

# Twinglobe Care Limited

## Azalea Court

### Inspection report

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#### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



#### Overall summary

This inspection took place on 24 October 2014 and was unannounced. When we last visited the home on 04 July 2014 we found the service was not meeting all the regulations we looked at.

Azalea court is a nursing home that is registered to provide nursing and personal care for up to eighty people on three floors. On the day of the inspection there were 74 people using the service.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not being managed safely and this was putting people at risk. There were gaps in the recording of medicines when they were given to people.

People were treated with dignity and respect. Staff knew what to do if people could not make decisions about their care needs.

# Summary of findings

People were involved in decisions about their care and how their needs would be met. Risk to people were identified and how these could be prevented. Staff were available to meet people's needs.

People were provided with a choice of food, and were supported to eat when this was needed. People were supported effectively to ensure their health needs were met.

People were treated with dignity and respect. Staff understood people's preferences, likes and dislikes

regarding their care and support needs. Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

People using the service, relatives and staff said the manager was approachable and supportive. Systems were in place to monitor the quality of the service and people and their relatives felt confident to express any concerns, so these could be addressed.

At this inspection there was a continued breach of Regulation 13 (management of medicines). We are taking another form of action against the provider. We will report on this when the action is completed.

# Summary of findings

## 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. The provider was not managing medicines properly and this was putting people at risk.

Staff were available in sufficient numbers meet people's needs.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively.

People received a varied diet. Staff supported people to meet their nutritional needs.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Staff understood people's rights to make choices about their care and the requirements of the MCA and DoLS.

**Good**



### Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

**Good**



### Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People using the service and their relatives were encouraged to give feedback on the service as there was a complaints system in place.

**Good**



### Is the service well-led?

The service was not always well-led. The provider promoted an open and transparent culture in which good practice was identified and encouraged.

**Requires Improvement**



# Summary of findings

Systems were in place to ensure the quality of the service people received was assessed and monitored.	
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# Azalea Court

## 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 24 October 2014 and was unannounced.

The inspection was carried out by an inspector, a pharmacist inspector, a specialist professional advisor who was a nurse with knowledge of older people's needs 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.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team and a GP to obtain their views.

During the visit, we spoke with ten people who used the service, three visitors, seven care staff and the registered manager. We spent time observing care and support in communal areas.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We also looked at a sample of seven care records of people who used the service, 41 medicine administration records, five staff records and records related to the management of the service.

# Is the service safe?

## Our findings

At our inspection in July 2014 we found omissions in recording the administration of medicines. For some of the omissions we could see from the dosage system that the medicine had been given, but not recorded as given. Following the inspection the provider sent us an action plan detailing how they would make improvements. However, at this inspection we still found there were problems with the way in which medicines were managed in the home. Therefore we could not be assured that people were protected against the risks associated with unsafe management of medicines.

People were prescribed painkillers or calming medicines for mood and to control seizures, as required or as needed (PRN). Although a few were available and there was some information in their records, most people did not have readily accessible protocols in place. This meant that staff did not know in what circumstances and what dose of these medicines could be given when people had irregular pain needs, changes in mood or sleeping pattern or had seizures which placed people at risk of inappropriate administration of medicines.

There were omissions in recording the administration of medicines. When the medicine was not in the dosage system it was possible that it was given and not signed for. We counted several supplies of medicines were dispensed in their original packs and found for an antibiotic prescribed three times a day that there was an omission in recording for one dose and our stock count suggested that it was not given; in addition one dose was signed for but not given. For a medicine prescribed for Parkinson's disease there was one gap in recording and our stock count indicated that it was not given. There were one or two too many tablets left for other medicines such as a statin and folic acid. For a medicine for stomach acid prescribed two twice a day there were four to many which suggests that the wrong dose was given. For a steroid tablet prescribed as six tablets a day a stock count showed that there were 6 too many tablets left. We looked at forty-one records of medicines in the home. Of these three showed one dose too few and there was no reason recorded why this had happened. This meant that we could not be assured that all medicines were given as prescribed.

