

Mr & Mrs M Hopley

# Georgian House Nursing Home

## Inspection report

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London  
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Website: [www.gnhh.co.uk](http://www.gnhh.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Georgian House Nursing Home is a nursing home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection. Some people were living with dementia and two people were receiving end of life care. The service can support up to 26 people.

### People's experience of using this service and what we found

At our last inspection, we issued a recommendation because the environment was not developed to meet the needs of people who lived with dementia. Although the provider had taken some steps to improve the environment, such as painting some walls a different colour, they had not improved other areas and the environment still did not meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were responsive to people's individual needs and knew them well. They supported each person by spending time with them and listening to them. They ensured that each person felt included and valued as an individual. People were supported to engage in activities organised at the home. They were consulted in all aspects of their care and support and were listened to.

People who used the service and their relatives were happy with the service they received. Their needs were met in a personalised way and they had been involved in planning and reviewing their care. People said the staff were kind, caring and respectful and they had developed good relationships with them.

The provider worked closely with other professionals to make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

People's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing care plans. Risks to their safety and wellbeing were appropriately assessed and mitigated. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 6 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement.

#### Enforcement

We have identified a breach in relation to person-centred care.

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Georgian House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Georgian House Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector 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.

#### Service and service type

Georgian House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the nurse in charge, care workers, the care coordinator and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection –

We continued to seek clarification from the provider to validate evidence found, such as how people's cultural and religious needs were supported and other relevant information. We looked at training data and quality assurance records. We emailed six professionals who regularly visit the service and received a reply from two.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At our last inspection, we made a recommendation in relation to fire safety because a fire risk assessment was out of date and people did not have Personal Emergency Evacuation Plans (PEEPS) in place. At this inspection, we found that improvement had been made.
- The provider had a fire policy and procedures and staff received training in fire safety. The registered manager had invited the fire safety officer to come and inspect the service and this had taken place recently. We saw there were three areas for improvement identified, and these had been addressed. People had PEEPS in place. These considered each person's ability and how staff were to support them to safely evacuate the building should there be a fire. There was an up to date fire risk assessment in place.
- There were regular health and safety checks which included gas and electricity, water systems, and equipment such as fire extinguishers and fire doors.
- Where there were risks to people's safety and wellbeing, these had been assessed. Risk assessments were clear and detailed. Control measures were recorded, and action plans were in place to reduce each risk.
- Risks assessed included environmental risks and individual risks the person may face, for example, risk of falls, pressure ulcers, choking and moving and handling. Risk assessments were rated in terms of severity, and appropriate measures were in place to reduce the risk of harm. Any marks or bruising were recorded on body charts and dated.

### Using medicines safely

- At our last inspection, we found staff did not always consistently record the fridge temperatures where medicines requiring refrigeration were kept. Where temperatures had been found to be outside the safe range, no action had been recorded on the monitoring chart. We made a recommendation in relation to this. At this inspection, we saw improvements had been made, and staff were recording temperatures consistently and taking appropriate action where necessary.
- People received their medicines safely and as prescribed. There were procedures for the safe handling of medicines. All staff had received training in these and the registered manager regularly assessed their skills and competencies to manage medicines in a safe way.
- Medicines administration records (MAR) charts were clear and completed correctly with staff signatures, or, where appropriate, codes for refusals or omissions. Controlled drugs (CDs) were stored appropriately, and administration of these was recorded correctly and signed by two members of staff. Staff kept a running count of the CDs and the medicines to be given as required (PRN). We checked the medicines and records for 12 people and found these to be correct.
- The registered manager undertook regular medicines audits to check medicines were handled safely and

people received these as prescribed. The pharmacy provider undertook training of staff in house as needed.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Georgian House Nursing Home. Their comments included, "I'm very relaxed and comfortable and feel very safe" and "I'm happy living here. I take a shower/bath whenever I ask for it. It's like my home." A relative added, "My [family member] is happy to live here, very safe place." A healthcare professional agreed and stated, "The staff are caring and I feel that the residents are well looked after and safe."
- The provider had a safeguarding policy and procedure, and staff were aware of these. The registered manager referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns. There were no safeguarding concerns at the time of our inspection.

