

GCH (Alan Morkill House) Limited

Alan Morkill House

Inspection report

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Date of inspection visit:
21 December 2017
22 December 2017
05 January 2018

Date of publication:
13 March 2018

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 comprehensive inspection was carried out on 21 and 22 December 2017 and 5 January 2018. The inspection was unannounced on the first day and we informed the provider of our intention to return on the second and third day. Alan Morkill House is a 'care home' for older people, including people living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This three storey care home is divided into seven separate units. There is a large communal lounge, main kitchen, courtyard and garden on the ground floor; additionally there are communal facilities on each floor. At the time of the inspection there were 47 people living at the service and two vacancies.

The service had a registered manager. A registered manager is a person who has registered with CQC 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 registered manager joined the service in June 2017 following the previous inspection and was present on the three days we visited.

At our previous comprehensive inspection on 29 and 31 March, and 3 April 2017, the service was given an overall rating of Requires Improvement. Caring and Responsive were rated as Good, Effective and Well-led were rated as Requires Improvement and Safe was rated as Inadequate. We had found five breaches of regulations in regards to how the provider ensured the safety of people who used the service, staff training and supervision, ensuring appropriate arrangements for people using the service to consent to their care, meeting people's nutritional and hydration needs and ensuring that effective auditing practices and accurate record keeping were in place to improve the quality of the service provided to people.

Following this inspection we had issued a warning notice due to the issues of concern we had found in relation to people's safety. The concerns were in regards to the safe management of medicines, the inaccurate completion of positioning charts for people who were at risk of developing pressure ulcers and the failure of the provider to ensure that people were consistently protected from the risk of accessing areas used for the storage of cleaning chemicals. We received an action plan from the provider to explain how they would address the warning notice and breaches of regulation within a specified timescale.

At this inspection we found that the provider had met the warning notice and the breaches of regulation.

We saw that improvements had been made and people received their medicines safely. Risks to people's safety and wellbeing had been identified; however, some of the risk assessments we looked at required additional information to demonstrate how the provider guided staff to address these risks. We observed that actions had been taken to provide people with a warm environment although the provider's risk assessments for the use of portable heaters in people's bedrooms needed further details to meet people's individual needs. This was addressed by the provider during the inspection.

Staffing levels were satisfactory although we received comments from two people who used the service and the relatives of two other people that they did not think there were always enough staff. People were protected from the risk of harm and abuse as staff understood the provider's safeguarding procedures and employees were subject to appropriate pre-employment checks before they were offered positions at the service.

Improvements had been achieved in relation to staff training and supervision. Records showed that the provider ensured staff undertook their required training and had regular support through one to one supervision sessions and team meetings. Records maintained about people's daily care demonstrated that the management team and senior staff now applied better scrutiny to ensure that people received the care and support they needed. For example, people were weighed in accordance with professional guidelines and any concerns about their weight were reported to the GP and other healthcare professionals including dietitians and district nurses, if applicable.

People had developed good relationships with staff and we observed that staff supported people in a respectful way. People's needs were assessed before they moved into the service and the quality of these assessments was good. However, more information was needed in the care plans we looked at to guide staff to meet people's individual needs. For example there was insufficient information about how people wished to be supported to meet their social needs, although there were several positive remarks from people who use the service and their relatives about how the new activities organiser was making changes to create a more bespoke activities programme.

There were systems in place to seek people's views about the quality of the service and complaints were dealt with in a professional manner. We received positive comments about the approach of the registered manager and the actions he was taking to improve the service. At the previous inspection we found that confidential information about people was not always securely maintained. At this inspection we observed that this practice had not ceased, which meant that private details about people's health care needs and other circumstances could be read by parties that did not have a valid reason to know this information. Although audits were being carried out more regularly, there were still some shortfalls with the auditing system that the provider needed to address.

We have made a recommendation in regards to the safe storage of food items. We found one breach of the Health and Social Care Act 2008 regulations in this report. This was in relation to the provider's failure to protect people by ensuring that all confidential information about their needs is safely stored and accurately recorded. 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 always safe.

Medicines were managed safely.

People were protected from the risk of harm or abuse because staff understood their responsibilities. However, risk assessments were not always sufficiently detailed and risks associated with the premises had not been fully addressed prior to the inspection.

Staff recruitment was safely undertaken and there were sufficient staff deployed to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Systems were in place for staff to receive training and support to assist them to meet people's needs.

