Purelake (Greenford) Limited

Greenford Care Home

Inspection report

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Gillingham
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Date of inspection visit:
19 February 2019
20 February 2019

Date of publication:
17 May 2019

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service: Greenford Care Home is a residential care home that accommodates up to18 older people living with dementia. People had other care needs such as, diabetes, seizures and bi-polar. Some people were cared for in bed, some people needed help with moving around and others were able to mobilise independently. At the time of our inspection there were 16 people living at the service.

The service had improved to meet the characteristics of Requires Improvement in some areas, however, continued to meet the characteristics of Inadequate in Safe and Well Led.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:
Improvements continued to be needed in many areas before people could receive a good service. Management plans to protect people from identified risk were not always in place. Medicines were not safely managed. Infection control processes were not effective. Fire safety procedures were not robust. The living environment was not adapted to suit the needs of some people. Accurate records were not kept of people's care. Staff did not receive the training to meet people's needs. Care plans did not always reflect people's needs. People's rights in relation to capacity and consent were not always upheld and quality monitoring was not sufficient to identify and action improvements needed.

A means of identifying the numbers of staff needed to meet people's needs was not in place and people were not always provided with the opportunity to follow their interests. We have made recommendations about these areas.

We identified some areas that needed further improvement. Staff did not always understand their responsibilities in relation to safeguarding people from abuse. Guidance was not available to protect the privacy and dignity of people sharing a room and records were not always updated with health advice.

Although many improvements were needed as described above, people and their relatives told us they were very happy with the service provided and said they always felt safe. They spoke highly of the staff who assisted with their care and support.

Mealtimes were a pleasant experience and people were pleased with the food and menu choices. People were supported to access healthcare advice quickly when they needed it and were supported to make everyday choices and decisions about their care and support which created a relationship of trust.
People, relatives and staff spoke highly of the manager who had been appointed since the last inspection and who they said was making good improvements.

Rating at last inspection: Inadequate and placed in special measures. (Report published 7 December 2018). At this inspection, the overall rating remains inadequate.

The overall rating for this service is 'Inadequate' and the service therefore remains in special measures. This means we will keep the service under review, and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: You can see what action we told provider to take at the end of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated Inadequate.

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 safe Details are in our Safe findings below.	**Inadequate**
Is the service effective? The service was not effective Details are in our Effective findings below.	**Inadequate**
Is the service caring? The service was not always caring Details are in our Caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led Details are in our Well-Led findings below.	**Inadequate**

Greenford Care Home

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by two inspectors 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, older people and residential care.

Service and service type: Greenford Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission (CQC). The previous registered manager had left. A new manager had been appointed and they were in the process of applying to register with CQC. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced on the first day and we told the provider when we would return to complete the second day.

What we did: We reviewed information we had received about the service since the last inspection in September 2018. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We used this information to plan our inspection. Providers are required to send us information to give some key information about the service, what the service does well and improvements they plan to make. As this inspection was carried out within six months of the previous inspection, to check if improvements had been made, this information was not requested by CQC.

During the inspection we looked at the following:

• The environment, including the communal areas, bathrooms and people's bedrooms
• We spoke with six people living at the service and three relatives
• We spoke with seven staff, the manager and the provider.
• Six people's care records
• Medicines records
• Records of accidents, incidents and complaints
• Monitoring and audit records
• Two staff recruitment files
• Four staff supervision records
• Staff training records
• Rotas
• Records of meetings with relatives and staff
• Fire, health and safety and maintenance records

Inadequate

Is the service safe?

Our findings

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

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met.

At our last inspection, on 18 and 20 September 2018, we rated the service as inadequate in safe. We found many concerns in relation to, failing to keep people safe from risk; unsafe management of medicines; poor infection control; unsafe levels of staffing; unsuitable recruitment processes; the lack of understanding how to keep people safe from abuse. Some improvements had been made at this inspection, to staffing levels and keeping people safe from abuse. However, although some improvements were made in the other areas, further improvement was required.

Assessing risk, safety monitoring and management

- Improvements had been made to the assessment of risk and people were being more safely supported, however further improvements were necessary to provide a safe service. Records showed that some people had at times had seizures and were prescribed medicines to prevent further episodes. Risk assessments had not been completed to make sure staff had the appropriate guidance to keep people safe during and after a seizure. One person's nutritional risk assessment dated 25 October 2018 showed they were at risk of choking. Measures in place included making a referral to a speech and language therapist (SaLT) and to ensure all staff had been trained in first aid. However, more specific guidance, regarding the risks individual to the person, were not given, such as a soft diet or staff staying with the person while they were eating to help prevent choking. The person had been visited by a SaLT on 23 November 2019 who had given specific advice. However, the risk assessment had not been updated with this information to make sure staff were up to date with how to keep the person safe. This meant the person was at potential risk of choking.
- Another person was diagnosed with type 2 diabetes and was prescribed medicines to control this. No care plan or risk assessment was in place to make sure staff had the guidance needed to prevent a further deterioration in their health, as a result of their medical condition. Some people wished to continue smoking cigarettes and were supported with opportunities to do this by staff supporting them to an outside smoking area. The safety concerns around smoking had been identified in a risk assessment for some people but not others.
- At the last inspection, it was highlighted that the main staircase was restricted by a double-locked stair gate that was hard to open, making it difficult for people or staff to use the stairs in the event of a fire. In addition, the fire door at the top of the stairs was very hard to open. At this inspection, we found these concerns had not been addressed or advice sought. The manager said they would instruct the maintenance person to rectify the problem with the fire door at the top of the stairs. However, this had not been looked into since the last inspection until we raised it again. We also found that equipment was not available to support people who were unable to walk down the stairs to evacuate the building in the event of a fire. A fire procedure was not available to give instructions to staff what their responsibilities were and what action to take in the event of a fire. Fire evacuation drills had been carried out. However, these had not been fully completed as only staff on duty and the time the drill was carried out were recorded. How quickly staff responded and if they were aware of what their responsibilities were to ensure a safe evacuation had not