#### Staffing and recruitment

- Most recruitment checks were in place. However, two staff did not have references on their files. The registered manager assured us they had received these by email but were only able to locate the references for one member of staff. Following the inspection, they sent us evidence of the other member of staff's references.
- There were enough staff deployed to meet the needs of the people who used the service. We looked at the rota and saw that all shifts were covered and included additional staff for a person who was receiving one-to-one care. On the day of our inspection, we saw people's needs were met promptly.

#### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. The premises were clean, tidy and hygienic, and there was no malodour. The provider used an infection prevention control audit tool. This included checks on the environment, surfaces, kitchen, bedrooms, sluice area, bathrooms and toilets.
- Staff received training in infection control and were provided with personal protective equipment such as gloves and aprons. Toilets were equipped with liquid soap and hand towels and this was replenished as needed.
- Soiled linen and clothing were handled appropriately to prevent cross infection according to the provider's policy and procedures.

#### Learning lessons when things go wrong

- There was a policy and procedures for the recording and management of incidents and accidents. These were recorded and included a description of the incident or accident, time and date and what action was taken to prevent reoccurrence. For example, one person had been found on the floor in their bedroom. We saw they had been referred to the GP for a check-up and medicines review. Relevant parties had been informed.
- The registered manager told us lessons were learned when things went wrong. They said, "When something goes wrong, I do a significant event analysis. We look at what happened, what has been done, and what we can do better in the future. We discuss this in a team. We empower the staff to discuss things. They are involved, not just me."



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At the last inspection, we recommended that the provider considers how they could implement good practice guidance to enhance and develop the environment to meet the needs of people living with dementia. At this inspection, apart from painting some walls in a different colour, no other improvements had been made and the environment still did not meet the needs of people living with dementia.
- There were still no visual cues such as photographs or pictures of their choice on people's bedroom doors, and there was still very little visible signage to help people find their way to different areas of the home. There were framed pictures on the walls of communal areas, but these were of scenery and flowers rather than images to trigger memories and promote reminiscence.
- We did not see any tactile or sensory objects to enhance positive stimulation and enable people with dementia to see, touch and smell things, although the registered manager told us they had ordered these.
- There was no pictorial activity plan displayed so people were not able to see what was happening on a day to day basis.

The provider had not made sufficient improvement to the environment to meet the needs of people living with dementia. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the provider told us they had received material such as tactile and sensory objects and were in the process of putting in place memory boxes outside people's rooms, to help them identify these.
- People were supported to personalise their bedrooms and the provider showed us evidence of this. For example, a person who had recently moved into the home had chosen the colour of the room, and had been able to bring their own pillows, foot stool cushions and lamp shade.

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

- The registered manager assessed people's needs prior to them moving in to the service. Initial assessments were detailed and included all aspects of people's care according to their choices and wishes. These were used to write people's care and support plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had the relevant knowledge and skills. Staff we spoke with told us they felt supported and were happy with the training they received. Their comments included, "I got full training in my induction. There are always more courses to sign up for", "I am doing a diploma in level three now" and "I have done the Care Certificate."
- Staff received a thorough induction before they were able to deliver care and support to people who used the service. Induction included fire safety procedures, health and safety regulations, infection control and safeguarding adults. New staff were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff an introduction to their roles and responsibilities.
- Staff records contained certificates of training they had attended. Staff received online training such as consent, ageing, depression, activities and exercise as well as classroom-based training. Recently, staff had received training from Hounslow's Clinical Commissioning Group in collaboration with the Alzheimer's society. This included a course in 'Responding to distressed behaviours', which staff said was 'very good'. Nurses received specific training in clinical practices and we saw their nursing registration was kept up to date.
- Staff confirmed they received regular supervision and felt supported. One newly recruited staff member told us, "I have had meetings with the manager one to one to discuss how things are going" and another stated, "I feel absolutely supported by the manager."

