanted to end their last days. A relative told us that they were pleased that a meeting with the [palliative care] nurse had been arranged when their family member moved to the service and that end of life care was discussed thoughtfully. The provider had put in place a memory tree to recognise all the people that had lived at the service and passed on. The memory tree was used to remember them in a service every November. This showed that the provider had systems and processes in place to support people at their end of life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

People gave mixed feedback on how well the service was managed. Not everyone knew who the registered manager was. They told us they were not aware of residents' meeting and the management did not ask for their views and feedback. One person said, "I don't know the manager." Another person told us, "I don't think there are residents' meetings. I know the [registered] manager. He always says hello." A third person said, "If I had a major concern I'd talk to the manager but I don't know about any residents' meetings." A fourth person commented, "I have only seen the manager once in five weeks. I don't like rocking the boat. It won't do any good." A fifth person told us, "I know the owner. I see him occasionally. I would complain to the two women [senior nurse and the director] who run the place. I don't know if there are residents' meetings. They don't ask our views about the place." Another person commented, "I am not asked for my views or opinions."

The provider did not have robust processes and systems to assess, monitor and improve the quality and safety of the service. The management carried out some internal audits however, had not recognised gaps and issues that we identified during this inspection. People's consent was not always sought in making decisions about their care and support. People were not always supported in a dignified way. There was a lack of dementia friendly environment and mentally stimulating activities. There were no monitoring records indicating the frequency or quality of the activities or, indeed, whether they took place. Visitors did not always feel welcomed and the visitors' policy restricted relatives access to their loved ones.

The building checks did not identify unsafe windows restrictors. The provider did not always maintain good infection prevention practices. Staff were not appropriately deployed to meet people's individual health and social care needs safely. The provider did not monitor call bell system to ensure staff attended to people's call bells in a timely manner. The management did not carry out audits and checks around infection control, and did not maintain records of fire drills. This meant the provider did not always assess, monitor and mitigate the risks in relation to the health, safety and welfare of the people who used the service.

The provider did not always ensure that accurate and contemporaneous records were maintained to show that people's conditions were being safely monitored and they were receiving the care they needed. We found some gaps in body map charts and repositioning charts. The management did not accurately record whether people had participated in activities and where they had, what the outcomes were. Staff did not record whether people were encouraged try an alternative activity or interacted with them.

The management told us they sought people's feedback but did not keep records of these discussions. However, most people told us they were not asked for their feedback and views. The provider did not always seek feedback from people who used the service for the purposes of continually evaluating and improving the service.

The above evidence demonstrates the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us actions that they had already taken to address the concerns raised during the inspection. They also sent us their action plan to resolve issues along with stipulated timeline of achievement. This reassured us of the provider's intentions of improving the service and thereby people's care experiences.

Some people told us they liked living at the service and that their views were considered. One person said, "As I have to be here, it is OK. It has got better. The people [management] who run it keep it up to scratch." Another person told us they had been living at the service for decades and it was their home. They said, "I love living here." They told us the management asked their feedback and considered their views. For example, the person was tired of their old room decor and decided to change it. They told us, "I had red walls before but got bored and decided to change it to pink and make it light." The person said the management was very supportive in their decision.

Staff we spoke to told us the management was approachable and they felt well supported. Their comments included, "The [registered] manager is lovely", "They gave us a bonus for Christmas, who does that?", "They rented out a whole pub upstairs for us, they are every kind nice people", "We can go to them [management] if we have a problem or something is bothering us. It [the service] is well run. The [registered] manager is approachable and so are the nurses. Things seems to be running smoothly. I enjoy my work. I have been here for 23 years."

There were regular nurses' handovers where they discussed people's healthcare needs, their emotional wellbeing and state of mind, appointments, if they had any visitors and general wellbeing. This information was then passed on the senior care staff who then passed on the relevant information to the care staff. On the day of inspection, we observed the morning nurses' handover session, nurses talked about people in a caring and sensitive way, and it was well run. Staff told us they had regular team meetings and found it easy to raise any issues or concerns without worry. They further said at team meetings they had made suggestions regarding improvements to people's care and they were listened to by the management. Staff told us they felt valued as the management was very good at developing them and progressing them in their careers.

Healthcare professionals told us the service was well managed. Their comments included, "[Registered manager] has been super in managing the service. Never been called out for bed sores, falls, people are never discharged without medicines. They have been super, great at sorting out transport and liaising with relatives" and "He is up-to-date on people's situation. Nurses turnover is good, they have been here for years."

The provider asked the relatives and friends to complete annual quality survey forms. We reviewed some of the completed quality surveys for this year and it showed relatives were generally happy with the quality of care. Some comments included, "Amazing staff", "Very caring staff" and "Look after people well."

The provider worked with several local voluntary and healthcare organisations, local authorities, and clinical teams to improve people's physical and emotional wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered persons failed to ensure all service users were treated with dignity and respect, and their privacy respected. Regulation 10(1)(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not always provided with the consent of relevant people. Regulation 11(1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care of people was not provided in a consistently safe way. This included failure to assessing the risks to the health and safety of service users of receiving the care or treatment, and doing all that is practicable to mitigate any such risks. Regulation 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks to the health, safety and welfare of service users and others, accurately and completely maintain records in respect of each service user, and seek feedback from service users.

Regulation 17(1)(2)(a)(b)(c)(e)