been documented in order to learn lessons and review the evacuation procedure if necessary. Seven staff out of 12 staff had not updated their fire awareness training. In addition, the two newest staff had not completed fire awareness training. This put people and staff at risk in the event an emergency. The provider said they would change how they undertook and recorded evacuation drills.

● Personal emergency evacuation plans, to describe each person's support needs and the detailed assistance they needed to evacuate the premises in an emergency, were in place. However, the plans were not fully completed to show how people would be evacuated. Although one person's personal emergency evacuation plan stated they, 'would not be able to manage the stairs in the event of a fire', emergency equipment was not available to assist their evacuation down the stairs.

● We contacted the Kent Fire and Rescue Service following our inspection to ask them to visit to check the safety of the premises and fire procedures.

The failure to take appropriate actions to mitigate risks to people's health and welfare is a continued breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● People said staff knew how to support them to stay safe. One person commented, "Sometimes my legs are not very good, so when I have a shower, staff stay with me to make sure I don't slip." A relative told us they were very happy since their loved one moved in to the service as they had put on weight and their health had improved and they felt they were safe.

● Where people were at risk of acquiring pressure sores, care plans and risk assessments detailed how to make sure this was prevented. Risk assessments detailed if people required a pressure mattress, how often their position should be changed when cared for in bed and if creams needed to be applied. Where people did require a position change, staff recorded when they supported people to move in bed as directed by the risk assessment. Body maps were used to show if people had a red area on their skin and where the redness was, with the date and action taken.

● Some people had been assessed as needing bed rails on their bed to prevent falling out of bed. A risk assessment had been completed, highlighting where people may be at risk of harm. For example, trapping their limbs and making sure the rails were the correct ones to use for the type of bed people were sleeping in. Detailed step by step guidance was written into care plans when people needed staff to use a hoist to move them safely from their bed to a chair and vice versa.

● Fire safety systems and equipment were maintained and serviced. Although the fire alarm and emergency lighting system had not been tested weekly as the provider's procedure stated, this had been found by the manager during checks. Weekly testing had been back in place for six weeks and the manager assured us this would continue. Maintenance and servicing was carried out by appropriate professionals, such as, electrical installation and appliances, gas safety and servicing of hoists and the call bell system.

Preventing and controlling infection

● There continued to be concerns with the safe control of infection. On arrival at the service, we found a number of dirty mattresses stacked at the back of the property in a small parking area. These were in close proximity to the back door of the kitchen. We were told by staff and relatives that they had been there since at least the last inspection, in September 2018. At the last inspection, we found dirty, stained mattresses on the beds. The provider had replaced these within a few days. Staff told us vermin had been seen around the mattresses. Staff, the manager and some relatives told us the provider had been asked to safely remove them but this had not yet happened. We raised our serious health and safety concerns with the provider, who organised a skip on the first day of inspection which had arrived on the second day of inspection. The mattresses and other rubbish were removed into the skip. However, action had not been taken until we raised our concerns. We noticed a smell of urine in one room and we asked staff about this. Staff told us a vanity unit in the bedroom was in a poor state of repair due to exposure to urine. The inside of the cupboard

doors of the unit were fraying and soft. We spoke with the manager about this who was aware of the problem and said the unit was going to be removed but was unsure when. The provider said they intended to change it.
● One large comfortable lounge chair, made of leather type material, had many splits and tears in the seating cushion and the arms. Another had a hole in the seat cushion. We saw different people sitting on these at various times, some who may be incontinent. This posed an infection control risk. We spoke about this with the provider and the manager who were aware of the poor state of the chairs but had not considered the infection control risk posed. The provider said they would replace the chairs but could not give a timescale when.

The failure to have robust infection control systems in place is a continued breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● Two domestic staff were on duty through the day who cleaned all areas and kept a schedule of the jobs they had completed, including daily and scheduled deep cleaning tasks. A laundry assistant was on duty most days. When they were on leave, domestic staff carried out laundry duties. Personal protective equipment such as disposable gloves and aprons were available for staff to wear to help to prevent cross infection.