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

- People said they liked the food they were offered and had a choice of meals. One person told us, "Generally food is good." One relative echoed this and said, "The meals are really good. [Family member] enjoys their food."
- People's nutritional needs and food preferences were recorded in their care plan. Kitchen staff showed us evidence people were consulted, and had a record of each person's dietary needs, likes and dislikes to help them ensure they only offered food people liked.
- There were no menus displayed. We raised this with the registered manager who told us this was because it tended to confuse people when several choices were listed. They added they found what worked well, was to consult people every morning about the choices of the day and ask what they wanted to eat. They assured us people were offered additional choices if they decided they did not want their chosen meal on the day.
- Where people were at risk of malnutrition, staff used a Malnutrition Universal Screening Tool (MUST) tool, and where necessary, people were referred to relevant healthcare professionals such as Speech and Language Therapists (SALT). One person was referred to a dietician because they had lost weight. Records indicated they had visited and provided staff with guidelines to follow to promote weight gain. We saw evidence these were followed by staff.

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

- People's healthcare needs were assessed, recorded and met. People had access to healthcare professionals, including GPs, dietician, opticians, audiologist and mental health services. A healthcare professional told us, "Staff are very helpful at providing information about residents' health needs" and "The management team are proactive at contacting me to book appointments for new residents or any resident with new problems."
- One person living with diabetes was regularly checked and monitored by relevant healthcare professionals. There was a diabetes management plan in place for the person and guidelines for staff to understand the condition, recognise signs and symptoms and manage blood sugars. Blood glucose and insulin was monitored several times a day.

- Staff told us they communicated well with other healthcare professionals to ensure people received the care they needed, and to meet their needs.

#### 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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us they were consulted in all aspects of their life and consent was obtained before providing care and support. Where possible, people signed their records to show they had been consulted and agreed with these.
- People's mental capacity was assessed before they began to use the service, and we saw evidence of mental capacity assessments in people's files. The provider understood their responsibilities under the MCA. Where necessary, they had made applications to the local authority for authorisations to deprive people of their liberty in order to keep them safe.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff treated them kindly and respectfully. One person said, "Nothing is bad here. My sincere thanks to all carers, they are lovely and fabulous." Relatives echoed this and said, "We are really pleased with the service. They are very kind", "I noticed, they treat my friend with dignity and respect" and "Someone has recommended this home and I can recommend it to others."
- There was a calm and relaxing atmosphere in the home and staff interacted gently with people, sharing conversation, making eye contact and taking time to listen to them. Where people needed assistance with personal care, this was done promptly and discreetly.