We saw that there were records of medicines received into the home. All people had their allergy status recorded to

prevent inappropriate prescribing. Medicines prescribed as a variable dose such as one or two were recorded accurately so the prescriber could determine the effectiveness of the medicines. We saw that two people had no stock of their medicines for several days but we saw that the prescriber had been contacted for a prescription or was coming to review the person before reissuing a prescription.

This meant that people were missing some doses of their medicines which placed them at risk of harm. These issues show that there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As we have identified a continued breach of regulation we will make sure action is taken. We will report on this when it is complete.

At our inspection in July 2014 we found people's needs were not always being met as staff were not deployed effectively to care for them in a way that maintained their safety and well-being. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this inspection we found that staff were deployed and available to meet people's needs effectively. We saw that staff were available to meet people's needs. For example, staff were always with people in the sitting rooms and at lunchtime. When people called for assistance staff responded promptly to meet their needs. People told us that staff respond to call bells, "quite quickly", when they needed assistance. People told us that enough staff were available to meet their needs. One person said, "Staff are there when you need them." Another person said, "Somebody's always there."

The registered manager told us they had made a number of changes to how staff were deployed, changed the staffing structure and carried out recruitment to make sure there were more staff available to meet people's needs. They had discussed with staff the need to communicate with each other when carrying out care tasks so that staff were available in the communal rooms ready to assist people when needed. The staffing structure had been changed so that there was now a head of care and a deputy manager in post who worked with staff to make sure that people's needs were met promptly. The number of nurses on duty each day had been increased by two. This meant that there were more staff available throughout the day to meet people's needs. More staff had been recruited to cover existing vacancies.

## Is the service safe?

The registered manager explained that as part of people's assessment before they used the service it was agreed with them how much staff support they needed. Staff told us that there were enough staff available for people. The registered manager showed us the staffing rota for the previous week. This showed that the numbers of staff available was adjusted to meet the changing needs of people.

Safe recruitment procedures were in place that ensured staff were suitable to work with people as staff had undergone the required checks before starting to work at the service. The four staff files we looked at contained criminal record checks, two references and confirmation of the staff's identity. We spoke with one member of staff who had recently been recruited to work at the service and they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

Appropriate arrangements were in place to protect people from the risk of abuse. We spoke with people who used the service and their relatives; they told us that they were safe and could raise concerns with staff. One person said, "Without question, I feel safe here." Another person told us that if they had concerns, "Staff would always help me." The safeguarding policy was available in the service, relatives were aware of the policy and knew how to raise concerns. People and their relatives said that they could talk to staff if they were worried about anything.

Staff understood the service's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local safeguarding team and the Care Quality Commission. Staff had received training in safeguarding vulnerable adults. Professionals involved with the service told us that staff responded to any concerns they raised. The manager showed us that where there had been recommendations from safeguarding investigations these had been addressed. For example, changes to how information was recorded about people's health needs and how these were responded to.

Risk assessments were in place that ensured risks to people were addressed. Relatives confirmed that the risk to people had been discussed with them. There were detailed risk assessments covering common areas of potential risks, for example, falls, pressure ulcers and nutritional needs. These were being reviewed monthly and any changes to the level of risk were recorded and actions identified to lessen the risk were highlighted. Staff were able to explain the risks that particular people who use the service might experience when care was being provided. Risk assessments identified the action to be taken to prevent or reduce the likelihood of risks occurring. Where necessary professionals had been consulted about the best way to manage risks to people.

# Is the service effective?

## Our findings

At our inspection in July 2014 we found that staff had not been supervised and supported in their work with people. They had not had supervision six times a year as required by the provider's policy. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this inspection we found that staff had been supervised and supported in their work with people. Records showed that staff had received regular supervision in line with the provider's policy. This had focused on their developmental needs and the work they were doing with people. Staff confirmed that they had regular supervision and appraisals which enabled them to better understand and meet people's needs.