The practices for obtaining consent to care and treatment reflected current legislation and guidance. Work was ongoing to ensure that appropriate documentation was in place when it was necessary to restrict people's liberty.

People had sufficient amounts to eat and drink; however mealtimes were sometimes task orientated and not always a relaxing experience.

People were supported to access the health care services they needed.

The provider was progressing with its aim to create a more accessible environment for people living with dementia.

Requires Improvement ●

Is the service caring?

The service was not always caring.

There were positive interactions between people who use the

Requires Improvement ●

service and staff. However, staff did not always have the written guidance they needed to support people in a person centred way.

People were supported to make choices about their care and support.

Staff were respectful towards people and protected their dignity.

Is the service responsive?

The service was not always responsive.

The care plans did not consistently demonstrate an understanding of people's needs, including how to support people with specific behaviours.

People spoke positively about the quality of support to meet their social and leisure needs.

There was an effective system to respond to people's complaints and concerns.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

The provider's own monitoring system had not identified ongoing concerns with the safe storage of confidential information within the premises.

People felt listened to by the registered manager and staff felt supported by him. He worked directly with staff to improve the quality of the service.

Quality audits were in place but we found some inconsistencies across all the audits we reviewed.

Requires Improvement 

Alan Morkill House

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 21 and 22 December 2017 and 5 January 2018. The inspection was unannounced on the first day and the provider was advised of our plans to return on the second and third day. The first day of the inspection was conducted by two adult social care inspectors, a pharmacist inspector, a specialist professional advisor with a registered general nursing qualification 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. Two inspectors visited the service on the second day and one inspector concluded the inspection on the third day.

Before we undertook this inspection we reviewed information we held on the service. This included notifications about significant events that the provider was required by law to inform us about, the previous inspection report for 29 and 31 March and 3 April 2017 and other information from different sources who had contacted the Care Quality Commission to express their views. We had received anonymous information which alleged that night staff had been asked to get people up at a time that did not meet their needs and wishes. A representative of a person who used the service had contacted us to express concerns about staffing levels and the quality of care provided to their family member. Information had been received from the provider in regards to how they were planning to address the breaches in regulation we found at our previous inspection. We also looked at the website of Healthwatch Central West London, which included a Dignity Champions Visit Report for June 2017. Healthwatch is an independent national champion for people who use health and social care services.

During this inspection we spoke with 12 people who use the service and three relatives and friends. We spoke with nine care workers and senior care workers, the activities organiser, the deputy manager, the chef,

the registered manager and the regional manager. A range of records were checked, which included the care plans for six people who use the service, six staff recruitment files, medicine administration charts, the complaints log, the staff training matrix, quality assurance audits, and a range of policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Following the inspection we spoke with a representative of the local contracts monitoring team in order to seek their views about the service.



Our findings

At the previous inspection we had found issues of concern in relation to the safe management of medicines. At this inspection we found that the provider had implemented changes in order to ensure that people were safely supported with their prescribed medicines.

We checked how people's medicines were received, stored and administered, including controlled drugs and could see there were safe systems in place. All prescribed medicines were available at the service and were stored securely in a locked medicines trolley. This assured us that medicines were available at the point of need. When the medicines trolleys were not in use, they were secured to the walls in an appropriate manner.

Current fridge and room temperatures were taken each day, and staff recorded minimum and maximum temperatures. During the inspection and through looking at past records, the fridge temperature was consistently found to be in the range of two to eight degrees Celsius. Room temperatures were also recorded on a daily basis. This assured us that medicines were stored at appropriate temperatures.

People received their medicines as prescribed, including controlled drugs. We looked at 21 MAR charts and found only one gap in the recording of medicines administered, which assured us that overall, people received their medicines safely, consistently and as prescribed. We found that there were separate charts for people who had patch medicines prescribed to them for pain relief or other reasons, insulin administration records and also topical medicines. These were filled out appropriately by staff.

People who use the service reported to us that they received their medicines in a timely and correct manner. Running balances were kept for medicines that were not dispensed in the monitored dosage system. This meant that staff were aware when a medicine was due to run out and could make arrangements to order more. Where a variable dose of a medicine was prescribed, for example one or two paracetamol tablets, we saw a record of the actual number of dose units administered to the person on their MAR chart. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this, in line with national guidance. The allergy status of all people was recorded on both cover sheets and the MAR to prevent the risk of inappropriate prescribing. However, we found that not all medicines had a recorded opening date on them, for example for an eye ointment used to treat conjunctivitis. This meant that staff did not have the information they needed to ensure that this medicine was given within its valid period.