Using medicines safely
● Medicines were not always ordered and recorded safely. At the last inspection, guidance for administering PRN (as needed) medicines were not in place to make sure staff knew, what the medicine was prescribed for; the safe limit to give people in a 24 hour period and any side effects to watch for. At this inspection, we found PRN guidance was still not in place and other concerns regarding the safety of people's prescribed medicines. A robust procedure for signing in medicines when they arrived into the service had not been followed. In some cases, it was clear not enough medicines had been delivered to the service in the last month. This had not been questioned or followed up to rectify the situation before the medicines ran out. One person's medicine was only supplied for 14 days when the prescribed instructions meant that 28 should have been supplied. Staff had signed for medicine as given to one person, when the medicine had not been supplied that month and there were none in stock. Staff had signed to acknowledge receipt of 28 tablets when none had actually been received as part of the month's delivery.
● We did an audit check of a sample of medicine administration records (MAR) and medicines in stock. We found many discrepancies where numbers of medicines in stock did not tally with records. For instance, a medicine was prescribed once a day for one person. Although 28 tablets had been delivered and the MAR showed nine tablets had been given, 20 tablets were left in stock instead of 19. This meant one tablet had not been given although it was signed for. Although an audit of medicines was undertaken regularly by the manager, the concerns found had not been picked up. The above examples showed that people were not always receiving their medicines safely.
● Staff were trained in medicines administration. The manager told us they checked staff competence regularly. However, two staff who were responsible for administering medicines had not had their competency assessment recorded to evidence they could safely give people their medicines. The manager told us they had carried out the assessments but could not find the assessment forms to confirm this.

The failure to ensure the safe management of medicines is a continued breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● People told us they received their medicines and staff told them what tablets they were giving them. One person said, "When staff gives me my pills they tell me what I have them for and make sure that I have a

drink of water with it." Medicines were stored safely and kept securely in a locked room. The room where medicines were stored was kept tidy. The staff we spoke with about medicines were knowledgeable. The medicines room and fridges where some medicines were kept had the temperature checked daily to make sure medicines were stored in the right conditions to ensure their continued effectiveness.

Staffing and recruitment

● At the last inspection robust recruitment processes were not in place to ensure only suitable staff were employed. At this inspection, although some improvements had been made, staff recruitment records were not consistently robust. Some gaps in employment and discrepancies with dates were seen on application forms that had not been explored by the manager or provider; the dates of employment given by one past employer did not match the dates given by the applicant on their application form; checks were not made to make sure references were genuine, for example, the signature on one reference was different to the handwriting of the reference and there was no evidence of an interview taking place on one staff file which meant the provider could not be assured the person they were employing was a suitable candidate to work with people.

The failure to ensure a robust system is in place to recruit only suitable staff is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who use care services.

● The provider had introduced a dependency assessment tool since the last inspection. The tool helped to assess whether each person's support needs were high, medium or low. The provider and manager told us there were always three staff on duty through the day and two staff overnight. The day staff were in addition to an activities coordinator, two domestic staff and a cook. We questioned if two staff were sufficient at night for the numbers of people living in the home and the layout of the service. We were assured two night staff were sufficient. However, the dependency tool in use only identified people's individual level of need and did not add these together to assess the numbers of staff needed each day across the service to make sure there were enough staff to meet people's needs. This meant there was no means of evidencing that the numbers of staff on shift were always at appropriate levels to meet people's changing needs.

We recommend the provider seeks advice from a reputable source, to suitably assess the numbers of staff needed to meet people's needs, to aid the deployment of staff.

● The provider had recruited more staff since the last inspection which meant staffing levels had improved. All the people we spoke with thought there were enough staff to meet their needs and they did not have to wait if they needed help. One person said, "If I press the buzzer staff come quickly day or night. If I stay in bed, staff are always popping their head around the door to check if I need anything." Relatives thought the same, one relative told us, "Enough staff, I always see staff about and I don't have to wait long to get in."

● The manager told us they had recruited new staff and were now almost at full complement. They said a new member of staff was starting in post in a week and they would then have the full staff team they needed.

Systems and processes to safeguard people from the risk of abuse

● At the last inspection, people were at serious risk of safeguarding concerns and these were reported to the local authority. The provider and manager had engaged closely with the local authority and were open in supporting the local authority investigations, which were ongoing at the time of this inspection. The new manager had a good understanding of their responsibilities and how to safeguard people from abuse.

However, some of the staff we spoke with did not have a full understanding of how to report concerns outside of the organisation. Two staff told us they had not had training. We checked the training matrix sent to us by the provider which showed that out of a staff team of 20, seven staff had not updated their training which was out of date and three staff had not had any safeguarding training. The provider's training matrix showed staff were expected to update safeguarding training once a year. This is an area that needs improvement.

● All the people we spoke with were very clear they felt safe living at Greenford Care Home. The comments people made included, "Yes, I feel safe here, there are other people around me, staff who care and look out for you. I would speak with the manager if I felt that staff were being nasty to residents" and "Certainly, I feel safe with the carers; it's a lovely place to live. Never any unpleasantness."

Learning lessons when things go wrong

● The manager had not monitored accidents and incidents or falls. Although the provider said a monthly system was in place, this had not been completed since June 2018. The manager said they start to undertake the audit straight away. The provider was not aware monitoring records had not been completed until we asked to see the documents. This meant opportunities to investigate reasons for incidents and check for themes had not been taken to improve outcomes for people. This is an area that needs improvement.