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

- People's views were obtained through regular meetings and one to one conversation. Many staff members had worked at the service for a long time and knew people and their individual needs well. The registered manager told us, "We know people very well. Even if some people lack mental capacity, they can still be involved in simple decision, so we support them to choose their own shoes, clothes, what they want to do."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy, dignity and independence. We saw evidence of this on the day of our inspection. For example, staff knocked on people's doors before entering, and ensured they closed doors and curtains before supported them with personal care.
- The registered manager told us they expected staff to treat people with respect and dignity at all times, and checked they did by doing regular spot checks and supervision. They said, "I go around, without staff knowing. I keep my eyes open, and staff are very vigilant and switched on. Almost every day, we talk about dignity, not just the residents' but ours as well."
- We observed staff bringing midmorning drinks and biscuits to people. People were asked what they wanted, and biscuits were served using tongs and placed on individual plates. During lunch, people were served their meals in a dignified way, and supported in a caring and unrushed manner. Where people required their meals to be pureed, meat and vegetables were separated to make the meal look appealing.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received good care which was personalised to their needs. Care plans were clear and contained the necessary information for staff to know how to meet people's individual needs. These were person-centred and included information on how people wanted to be supported. Care plans were divided into sections including personal hygiene, nutrition/hydration, moving and handling, communication and sleeping, and these were regularly reviewed and updated.
- In addition to their care plan, where people had specific healthcare needs, a support plan was put in place. For example, a person had diabetes. We saw their support plan was detailed and included their current medicines, how to recognise signs and symptoms and what support the person required to remain healthy.
- Care records were completed at the end of each shift by staff. These included a summary of the person's day and night. At the previous inspection, we found these records detailed the tasks undertaken rather than the social aspect of people's lives. At this inspection, we found this to still be the case, with 'safety and comfort maintained', but not explanation about what this actually meant. We raised this with the registered manager who told us they would address this with staff, and would provide them with additional training in relation to report writing.
- People were allocated keyworkers. A keyworker is a member of staff who has responsibility for overseeing and coordinating the assessment and care planning process of specific people who use the service and to promote continuity of care. Keyworkers completed monthly reports of the person they supported. These included relevant information about the person, any significant events or relevant appointments during the month.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in their care plans so staff would know how to communicate with the person. For example, one person had poor hearing and staff were required to speak slowly and clearly when explaining what they were doing.
- Documents were provided in large print and easy-read format for people who were visually impaired and required additional support. Where people were unable to express themselves verbally, staff used a range of

methods to communicate with them, such as hand gestures and the use of pictures.

- The registered manager understood the importance of effective communication. They told us, "From admission we assess our residents' eyesight, hearing, sense of taste, sense of smell and communication through touch etc. If English is not their first language, residents are helped by families and/or interpreter. Some of our staff also speak different languages and can help."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities. People's interests were recorded in their care plans, but they did not have individual activity plans. On the day of our inspection, an entertainer visited and sang old songs. However, not everyone enjoyed this, and many people would have been too young to relate to the songs. One person repeatedly stated it was "awful" and "wanted it to stop." However, others appeared to enjoy this and were singing along. We shared this information with the registered manager who told us they would speak with people about this.
- Since the last inspection, the provider had employed a part-time activities coordinator. In addition to regular activities such as bingo, card games and movie day, the registered manager told us they had introduced activities suitable for people living with dementia, such as exercise, aromatherapy, arts, gardening, yoga, reminiscence therapy and music therapy to help promote their wellbeing.
- Theatre companies and children from local school visited the service regularly to provide entertainment to people who used the service. People also had the opportunity to borrow books from a visiting library.
- People were supported to maintain relationships with their friends and families. Relatives we spoke with told us they could visit at any time and were always made to feel welcome.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place and this was available in large print. The provider kept a log of the complaints they received. We saw these were taken seriously, and appropriate action had been taken. For example, where a person who used the service had complained about a staff member, they had been called for a meeting and concerns addressed in supervision.
- The provider kept a record of the compliments they received from people, relatives and visitors. We viewed a range of these. Comments included, "Thank you so much for looking after our [family member]. [They were] very happy with you", "Thank you for all the care and compassion shown to [family member]. It was comforting to know [they were] in such good hands" and "It was a great comfort to us to know [family member] was well cared for."