Medicines to be disposed were placed in appropriate containers and there were suitable arrangements in

place for their collection by the supplying pharmacy. Controlled drugs (CDs) were appropriately stored and disposed of in accordance with legal requirements, with weekly audits of quantities done by two members of staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, we saw 15 PRN forms for pain-relief and/or laxative medicines. There were appropriate, up to date protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine did not have its intended benefit. There was one person using the service for whom we did not see a PRN protocol for a medicine they were taking. The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the supplying pharmacy and the provider, including safe storage of medicines, room and fridge temperatures, CDs and stock quantities on a weekly and monthly basis. The provider had recently improved practice identified by an audit by implementing an updated process to receive and act on medicines safety alerts.

We saw evidence of medicines related incidents that had occurred with appropriate actions taken. For example a person using the service had received half the dose of their usual medicine to treat a heart condition due to the original dose going out of stock by the manufacturer. The provider took appropriate steps such as contacting the GP and pharmacist for clinical advice. The staff member involved was suspended from administering further medicines and had to do their medicines competency training again. The provider also took steps to ensure that shared learning had occurred as a result of this by discussing the event at staff meetings.

Medicines were administered by senior care workers or some care workers who had updated their medicines competency checks. We observed a medicines round on the ground floor and found that staff supported people in a kind and helpful way. However, on the first day of the inspection we found that staff did not wear a visible vest to ensure that they were not disturbed during the medicines round, in accordance with good practice guidance. We observed that this was rectified on the second day of our inspection visit.

The registered manager confirmed that he was happy with the arrangement with the supplying community pharmacy and GP, and felt that the provider received good support with regards to the delivery of medicines when needed and medicines reviews.

At the previous inspection we had noted that although staff were checking water temperatures before carrying out personal care, the temperature recording charts lacked clear guidance in regards to safe temperatures. At this inspection we found that staff were aware of the actions to take to ensure people's safety if the water temperature exceeded the provider's written guidance.

At the previous inspection we had found inconsistencies in relation to how staff completed positioning charts for people who had developed pressure ulcers or had been identified as being at risk, in line with guidance from health care professionals and the tissue viability risk assessment conducted by the provider. At this inspection we found that an improved standard of record keeping had been achieved.

The care plans we looked at demonstrated that risks to people's safety and wellbeing, for example if people were prone to having falls and/or needed assistance with moving and positioning, had been identified. Risk management plans were in place to mitigate these risks to ensure that staff understood what actions to take to safely support people. We had a discussion with the registered manager and the regional manager in regards to specific risk assessments and care plans where we thought that more detailed information was

required in order to properly show how staff met people's individual needs. For example, we spoke about how staff were supporting a person with behaviours that challenged the service. Although we observed that staff interacted well with the person and supported them with individual activities to meet the person's interests, there was insufficient written information for staff to follow when the person became unsettled from time to time.

People who lived at the service told us they felt safe. Comments included, "The staff are good, I feel happy with them" and "They [staff] keep this place clean and look after me well. I can talk to them if something is wrong." One person told us that they did not always feel safe and at ease with staff; we spoke with the registered manager and the regional manager about the person's views. We observed that staff had developed positive relationships with the person and understood how to meet their unique needs, and this was well documented in the person's care plan. It was also noted that the registered manager spent time with people who found it more difficult than others to feel settled in a care home environment. The staff we spoke with demonstrated a clear understanding of the different types of abuse and knew how to report any concerns about the safety and wellbeing of people who use the service. Staff were familiar with the provider's safeguarding policy and procedure, and the whistleblowing guidance. Whistleblowing is when a worker reports suspected wrongdoing at work. The registered manager promptly informed the Care Quality Commission about safeguarding concerns and provided detailed information. During the inspection, the registered manager and regional manager spoke with us about how the service had encountered difficulties supporting a person with complex health care needs that impacted on their safety and described how this experience had enabled the provider to develop its own learning for the future.

We found that suitable recruitment procedures were used to ensure staff were subject to the necessary checks before they commenced working at the service. The recruitment files we looked at had an application form and interview record, which showed that the provider checked that prospective employees had appropriate knowledge and experience. Each file had two references in place which had been verified and there were documents to demonstrate proof of identity and address, and the candidate's right to work in the UK. Disclosure and Barring Service (DBS) checks had been carried out. The DBS identifies prospective employees who are prohibited from working with vulnerable adults and children and informs the provider of any criminal convictions logged against the interviewee.