Inadequate

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

RI:□The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our last inspection, on 18 and 20 September 2018, we rated the service as inadequate in effective. We found many concerns, in relation to, people were not referred to healthcare professionals and their health needs were not met; people's needs were not assessed appropriately; care plans did not address and meet all people's needs; people's nutrition and hydration needs were not met and staff did not assist people appropriately at mealtimes; staff had not received the necessary training or supervision; a lack of understanding of people's rights within the principles of the Mental Capacity Act 2005 (MCA); an unsuitable environment for people living with dementia. Some improvements had been made at this inspection, including, people were now referred to healthcare professionals when needed; people's nutrition and hydration needs were now met; the mealtime experience had improved; care plans had improved; some improvements had been made to the environment to better support people living with dementia. However, although some improvements had been made in other areas, further improvement was required.

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

- Staff knew people well and knew how to provide most of their care, to meet their preferences. However, the records in place did not always provide the guidance for staff in order to support people to receive consistent care and support. This meant that people's care needs may not always be met. New or agency staff may not know how to provide people's care and support and staff may not always meet people's needs and preferences if these had changed and not been recorded.
- An assessment was carried out with people to assess their needs before a decision was made whether the service was suitable and staff had the skills and experience to provide their care. This was then used to inform the initial care plan. Although some care records were in good order and completed well by staff, some records were not complete and did not follow up to confirm action taken or the outcome of a concern. This meant that people may not receive the appropriate care as records did not clearly record up to date action being taken. Staff recorded in one person's position change chart they had noticed a red area during the morning. At lunchtime, staff recorded a 'split on bottom' and then through the rest of that day. No further mention of this was made on any subsequent days. A body map showed where staff had recorded the same, 'abrasion re opened skin – split at top of bottom' but no further record was made to show if the wound had healed, continued to be present, or had deteriorated. The daily progress record made no mention of the concern. The lack of clear and consistent recording meant people may not receive the most suitable care and treatment, as the manager could not monitor the situation in order to establish when, or if, a health care professional needed to be contacted for advice.

The failure to ensure complete and accurate records are maintained is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff recorded the food and fluids people had taken each day. The manager told us that they appreciated not everyone needed to have these records as they were not at risk of malnutrition or dehydration, they felt it was necessary until they were assured staff understood the importance of keeping complete and accurate records.

Staff support: induction, training, skills and experience

● Improvements still needed to be made to staff training, as many staff had not completed or updated the necessary training to make sure they could meet people's needs. For instance, out of 14 care staff, no staff had received epilepsy training even though they provided care to two people who suffered seizures; only the manager and head of care had received challenging behaviour training and both had studied this in a different employment. Some people living in the service became anxious at times and their behaviour challenged staff and other people; only the manager and head of care had completed continence care training and both had studied this in a different employment. Many people living in the service needed support to maintain their continence; only six staff had received diet and nutrition training, including the manager, and the cook's training was out of date; the cook and four out of five domestic staff had not updated their infection control training. This meant that staff may not have been given the most up to date information and guidance to make sure they had the skills to ensure the best outcomes for people.

● New staff had not received a thorough induction, as mandatory training such as safeguarding vulnerable adults, moving and handling and training in the Mental Capacity Act 2005 had not been prioritised to take place as soon as possible after starting in post. People may be supported by staff who had not been equipped with the basic knowledge in how to keep people safe and maintain their basic rights.

The failure to provide appropriate training and professional development is a continued breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● The provider had changed the way staff undertook their training since the last inspection which meant some improvements had started. The provider had continued to use workbooks for staff to work through, answering questions on the subject. However, they had set up workshops, run by an experienced deputy manager from another service within the provider's organisation. Staff were able to study the workbooks within a group, which enhanced their learning.

● Improvements had been made to staff support. The manager had managed to meet with each member of staff for 1:1 supervisions at least once since they took up their post to provide support and discuss their personal development.

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

● At the last two inspections, concerns were raised that only one bathroom was in use. Staff and the manager confirmed that only one bathroom was still used. We were told by staff the bathroom on the first floor was not in use as the bath and bath chair was too high to use. The provider told us the bath chair could be used and had recently been serviced. However, they were unaware that staff were not using the bathroom and the reasons why the bathroom was not being used until we asked. Although the provider said they could carry out risk assessments with people to see if they were able to be supported safely to have a bath in the first floor bathroom, this had not happened and had not been considered since the last inspection. The provider could not provide evidence of the bath chair service to show it was safe to use. This meant only one bath was still in use for up to 18 people. People living in upstairs rooms had to come downstairs and through the communal lounge area to have a bath as the bathroom on the first floor was not in use and had not been since 2016.

● At the last inspection, concerns were also raised about the lack of suitable outdoor space for people to enjoy as the area that was available was covered in cigarette butts. At this inspection, this was still used as a

smoking area for people and staff. A gazebo was erected to provide cover in inclement weather for smokers, with a large table and a number of chairs. The gazebo had been in place for some time and took up a large part of the small outside space, which meant that people who did not smoke had limited outside space they could enjoy. The manager told us they had plans to change this situation but a timescale was not in place.