People were supported by staff who had the necessary skills and knowledge to meet their needs. One person said, "Staff here do a good job, they know what to do." Staff knew how to respond to people and meet their needs. Staff who had recently started to work at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met. Training records showed that staff had completed all areas of mandatory training in line with the provider's policy. Also staff had specific training on dementia, managing challenging behaviour and nutrition. All care staff had completed a national care qualification. A training matrix was used to identify when staff needed training updated.

People said they were able to make choices about some aspects of their care. We found that the provider had taken sufficient action to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were assessments regarding people's capacity to make decisions and consent to their care and treatment in place. Care records contained best interests decisions and made it clear from care plans whether people had capacity to make decisions about their care and treatment. Care records contained a 'screening checklist for DoLS and this had been used to assess which decisions people could make. Staff had received training on the MCA. They could explain the process to be followed if they believed that people were not able to consent and make decisions about their care and treatment.

People's nutritional needs were assessed and when they had particular preferences regarding their diet, these were recorded in their care plan. One person said, "They'll ask you to make sure you get the right thing." The cook was able to explain the dietary needs of people who had diabetes or were on low or high fat diets. One person, who ate very little, said that the cook had talked to them to find out what they would like to eat.

People told us they enjoyed their meals. One person said, "The food is always nice." People had a choice of dishes for each meal. Some people were offered choices at lunch time if they didn't want to eat or drink what they had originally requested. Another person told us, "You can ask for something different if you don't like what is on offer." At lunchtime staff were available to assist people to eat and drink when they needed support to do this. Staff supported people to take their time to enjoy their meals.

If people refused a meal we heard staff offering an alternative. Snacks were also available throughout the day. Staff told us if someone had a reduced dietary intake, or concerns about their nutrition were identified, food and fluid charts were put in place to monitor the amount of food or drink they consumed. Where necessary we saw that people had been referred to the dietitian or speech and language therapist if they were having difficulties swallowing. People's weight was being recorded in their care plans. If people needed support to meet their nutritional needs their fluid and food intake was being monitored.

People were supported to access the health care they needed. They told us that they were able to see their GP when they wanted. One person said, "You get to see the doctor when you want to." Relatives told us that when they asked staff to contact the GP this was done quickly. Care records showed that the service liaised with relevant health professionals such as GPs and district nurses. Care plans also showed that other health professionals, for example, dentists, opticians and chiropodists had been consulted about people's needs. Copies of discharge letters from hospital were kept in people's care plans for ready access to refer to.



# Is the service caring?

## Our findings

People told us that they were treated with respect and staff responded to their views regarding how they wished their needs to be met. One person said staff were, "Kind and caring." Another person told us, "I would say you would have to go a long way to find a place like this."

People and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care. One relative said that staff, "Kept me up to date with my father's medical situation."

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds. One person said that they had communion once every six weeks and a minister came in once a month for prayers. They felt this supported them to practice their religion.

Staff provided care and support in a gentle and caring manner, listened to what people had to say and involved them in decisions regarding their care. We observed that staff asked people's permission before providing any care

and support for them. Discussions with people and relatives were discreet and were not conducted in a loud voice in a communal room. People had the choice of leaving their bedroom doors open or closed. People and their relatives were able to discuss any issues that concerned them regarding how care was being provided with staff.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care. Staff knew the people they cared for well and understood their likes, dislikes and the best way to engage with them. Staff understood and respected people's individuality and it was clear when we spoke with them that they knew people well. We saw that people's care plans included clear description of dementia care needs where appropriate and described how to communicate using awareness of their visual signs and knowledge of their preferences and life experiences.

Meetings were held with people at which issues regarding the general running of the service were discussed. Minutes were written in a way that supported people who used the service to understand and participate in decisions. For example, people had made suggested options for the menu.