People told us that they thought there were sufficient staff; however prior to the inspection we received information from different sources who expressed concerns that there were not enough staff to safely meet people's needs. It was alleged that night staff had been instructed by the management team to get people out of bed and support them with personal care, at an early hour that did not suit their individual needs and wishes. This practice was stated to have been implemented to reduce the workload for the staff rostered on day duties. On the second day of the inspection we arrived before seven o'clock in the morning in order to observe practices. We did not find any evidence to indicate that there was a systematic approach in place to get people up, although we found that a few people were sitting in the lounges with a hot drink because they were early risers and/or had not slept well. We spoke with the registered manager about this issue and noted that he had recently undertaken a night duty in order to look at routines and practices. The registered manager reported that he had observed that a few people had chosen to get up early and sit in communal areas in their night wear; these tended to be the same people that he met up and about when arriving early for a day shift. The registered manager informed us that he had asked night staff to support these people to wash and dress if they wished to, as this would provide them with increased warmth and dignity during the winter months. We noted that records confirmed that this discussion took place; however we were not able to comprehensively establish the views of night staff in regards to this matter as we met a limited number of this staff group during the inspection and received mixed comments.

One person told us, "There are not enough staff, we could do with more" and another person said, "Sometimes I have to wait when I need to go to the toilet." Other people who use the service said they were satisfied with the staffing levels. The relative of a person using the service told us they did not think that there were enough staff and we also received a similar comment from the representative of another person prior to the inspection. The provider used the Isaacs and Neville dependency rating tool to assess the dependency needs of people who use the service and help inform staffing levels. We noted that although the design of the premises could have potentially presented problems with staffing visibility, each unit appeared to have a member of staff present with a second colleague available to assist most of the time.

Prior to the inspection visit we received a notification from the provider to inform us that there were temporary problems with the heating system, which the provider was addressing. The notification gave us information about the measures that had been undertaken to ensure that people who use the service were protected from feeling cold. During the inspection one person using the service told us they felt cold and we found that some parts of the premises were chilly at times, particularly areas above the ground floor level. The radiators were switched on but some radiators did not appear to generate sufficient heat. We noted that the third floor cinema room felt particularly cold and the radiator was heard over two days to make gurgling sounds. Although windows could be opened and closed as necessary, we observed that some windows had large gaps around the frame. This resulted in the loss of warmth within the building and the entry of cold air when it was not required.

Following the inspection visits, we have subsequently been informed by the provider that repairs have been made to the window frames.

The registered manager informed us that some people who use the service had complained about being cold; therefore portable heaters had been purchased as a temporary solution. We were advised that risk assessments had been conducted where people had chosen to have a portable heater placed in their bedroom. However, we saw that these risk assessments were generic and did not address people's individual needs, for example their health care needs and mobility.

These findings were discussed with the registered manager on the first day of the inspection. We were informed that the provider had commenced a programme of building refurbishments to improve factors including the suitability, energy efficiency and ventilation of the premises. During the course of the inspection the registered manager undertook individual risk assessments for people with a heater in their bedroom, to ensure that staff had applicable guidance to meet people's own circumstances and needs. We also spoke with the registered manager about other observations we had made when we looked around the premises. There was an electric item that had not been tested for its safety and we saw coiled wiring on a windowsill in a person's bedroom. These matters were addressed by the registered manager during the inspection. Following the inspection visits, we have been informed by the registered manager that 10 out of the 19 people who had requested a portable heater for their bedrooms no longer wished to have one, as the repairs to the window frames meant that their bedrooms were now warm enough for their comfort.

There were systems in place to document and investigate accidents and incidents and we noted that the registered manager had taken appropriate actions where necessary. For example people's needs were discussed with the GP so that referrals could be made to the falls clinic and/or to specific health care professionals including physiotherapists, occupational therapists and psychologists. The registered manager showed us how information in relation to accidents and incidents was used in order to assist the provider to identify any patterns or trends. This enabled the provider to identify where improvements could be made and implement appropriate actions to increase the safety of people who use the service.

People using the service, visitors and staff were protected from the risk of infection through the appropriate

implementation of safe infection control procedures. We observed that staff had access to personal protective equipment (PPE), for example disposable gloves and aprons. The registered manager carried out audits to check that staff adhered to the provider's infection control policies. During the inspection we saw an incorrectly stored mop on the first floor. The registered manager discussed this finding with a member of staff, who explained that they had been busy and this was an oversight. We checked two other units and found that cleaning apparatus was correctly maintained.