The failure to ensure that the premises are suitable for the purposes they are being used is a continued breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● The service had been decorated in some communal areas since the last inspection with a more dementia friendly décor. A plan to increase signage on display to help people to find bathrooms and communal lounges had started. The manager told us this was all a work in progress and they had further plans to improve the environment. Bedrooms doors were in the process of being painted different colours and photographs to help people identify their own bedroom were now hung on each door.

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

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● At the last inspection, mental capacity assessments, completed when people's capacity to make a particular decision is in doubt, had not been decision specific. The registered manager at the time, and staff, did not have a clear understanding of people's rights and not all staff had received MCA training. The new manager understood their responsibilities to protect people's rights within the basic principles of the Act. However, seven staff did not have up to date training according to the provider's training matrix which showed this should be renewed every three years. Two new staff had not completed MCA training. Staff did support people to make simple day to day decisions and choices.

● Mental capacity assessments were still not always decision specific, covering general areas such as taking medicines or the use of bed rails. One person had a DoLS authorisation in place, however a mental capacity assessment had not been completed in relation to the person being under constant supervision and requiring support with their care and treatment. Some people shared a room. There was no evidence that they had been consulted about this and given their consent. A mental capacity assessment had not been completed where people's capacity to give their consent to sharing a room was in doubt. There was no evidence that where a person's capacity to make the decision was in doubt, a best interest's process had been followed when the decision was made for people to share a room.

● Where people lacked capacity to sign consent forms, for example, to have their photograph taken for identification purposes, friends or relatives had been asked to sign the consent. Those signing consent did not always have the legal authority to do so, for instance, a Lasting Power of attorney (LPA) for health and welfare decisions. A process to make sure it was in the person's best interests had not always been followed.

The failure to ensure people's rights are upheld within the basic principles of the Mental Capacity Act 2005 is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People told us they were able to make their own day to day choices and decisions and were supported to do this. One person told us, "Free as a bird here, able to do what I want and when I want to. Staff let you enjoy life, I am able to go out for a smoke here, I just ask one of the staff who comes out with me." Staff supported people to make decisions on a day to day basis and understood the importance of their role in this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● Although people had been referred to healthcare professionals when necessary, which meant improvements had been made since the last inspection, some further improvement was needed. Not all the advice given by health care professionals had been used to update care plans to make sure staff had the correct and up to date guidance available. One person's diagnosis of type 2 diabetes had been changed by the GP. Although some staff were aware of this, other staff were not and the care plan had not been updated to include the new information. This is an area that needs improvement.

● People and their relatives told us staff supported them to access healthcare. One person said, "When the skin on my legs started playing up they got the nurse to visit, she comes every week to check them." Another person told us, "The GP comes around regularly, if I want to see them privately I let the staff know." A relative commented, "I always get a phone call at home to let me know what's happening. Recently had a call to let me know that she had a cough."

Supporting people to eat and drink enough to maintain a balanced diet

● The organisation of mealtimes had improved, people were assisted to eat their meals in a timely way and staff were making conversation with people, creating a comfortable environment where people were not rushed. People were encouraged to choose where they wanted to eat their meal. Some people liked to socialise with others in the dining area and others preferred to eat alone.

● People were given a choice of two meals on the menu. Staff asked earlier in the morning what people would like for their main meal at lunchtime. Photographs of meals were used to help people to make their decision. Snacks were available in baskets placed around the service, including crisps and chocolate bars. All the comments we received about the food were positive, which included, "I like the food here. I like nice food. Always plenty and if you want some more you just ask" and "Very good food here, always tasty, plenty of choice. Too much sometimes, I have put on weight since I came here."

● People's likes and dislikes around food were clearly recorded in their care plan. This included if they were on a special diet, either by choice or following the advice of a health care professional such as a dietician. Some people needed their food to be a particular consistency so they could eat safely. Some people had a soft diet for instance and others needed their food cutting up into small pieces to prevent the risk of choking. Staff were aware of people's nutritional needs and their preferences and were able to support people to make decisions based on this.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

At our last inspection, on 18 and 20 September 2018, we rated the service as inadequate in caring. We found people's privacy and dignity was not respected in relation to, assistance to bath; help at mealtimes; sharing rooms; confidentiality of people's personal information; important information was not provided in an accessible format. At this inspection, improvements had been made in most areas, however, further improvement was required around the privacy and dignity of people sharing a room.

Respecting and promoting people's privacy, dignity and independence

● Some people shared a bedroom. At the last inspection, concerns were raised that their privacy and dignity were not respected as a partition was not available between the beds to provide basic privacy and two commodes were placed next to each other in the room. At this inspection, commodes were not positioned next to each other in bedrooms and a curtain was available to pull between the two beds. However, people's care plans did not address the fact that two people were sharing a room. Guidance was not in place to make sure staff understood the significance of two people sharing a room and provide clear direction to ensure their privacy and dignity was respected at all times. Although this was a substantial area in relation to their care and support while living in the service, no part of their care plans referred to this fact. This is an area that needs improvement.