End of life care and support

- People's end of life wishes were recorded in their care plans, and these took into account how people wanted to be cared for at the end of their life, and any religious and cultural needs they might have. There was a board in the reception area with information about end of life care.
- Although the service had not achieved accreditation, they had adopted and were following the principles of the Gold Standard Framework (GSF). GSF is an approach to planning and preparing for end of life care.
- Staff received training in end of life care. In May 2019, staff had taken part in a discussion about death, dying and bereavement, facilitated by a person from the local funeral services. We saw evidence that this was well attended. Qualified nurses received specific training such as syringe driver training. A syringe driver helps reduce symptoms by delivering a steady flow of injected medication continuously under the skin.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our last inspection of 1 March 2017, we found the environment was not developed to meet the needs of people living with dementia. At this inspection, we found the provider had not made enough improvement, and the environment remained unsuitable.
- The provider has systems in place for monitoring the quality of the service. Audit tools were in place and used appropriately. The registered manager undertook audits regularly and these were thorough. They included audits of monthly nutritional checks, skin integrity, weights, care records including care plans and risk assessments, mental capacity assessments and accidents and incidents. Where concerns were identified, there was evidence prompt action was taken to make the necessary improvements.
- The registered manager conducted regular quality checks of the building to help ensure all areas of the home were safe and staff were meeting people's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary about the staff team and the registered manager. They told us the management team were visible and approachable. One relative stated, "Generally everybody is good" and another said, "I'm satisfied we got [family member] in here-it's a good home."
- Staff told us they felt supported and listened to by the registered manager. Their comments included, "[Registered manager] is very helpful. [They want] us to get better and feel fulfilled. The senior staff are also great and I have learned a lot from them" and "I really like working here actually. It's really nice to be able to help people when they need it."
- The registered manager had been in post for nine years. They were supported by a team of qualified nurses and care workers. The service was owned by a team of family members who provided support to the registered manager. The registered manager told us, "My vision for the home is to maintain excellent care and devotion to the residents. Staff to continue to show compassion. I hope I can continue running the home. I want this to be my last journey."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was transparent and told us they understood how important it was to be honest



and open when mistakes are made, or incidents happen. They told us they ensured they shared this information as necessary and apologised. Documents we viewed confirmed this.

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

- People and relatives were consulted about their opinion of the service. We saw a summary of the latest survey which took place in July 2019. Overall their comments were positive and indicated they were happy with the service. However, some people had commented about things they would like to improve. For example, one person stated they wished they could go out more, and another stated they wanted to be accompanied to church as the place felt like 'a prison' sometimes. We raised this with the registered manager who explained the person's medical condition meant they could not go out and this had been discussed with the GP. They added they tried to meet the person's needs and encourage them to take part in some activities although the person did not wish to participate.
- We saw the registered manager had taken these comments into consideration and had recorded ideas to meet people's needs further. For example, staff to ensure they took people out in the garden daily. They explained that one of the people was unable to go out to church because of their health, but they ensured a priest visited weekly to meet people's religious needs.
- There were regular staff meetings and staff were expected to attend. Minutes were distributed to all staff and they were asked to sign to evidence they had read these and understood their content. Staff meetings included discussions about keyworking, training, teamwork and support, people who used the service and dignity and respect.
- There were regular meetings for people who used the service. Discussions included upcoming events and activities, food choices and any other business.

Continuous learning and improving care

- The registered manager kept abreast of developments within the social care sector and was always striving to improve their knowledge and skills.
- The registered manager had attended 'My home life leadership programme for care homes'. This was a programme developed by the NHS North West London Clinical Commissioning Groups in collaboration with local authorities to provide leadership support to care home managers.
- The registered manager told us the programme had improved leadership and staff morale, and better care and support for people and their families. They said, "That changed everyone's view. We are not competing against each other but should work as a team with other managers. It's about sharing experience. Now, we help each other to improve our services. We inspect each other's services."

Working in partnership with others

- The registered manager worked alongside other healthcare professionals such as the mental health team, optician, dentist, dementia link nurse and palliative nurse. They told us, "With the tissue viability nurse, we don't often need her because we don't really have pressure ulcers."
- The registered manager attended provider forums organised by the local authority. They told us, "We attend provider forums so we know what is going on. That keeps us up to date with changes."
- The registered manager had begun to develop 'Coordinate my care' within the home. This is a service that builds medical care around the wishes of each person. Relevant information is then shared with all the healthcare professionals who might treat them. This meant people would not have to repeat sensitive information and would receive more person-centred medical care.



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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person did not ensure that the care and treatment of service users was appropriate, meet their needs and reflect their preferences.  Regulation 9 (1) (a) (b) (c)