Our findings

At our previous inspection in March and April 2017 we had found a breach of regulation in relation to how the provider ensured that staff had received the training and one to one supervision they needed, in order for staff to competently undertake their roles and responsibilities. We had found that some staff had not completed their training in specific topics that were deemed mandatory by the provider, for example fire safety, infection control and food hygiene. We had also noted that although the provider's policy stated that care workers should receive formal one to one supervision every two months, 16 staff had not received their scheduled supervision sessions in December 2016.

At this inspection we found that the provider had achieved improvements. The care staff we spoke with expressed positive views about the quality of the training programme and the support they received from their line managers. The training matrix and accompanying documents to record whether staff had attended their mandatory training now demonstrated that the provider was supporting staff to achieve the skills and knowledge they required to meet the needs of people using the service. We noted that there were a few instances where individual members of the staff team had not completed their mandatory training; however, the provider was able to evidence that there were extenuating circumstances such as the employee having had a period of authorised leave.

The registered manager informed us that the provider was arranging supervision training for additional senior staff with suitable knowledge and experience, so that they could act as supervisors for staff that they regularly worked with. The supervision records we looked at demonstrated that staff received regular supervision and there was also a focussed approach in place to support and guide individual staff where performance issues had been identified. The registered manager and the regional manager told us about training that had already taken place in other services owned by the provider, for example a 'virtual dementia training session' that enabled staff to understand the visual and physical difficulties that people living with dementia experienced. The provider proposed to introduce this training at the service this year, to complement the existing dementia care training.

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).

At the previous inspection we had found that the provider was not always obtaining consent for people's care in line with the MCA. We had noted that the relatives of four people who use the service had signed on their behalf without any explanation as to whether they had the legal power to do so and in another person's file we had found that a staff member had signed on their behalf. We had found a breach of regulation .

At this inspection we saw that the provider was actively reviewing people's care plans in order to ensure that there was documentation in place to demonstrate that discussions had taken place with people about their care and support. People were encouraged to sign their care plans if they had the capacity to do so. The registered manager was clear about the processes to follow if people did not have the capacity to consent to certain decisions regarding their care and support, which included the need to ensure that relatives provided appropriate documentation if they held legal authority to make decisions for their family member. We observed that staff working within communal areas consistently asked people for their consent before they assisted them.

At the previous inspection we had noted that when people's liberty had been restricted in their best interests, the provider had assessed their capacity and applied to the local authority to do so. We had observed at the previous inspection that people's liberty was restricted by positioning keypads on the doors to exit each unit and to exit the main front door on the ground floor. People who had been assessed by the provider as being safe to leave as they wished had confirmed to us that they had been given a code and were not restricted in their movements. This had demonstrated that the provider acted lawfully in restricting people's liberty whilst ensuring that other people's freedom was protected. Our observations at this inspection confirmed that these arrangements continued to be in place.

However, we noted that the DoLS for two people who used the service had expired, which had been brought to the attention of the local authority. We saw that there was conflicting information in one person's care plan as to whether they had capacity or not. Another person with an expired DoLS had notably complex needs and we had a detailed discussion with the provider about the various ways the service was endeavouring to support the person. Although we observed that the person was being well supported by staff, specific guidelines for staff were not clearly written in their care plan. The registered manager was in the process of addressing these issues prior to the inspection.

At the previous inspection we had found that the provider did not always monitor people's weight and nutritional intake. We had found that staff had not followed the instructions from the person's dietitian to weigh them every week and we had not found evidence that other advised steps had been implemented, for example the fortifying of food and the provision of snacks between meals. We had found a breach of regulation.

At this inspection we were shown evidence that people's weight was monitored in line with their assessed needs and appropriate actions were taken to promote their nutritional intake. We spoke with the chef about how they added extra calories and nutrition to the meals they prepared for people identified as requiring this support to maintain or gain weight. We looked at the ingredients that were used to fortify meals and discussed with the chef how they also ensured that people had a balanced diet that included fresh fruits and vegetables.

People told us that they were satisfied with the food service. Comments included, "There's plenty of food" and "The food is good, I like the food." Our observations at meal times were variable. On one of the units we

observed that people enjoyed their food and told us they liked the choices they were offered. People presented as being more independent and did not need assistance from staff. On another unit we found that the meal time experience appeared task orientated. There were no menus for people to look at prior to their meal being delivered and as they had chosen their meals at an earlier point in the day, people with cognitive problems had forgotten what they had ordered. The absence of menus meant that staff could not encourage people to look forward to their meal, for example by showing them a pictorial menu. We observed that one member of staff demonstrated a committed approach trying to support a person to eat their meal. When a person requested fish which was not one of the two main choices for lunch, we noted that a member of staff went to the main kitchen to see if this could be arranged but it was not possible.