● Staff showed respect to people. They asked people's permission before they moved their tables in front of them and always responded to people saying thank you to them by saying, 'you are very welcome' or 'that's okay'. One person told us, "Wonderful, ideal staff, they always say thank you, always asking what you would like." Staff described how they maintained people's privacy and dignity when they provided their personal care. They said they made sure they knocked on people's doors, kept curtains closed and always helped people to stay covered up as much as possible to avoid embarrassment.

● Care plans were written in a respectful way that gave clear guidance to staff how to provide people's personal care while maintaining their privacy and dignity. Some people were known to become agitated when their personal care was being delivered. Guidance about how people preferred to be cared for included whether people preferred female or male support, how staff should approach people or if different times of the day suited them better than others. People confirmed this, one person said, "I am able to have female staff helping me with my bath, it didn't feel right to have a man helping me."

● One staff member said, "Keeping people's information confidential also protects their privacy." Confidentiality was supported. Information was locked away as necessary in a secure cupboard. Computers used by the provider and staff were password protected to keep information secure.

Ensuring people are well treated and supported; equality and diversity

● Staff showed genuine affection for people. A staff member encouraged one person to wake up for a drink,

gently stroking their cheek and praising them as they took some sips from their cup. The person leant forward towards the staff member's face and said, "I love you." The staff member immediately responded with, "I love you too", bringing a beaming smile to the person's face. The person wanted to chat about their mum and the staff member showed that they were interested, joining in the conversation with questions about their mum. The people and relatives we spoke with were positive about the staff team and their approach. One person told us, "I like to sit and read the paper after breakfast. As soon as staff have put my legs up on the stool for me, they go across the road and get my paper." A relative said the staff were, "Definitely very caring, I have never seen or heard anything untoward and they always speak respectfully to people."

● Staff knew people well and sat with people, chatting and having a joke or helping people to have a walk around to stretch their legs. One person came down to the ground floor in the lift and when they came out, they were a bit disorientated, turning the wrong way. They were spotted by a member of staff straight away. The staff member linked arms with them, asking if they were ready for breakfast and said, "Shall we go together, what are you going to have today" and they continued to chat on the way to the dining table.

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

● People described how they were involved in making their own decisions about their care. The comments we received included, "I like having a bath after lunch, staff always tell me to let them know when I want a bath so that they can get everything ready"; "We are not coerced to do anything you don't want to, it's our own choice on what we want to do."

● People, or their relatives where appropriate, were involved in discussions about their care and how this was included in their care plan. People or their relatives had signed to say they agreed with the care described.

Requires Improvement

Is the service responsive?

Our findings

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

RI:□People's needs were not always met. Regulations may or may not have been met.

At our last inspection, on 18 and 20 September 2018, we rated the service as inadequate in responsive. We found concerns in relation to, people's care plans were not updated when there were changes in their circumstances; care was not person centred; people were not supported suitably at the end of their life; complaints and concerns were not responded to effectively. Although some improvements had been made at this inspection, further improvement was required.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Although care plans had improved and provided detailed information about some elements of people's care needs, some important areas had not been taken into account. Some people were known to have had seizures, according to their initial assessments. Paramedics had been called as one person had an unwitnessed seizure. The person was taking prescribed medicine to control seizures. The manager told us the GP was referring the person to a Neurology specialist. However, a care plan was not in place to provide the guidance necessary to enable staff to confidently meet their individual needs, such as a description of their seizures and how they preferred to be supported afterwards. The manager told us they had not included in a care plan as the person had not yet seen the specialist. However, staff needed the guidance to advise what was expected of them if the person did have another episode to make sure they were kept safe.

● One person regularly became agitated according to their care plan and what staff told us. When this happened they were quite distressed, pacing around the service, unable to relax and verbally aggressive to those around them, people and staff. We witnessed this during our inspection. Their care plan did not record the usual triggers for their agitation or specific detailed guidance how staff could help to reduce their anxieties. Staff did know what the main trigger was to cause the agitation, even though it was not recorded in the care plan. The care plans did advise that singing, dancing and engaging in conversation about their favourite singer helped. On the first day of inspection, staff did not engage in this technique, although they clearly knew the person well, were caring and tried to help them by using other techniques. On the second day of inspection, when the person was still agitated, a member of staff told us what often worked well, which included the techniques recorded in the care plan. The member of staff assisted the person using their described method. Following this, the person was more relaxed and was able to converse with people and staff more easily. A detailed positive behaviour support plan was not in place to make sure staff had the detailed guidance to respond consistently and appropriately to improve outcomes. A referral had been made to the appropriate health care professionals to provide the support and advice needed, however, a response had not yet been received.

The failure to ensure records are accurate and up to date is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People's care plans were written in a respectful way that were individual, recording the personal detail

staff needed to provide person centred support. Information about people's lives before they moved to Greenford Care Home was recorded in their care plan file and their daily records file. This included, their family and who was important to them, where they had lived, previous employment and interests and hobbies. Staff chatted with people about their lives and interests. One person told us, "Staff are very chatty, they often sit down and chat with me about the work I used to do."