# Is the service responsive?

## Our findings

At our inspection in July 2014 we found people who used the service and relatives did not feel consulted or that their views would be acted upon. Staff were not able to show us that any monthly care plan audits had been carried out on two units. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this inspection we found that people and their relatives felt consulted and involved in decisions about the care and treatment being provided at the home. One relative told us, "I feel involved and know what is happening with my relative's care." People and their relatives told us that they had attended meetings to discuss issues in the service. Regular meetings had been held at which they were able to participate in decision-making regarding activities and menu planning.

Staff understood how to meet people's needs and responded in line with the guidelines outlined in their care plans. One person said, "Staff, are always ready to help." Care plans were in place to address people's identified needs, and these had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date. Another person said, "When you need more help they make sure it is provided." People and their relatives had been involved with their review of care, so any changes were discussed with them.

Relatives said that they were consulted about their family member's care when they moved into the service and some said that they were involved in the relative's care planning and review. People's care records showed that they were regularly consulted about their needs and how these were being met. Staff supported people to make decisions about their care through discussion and review meetings. People and their relatives told us that they had regular meetings with staff to discuss their needs and so that they could be involved in the development of the service. One relative said, "Since my dad's been here we have been to three resident's meetings."

People could choose to be engaged in meaningful activities that reflected their interests and supported their well-being. One person said, "They provide a lot of entertainment and things to do." Another person told us, "I like going out and the staff always come with me when I ask them." We observed people were sitting in the sitting room reading newspapers; watching TV; chatting with staff and one person was having her nails painted. We observed staff interacted with people who did not want to join in activities. One person commented, "I can choose if I want to get involved in any of the activities or not."

A range of activities were provided on all three floors and activity plans were available in communal areas and in people's rooms. Each floor had a member of staff responsible for planning activities based upon meetings with people on that floor. This meant that each floor had an activity plan that was customised to the likes and dislikes of the people that lived there. The atmosphere on one floor was particularly lively and people joined in the variety of activities on offer. Each floor also had a quiet room where people could go to read or do things in a quieter environment.

People were confident that if they made a complaint this would be listened to and the provider would take action to make sure that their concerns were addressed. One person said, "I don't have any complaints, but I know if I did they would do something to sort things out." Copies of the complaints procedure were on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the manager and inform the manager about this, so the situation could be addressed promptly. Relatives and people were confident they could raise any concerns they might have, however minor, and they would be addressed. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of on going learning by the service and so that improvements could be made to the care and support people received.

# Is the service well-led?

## Our findings

The head of operations explained that they had been carrying out regular audits of medicines administration. There had been audits over the past three months. These did not identify all of the issues we had found regarding omissions in recording and inappropriate administration of medicines. This meant that the auditing of medicines had not always identified when these issues had arisen. After the inspection the head of operations informed us that they would be carrying out further auditing of the administration of medicines and would be following this up with staff through competency checks and in supervision.

Regular auditing and monitoring of the quality of care records were taking place. One person told us, “It’s very good care.” Quarterly audits were carried out of care planning, health and safety and infection control. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed. For example, where people had been identified as having changing medical needs a plan was put in place to address this.

Staff told us the registered manager was open to any suggestions they made and ensured they were meeting people’s needs. Staff felt that they had benefited from

clearer communication from the registered manager about how they should prioritise their work. Also the introduction of more regular supervision had helped staff to identify their training and development needs.

The service had an open culture that encouraged good practice. The registered manager was available and spent time with people who used the service. People and their relatives confirmed that they felt the home was well led, that the registered manager was approachable and led the staff team appropriately.

The provider had a system to monitor and ascertain people’s views of the quality of the care and support they received. People and their relatives said that they had completed the survey. One relative confirmed that “There has been a survey. This was useful to share my views.” An annual survey of the views of people, relatives and professionals had been carried out. The results of this were generally positive; people said that the service responded to their needs.

Incident and accident records identified any actions taken and learning for the service. Incidents and accidents had been reviewed by the registered manager and action was taken to make sure that any risks identified were addressed. The service’s procedure was available for staff to refer to when necessary, and records showed this had been followed for all incidents and accidents recorded.