We observed that a meal and dessert had been left in a kitchenette on the third floor. It was not stored in accordance with the provider's policy for keeping meals for people who wished to eat later, for example if they did not feel hungry at the designated meal time or wished to spend time with their visitors. This practice could have placed a person at risk of ill-health. We discussed this with the registered manager and he addressed the matter during the course of the inspection.

We recommend that the provider seeks guidance from a reputable source to support staff with their understanding of safe practices for food storage.

At the previous inspection we had observed that the provider was not always following best practice with regards to the environment for people with dementia. For example, we had found that communal areas had not made use of contrasting walls and flooring or waypoints that could support people to navigate around their environment. We had recommended that the provider should seek advice from a reputable source on designing a dementia friendly environment. At this inspection we found that the registered manager was working with the provider to improve the premises and make it more dementia friendly with clear signage, colour and pictures to help people with a cognitive impairment to find their way more easily. The small units with their own lounge and kitchenette created a more homely ambience.

The care plans we looked at during the inspection were in the process of being fully reviewed, although we noted that the provider's pre-assessment process for new people was detailed. We found that there was clear information about people's health care needs and evidence of regular meetings and consultations with the GP, dietitian, tissue viability nurse, hospital consultants, podiatrists and other relevant health and social care professionals. The registered manager told us that the premises were originally built as part of the adjacent NHS hospital and clinical departments. The close proximity to local health care professionals had enabled the registered manager to develop positive relationships with local professionals, for example NHS clinical staff had come to the service to present teaching sessions for Alan Morkill employees. We also noted that the provider used the services of a local voluntary sector organisation that was contracted within the borough to provide basic foot care for people. This was a useful link as the organisation, Age UK, also offered other recreational and advocacy services that people living at the care home could benefit from.



Our findings

People told us they were happy living at the service. Comments included, "Yes, it's alright here, I like it", "The girls [staff] are good", "I tell [my family member] that it is good. The staff are really lovely, they will do anything to help" and "I have been here for five years, everyone is very kind and I enjoy the food." One relative told us, "They [staff] are friendly, they make me a cup of tea. They work hard and always seem in good spirits."

We saw some positive interactions between people who use the service and the staff. We saw a person sitting with a care worker looking at a magazine together. They were both smiling and appeared to have a good rapport. However, we observed that a person who had been relaxed and singing earlier in the day started to show signs of agitation. We spoke with the person about their interests and found that they became more relaxed. We noted in their care plan that there was insufficient information about the person's life history in order to enable staff to support the person in a way that minimised their distress and improved their wellbeing. This was acknowledged by the registered manager, who told us that the care plans were in the process of being reviewed.

People were supported to make decisions about their day to day care. During the inspection we arrived before the day staff and observed how the night staff supported people who were awake and had chosen to sit in a communal area. People were asked if they wished to have a hot drink and were offered the option of a light breakfast as well. Our discussions with some people indicated that they were encouraged to choose a routine that suited them, for example people told us which activities they liked to attend and which activities they declined as it did not appeal to their interests.

We met one person who told us they were not happy living at the care home and another person praised the kindness of the staff but expressed specific issues of discontent. Our findings were discussed with the registered manager and the regional manager, and we looked at various documents within their care plans. We were informed by the provider of external factors not within the control of the service that had negatively impacted on one person's views about living at the service. We saw that the staff team had developed a rapport with both people and strived to create a more pleasant experience for them, although this could have been enhanced if care plans had more information about people and more guidance for staff about how to support people when they presented behaviours that challenge. There was also insufficient information about how some people wished to be supported to maintain their independence.

People who use the service and their representatives were provided with information about how to access

independent advocacy services. An advocate can support a person to express their views, for example if they need support to make a complaint. We noted that people were asked to contribute their views about the day to day running of the service at the residents meetings. People confirmed that they were supported to meet their cultural and spiritual needs. This information was specified in people's assessments and care planning documents. However, one person's care plan stated that they observed religious practices in regards to their diet but did not explain whether they wished to adhere to any other aspects of their faith.