● At the last inspection, the activities coordinator was not able to fulfil their role as their time on shift was used to provide care due to the lack of staff. At this inspection, the activities coordinator told us this had improved due to staff recruitment and they now had the opportunity to spend more time planning and delivering activities.

● We found further improvements were still needed to enable people to have greater opportunities to spend their days in a more meaningful way. Time was spent with people on a one to one basis, reading newspapers, doing quizzes and puzzles or arts and crafts. One person was supported to look at their family photograph album and encouraged to remember their loved one's names. The activities coordinator tried to take people out for a walk in a nearby park when the weather was fine. However, some people were not able to engage in these activities. Some people still had the ability to follow interests and hobbies but did not always have the opportunity. The manager told us they wanted to develop the small patio garden area into a small garden plot and workbench area. They were aware of some people living in the service who would benefit from this. However, this area was used as a smoking area at the time of the inspection. The manager said they had ideas and raised these with the provider, although a timescale was not in place to develop their ideas further.

We recommend the provider seeks advice from a reputable source to develop opportunities for people to be engaged in more meaningful activity.

● Once a month an external activities provider visited to provide activities with a music theme. The activities coordinator said they tried to support people with their cultural and spiritual needs. Someone from a local church visited once a month and held a service where people could pray and sing hymns. Some people attended a place of worship with family members on a regular basis and staff told us how they made sure the person was ready and supported to wear their best clothes. Staff were able to describe people's religious needs and a member of staff told us about one person who liked to say a prayer before going to bed and before meals. Music was playing and covered a range of different types of music as people were encouraged to make choices. People were often singing along. During the inspection, Irish songs were played to support the cultural needs of one person who was from Ireland.

● Some people needed support to be able to communicate effectively. One person needed time to respond if asked a question or to make a simple decision as they took longer to process what was asked of them and to give their response. Their care plan set out clear guidance for staff to repeat questions if necessary and make sure they gave the person plenty of time to respond.

Improving care quality in response to complaints or concerns

● At the last inspection, the complaints procedure had out of date information and was not easy to read. The provider had updated the complaints procedure and had created an easier to read version to be made available in people's bedrooms. The provider and manager told us they had not received any complaints since the last inspection. However, they agreed people and relatives had made informal or verbal complaints but they had not considered these to be concerns that may benefit from being recorded and used to learn lessons and make improvements.

● People told us they knew who to speak to if they had a complaint and would feel comfortable doing this. One person said, "I would speak to of one of the staff or the manager." A relative commented, "Very happy

with the care (family member) is getting, seems to be treated fairly, I would speak to the staff or someone in the office if I had an issue."

End of life care and support

● Although no people were being cared for at the end of their life at the time of the inspection, people had been asked if they wanted to share their end of life wishes. Not everyone wanted to discuss this but some people had shared for instance, where they would want to be or whether they wished to be buried or cremated.

Inadequate

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At our last inspection, on 18 and 20 September 2018, we rated the service as inadequate in well led. We found many concerns about the running of the service in relation to, the lack of management, leadership and oversight of the service meant the provider and registered manager had not picked up on the decline in standards in the service; quality monitoring and auditing was ineffective; the management team did not work in partnership with other services and agencies to improve outcomes for people; the lack of responsibility and accountability within the team; the provider had not displayed the rating of the last inspection which is a legal requirement. At this inspection, few improvements had been made. The rating had now been displayed in the hallway of the service, however, the provider had not made sure people and relatives were aware of the rating of the inspection and the manager had started to improve relationships and partnerships with other services to improve outcomes for people. The provider had appointed a new manager. However, there continued to be many concerns around the management and leadership of the service.

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

- The provider clearly knew people well as they visited once or twice a week. They spent valuable time with people, chatting and supporting some people to go outside to smoke. Records did not show they had used their time in the service to monitor systems to ensure improvements were continuing. The provider confirmed they had not carried out their own audits to check compliance.
- Some relatives told us that although they thought the rating of the last inspection had not been good, they had not been informed of the inadequate rating by the provider. They told us the provider had not shared their plans for improvement. Some relatives told us that although they had seen the provider around the service when visiting, they were not aware they were the provider until we shared this information with them.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings high on the wall in the hallway.
- The new manager had made some improvements in the time they had been in post. They told us they were keen to improve the service and said they were passionate about making sure people received a good quality service that was person centred. Staff knew people well and were aware of their preferences. Relatives told us they were kept informed when things changed such as their loved one becoming unwell.

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

regulatory requirements; Continuous learning and improving care

● The provider had not improved their quality auditing system since the last inspection. One monthly audit of the systems in place had been undertaken by the manager, in January 2019. These included, health and safety; care plans; medicines; the kitchen and cleaning. The audit process was not robust enough to identify areas that required further improvement and to plan how to proceed. Although action needed had been documented at times, they did not include a clear direction, such as the date action should be taken by and who was responsible. Areas we found that required further improvement had either not been identified through audits, or where it had, action had not been taken. For instance, the cleaning audit on 21 January 2019 recorded that the mattresses at the back of the property needed to be removed and said, 'as soon as possible', with no further action documented. The mattresses were still on the premises when we arrived for inspection on 19 February 2019 and had been there since at least September 2018.