People told us that staff spoke with them in a respectful way and promoted their dignity and privacy. We observed that staff knocked on bedroom and bathroom doors and made sure that doors were shut when people were receiving personal care. We observed an incident when a person was given kind support and reassurance when they were unwell; however, the nature of the person's acute health care need meant that they should have been assisted from the communal lounge to the privacy of their own bedroom in order to receive their care and support.



Our findings

Although five out of the six of the care plans we looked at had comprehensively completed pre-assessment forms, the information contained within these assessments was not always used to develop person centred care and lifestyle plans. This was needed to ensure that staff not only met people's physical needs but also their emotional and psychological needs. All of the care plans we looked at contained insufficient guidance for care staff to help them to understand and effectively communicate with each person and to inform staff of ways to engage with and meaningfully occupy people. The information we saw about people's personal care and health care needs was broad in scope and satisfactorily written, for example there was suitable guidance about how to support people with their mobility, continence, and eating and drinking.

People were effectively communicated with in regards to their choices for social activities and were offered meaningful occupation. However, the absence of sufficiently detailed written information about people's life histories and interests meant that new staff or agency staff would not have the information they needed to provide care and support in a person centred way. At the time of the inspection we noted that the care plans were in the process of being reviewed and reconfigured using a new system. The registered manager acknowledged that there was a need to develop the care plans in a more holistic way. We were informed that this process would also include an up to date assessment of people's capacity and better evidence of how the provider involved people in the care planning process, where possible.

At the previous inspection we noted that people benefitted from a varied and interesting activities programme, which was delivered by an activities organiser who worked at the service three days a week. At this inspection we noted that this position was now a full-time post. The new activities organiser informed us that they joined the organisation six weeks before the inspection and was very much enjoying their role. Their hours included working on a Sunday every other week, so that they could support people to meet their spiritual needs where required. We received positive feedback from people who use the service, relatives and members of the staff team about the positive impact that the activities organiser had already achieved. Comments from people who use the service included, "There's always something going on" and "There's plenty to do."

The activities organiser explained to us that one of her responsibilities was to support people who wished to practice their faith. The provider had already established a link with one minister of worship and the activities organiser had made contacts with other local faith representatives. At the time of the inspection people could attend a service once a month and receive fortnightly private visits; however the activities

organiser had begun speaking with people about their wishes and was developing other contacts so that people could receive a more individual approach in order to meet their spiritual needs.

We saw that noticeable progress had been made in terms of the decorations and vintage items that had been obtained from the large communal lounge, which was used for group activities. We were informed that part of the activities organiser's role was to develop the range of reminiscence items that could be distributed across all of the units within the service. We noted that progress had been made with the small library within the lounge, which included large print books. The activities organiser confirmed that audio books could also be obtained on loan from the local public library, if people expressed an interest. The programme of events was already quite varied and we observed a 'bingo pub afternoon' during the inspection. As we visited close to Christmas, the other entertainments we saw or heard about from people who use the service were not representative of the usual schedule, for example there had been a visiting choir that performed festive songs and carols, and a pantomime company. The activities organiser told us that their aim was to produce written and photographic evidence of people's involvement with one to one and/or group activities, which would be available for their families and other relevant parties to look at. The registered manager told us that this documentation was intended to form part of the provider's assessment and care planning for social activities and cognitive stimulation for people who use the service.

People and their relatives were provided with information about how to make complaints. One relative told us that they had raised concerns during a relatives meeting, which the registered manager had responded to. The relative expressed that they were pleased with most aspects of the service but had some current concerns and planned to raise these issues with the registered manager. We looked at the complaints log and saw that the registered manager responded to any complaints or concerns, in line with the provider's policy and procedure. The regional manager confirmed that their role was to audit how the registered manager responded to complaints. The provider had systems in place to monitor complaints so that any trends could be identified and where necessary, lessons could be learnt to improve the service.

We were told by the registered manager that the service was not supporting any person with end of life care needs at the time of the inspection. The registered manager stated that the service would seek the views of the person and/or their relative if appropriate, and liaise with local health care professionals including the GP, district nurses and community palliative care nurses. The care plans we looked at did not specifically demonstrate that conversations had taken place between people who use the service and senior members of staff, in regards to their final wishes. We spoke with the registered manager about this finding and acknowledged that people could find it difficult to speak about these issues when they first moved in. However, this assessment could be periodically revisited in order to gather information, for example if a person would wish that certain practices are followed in line with their religious and/or cultural background. Following the inspection the provider informed us that where people who use the service did not wish to discuss end of life care there was a separate care plan which reflected their religious and/or cultural background, which could provide staff with guidance. People were currently supported by a priest, deacon and rabbi.



Our findings

At the previous inspection we had found that the provider did not store confidential material appropriately. For example, we had found that the main desk in reception was frequently left unattended. Confidential information had been left out, which had included information on medicines, a list of people who had required incontinence pads and a person's entire care file. Care workers had also logged into the computer at this desk but had left the screen unlocked, which had meant staff emails and electronic folders would be accessible. We had also noted that daily records had been left on top of kitchen cupboards, which were left accessible and unlocked. These issues had not been identified through the provider's own monitoring checks.

On the first day of this inspection we observed that people's care plans which contained confidential and sensitive information were being stored in the hairdressing salon, which was not locked. The hairdressing salon is adjacent to the front door and main reception. We also found a cardboard box of confidential papers relating to people who either formerly lived at the service or were currently residing there. Although senior staff told us that this room was predominantly used by one person, it was accessible to other people who use the service, their visitors and other individuals such as contractors. Although the registered manager made immediate arrangements for the secure storage of the care plan and the contents of the cardboard box, these findings demonstrated that the provider had not implemented improvements to ensure that confidential records were securely stored and people's privacy protected at all times. In addition, people's records did not always contain sufficient up to date information that accurately reflected their needs and guidance for staff about how to meet them.

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

At the previous inspection we had found a breach of regulation in relation to the provider's inconsistent approach with the carrying out of audits and the lack of regular checking by senior staff to ensure that records for people who use the service were properly completed, for example daily charts for nutritional intake and positioning.

At this inspection although we found that some improvements had been made in this area, there were some audits that were not yet up to date. Various audits were being carried out on a daily, weekly, monthly, quarterly or yearly cycle in line with the provider's own quality monitoring policies and procedures. These included audits for infection control, housekeeping, chef safety inspections, hand hygiene and

maintenance. The registered manager explained to us that where the audits identified that improvements were needed, all the required improvements were placed on an action plan that was monitored by the regional manager each month. We did not always find evidence that improvements were achieved. For example the weekly housekeeper audits had identified areas of concern which included the mending and repainting of handrails, but this had not happened at the time of the inspection. During our discussions with the registered manager and the regional manager, we found that they had a realistic understanding of the encouraging progress that had been made since the registered manager commenced his position and were aware of the areas that needed further development.

We observed that the registered manager presented a suitable knowledge of his role and responsibilities, and he was able to discuss the needs of people who use the service in a detailed way. During our tour of the premises with the registered manager we saw that he appeared to have a positive relationship with people who use the service; people were addressed by their preferred name and the registered manager had short discussions with each person we met. These conversations were individual and meaningful to each person, for example about a cultural, personal, social or religious interest. People and relatives told us that the registered manager was welcoming; they felt listened to and had confidence that he would make changes and improvements to the service. There was an 'open door' approach to speak informally with the registered manager and we saw a person who uses the service bring their relative to the office. We were informed by the local authority contracts monitoring team that they had observed improvements at the service since the appointment of the registered manager. He had considerable experience in managing residential services for older people and had a clear vision and plan about how to improve the service.

There were systems in place to seek the views of people who use the service and their representatives. This included residents meetings and relatives meetings. We saw that the registered manager had tried different ways to increase the attendance at the relatives meetings, for example meetings had been scheduled at weekends in order to see if this enabled more relatives and friends to join. At the previous inspection we had noted that staff meetings took place and the minutes we looked at during this inspection showed that these meetings continued to take place. Members of the staff team told us they felt listened to and thought positive changes were taking place. One staff member said, "I find the manager helpful, he will roll up his sleeves and work as part of the team. Communication used to be really bad but now you can sit and talk to [the registered manager]." Another staff member told us how they felt encouraged by the registered manager to try out new ideas and had been offered the training they needed to enhance the quality of the service.

We noted that the provider worked closely with other organisations in order to support people who lived at the service. For example, the provider was supporting some people with complex needs at the time of the inspection. The registered manager had kept us informed about how the service was supporting people, particularly where it was necessary for the staff team to have regular meetings and reviews with social services and other departments.

The registered manager demonstrated a clear understanding of the legal requirements of his role and had notified the Care Quality Commission (CQC) of the significant events that had occurred since his appointment at the service. The CQC rating for the service was prominently displayed, as required by the law.

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 17 HSCA RA Regulations 2014 Good governance The provider did not consistently operate effective systems to ensure that people were protected through the maintenance of secure and accurate records in relation to their needs Regulation 17(1)(2)