● Although improvements had been made since the last inspection, and a new manager had started since that inspection, the provider had not made sure their monitoring systems gave them a clear oversight of improvements needed. For example, the provider had not made sure the new manager was aware of all the essential monitoring systems that needed to be completed such as accident and incident reporting. They had not taken action to remove the dirty mattresses that posed a health and safety risk or to seek advice on the fire safety issues raised.

● The provider and manager told us the manager intended to make an application to register with CQC but had not started this at the time of inspection. The manager had started a health and social care management qualification before commencing in post but had not completed this.

● The manager acknowledged that they did not have all the skills and experience for the task they faced but were willing and able to learn quickly. The provider had not planned a robust induction or programme of formal support for the manager, such as 1:1 supervision, to support them in their role and professional development. The manager told us they were able to ring the provider, or an operational manager within the organisation whenever they needed for advice. The provider told us they would arrange for the manager to visit other services and shadow other managers as a supportive measure. The provider also confirmed they would meet with the manager to have a formal supervision session as soon as they could. This programme of support had not been planned until we raised our concern during the inspection.

● The manager had met with each staff member on a 1:1 basis, to discuss their individual performance and their personal development. The provider or manager had not held staff meetings to make sure staff were aware of the concerns raised at the last inspection, how improvements were planned and to confirm each staff member's role and responsibility in this.

● The manager told us they had started to engage staff in a 10 minute meeting each morning, called 'Take 10 meetings', intended to aid communication and information sharing. However, the manager had not managed to sustain this and they had only been held between 12 December 2018 and 4 January 2019. There was no opportunity to make sure communication was a priority and to foster a team spirit. Some staff told us although team working had improved, they considered this to continue to be an area that needed improvement.

The failure to ensure a robust approach to improving the quality and safety of the service is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People and relatives thought the manager and staff team were approachable and felt the service was well run. The comments we received from people included, "(Manager name) is easy to chat to, often helps out when the staff are busy. Staff listen to me when I talk about the past and show they are interested in me" and "It runs smoothly, very relaxed, it's a good home. Staff and people here enjoy themselves." A relative said, "(Loved one) is well happy here and doesn't want to go anywhere else."

● Staff were complimentary about the manager and thought improvements had been made since the last

inspection. Staff were in agreement that the manager had worked hard to make improvements and they felt there was a better team spirit. They said the manager was approachable and they felt they could discuss concerns with them and they would be listened to.

● Registered managers and providers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The provider had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.

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

● Relatives said they had noticed improvements, such as the internal decoration that had taken place. They told us the new manager had been working hard and they were approachable and accessible. One relative said, "It is good to see it moving forward."

● The provider had recently asked people living in the service to complete a questionnaire to give their views of the service and had sent a questionnaire to relatives. The provider had looked at all the returned surveys and completed an analysis of the results. Most people and their relatives were happy with the service received. The provider had produced an improvement plan to respond to the areas where satisfaction was not 100%. The main area where people had shown some dissatisfaction had been with activities and entertainment provided. The provider told people they planned to speak with people and try new ideas.

● The provider had asked staff for their views of working within the service and organisation by asking them to complete a staff survey. The closing date had not yet been reached therefore an analysis of results had not been carried out.

Working in partnership with others

● The manager had improved relationships with visiting health and social care professionals. People were now referred to health care professionals such as district nurses when needed. The manager had been working closely with the local authority and the Clinical Commissioning Group (CCG) pharmacy advisors since they took up post after the last inspection. CCG's are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. A visiting health care professional had sent a compliment to staff following a visit saying they were, 'Very surprised on a recent visit that staff were engaging and friendly – this had not been the case before. Staff were aware of the visit and were prepared – this was not the case before. I have been coming five years and seen a noticeable difference in the home'.

● The manager had started to make links in the local community although this was in the early stages. They had, for example, attended the providers forum with the local authority in December 2018.

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 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure peoples rights were upheld within the basic principles of the Mental Capacity Act 2005. regulation 11 (1)(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure, risks to people's health and welfare were mitigated; medicines were managed safely and that infection control procedures were robust. Regulation 12 (1)(2)

The enforcement action we took:

We served a warning notice and told the provider to take action to meet Regulation 12 by 31 July 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure the premises are suitable for the purposes they are being used. Regulation 15(1)(2)

The enforcement action we took:

We served a warning notice and told the provider to take action to meet Regulation 15 by 31 July 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure, complete and accurate records were maintained; a robust approach to improving the quality and safety of the service. 17(1)(2)

The enforcement action we took:

We served a warning notice and told the provider to take action to meet Regulation 17 by 31 August 2019.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure a robust system was in place to recruit only suitable staff. Regulation 19 (1)(2)

The enforcement action we took:

We served a warning notice and told the provider to take action to meet Regulation 19 by 30 June 2019

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure appropriate training and professional development was provided to staff 18(1)(2)

The enforcement action we took:

We served a warning notice and told the provider to take action to meet Regulation 18 by 31 July 2019.