G.S.G. Nursing Homes Limited

Craven Park

Inspection report

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Date of inspection visit:
07 February 2017
08 February 2017

Date of publication:
10 May 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 7 and 8 February 2017. The first day of the inspection was unannounced.

At our last inspection on 26 and 27 January 2016 the service was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people using the service were always treated with dignity and had their privacy respected. During this inspection we found the provider had taken appropriate action to meet the regulation. Throughout our visit we observed staff engagement with people using the service was caring, respectful and supportive.

Craven Park is a nursing home located in the London Borough of Brent. The home provides nursing care and accommodation for up to 26 people. During our visit there were 25 people using the service. Public transport and a range of shops are located within walking distance of the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager encouraged an open, inclusive culture within the home and promoted an 'open door' policy. Visitors and relatives were free to visit their family members at any time and told us they were welcomed.

The atmosphere of the home was welcoming. Throughout our visit we observed staff interact with people in a respectful, caring and friendly manner. When people needed assistance staff were quick to respond. People told us they felt safe living in the home and received the care they needed. People's individual needs and risks were identified and managed as part of their plan of care and support. However some people may not have been receiving the care they needed as monitoring records were not always accurate, lacked detail and had not been fully completed.

People's care plans contained information staff needed to provide people with the care and support they required. People's relatives told us they were involved in decisions about people's care. Some people's care records did not demonstrate that people were always fully involved in the day to day and monthly review of their care needs.

People's health and wellbeing were monitored by the staff who worked closely with other healthcare professionals to meet people's range of health needs.

People had the opportunity to take part in a range of activities that met their needs and interests. People received a choice of freshly prepared meals, which met their dietary needs and preferences.

Staff had an understanding of the systems in place to protect people if they were unable to make one or more decisions about their care, treatment and other aspects of their lives. Management staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were appropriately recruited to make sure they were suitable to work with people providing them with care and support. Staff received appropriate training and support, and received the information they needed to care for people. Staff we spoke with were knowledgeable about people's needs and how they should be met. Staff supported people, where appropriate, to retain as much independence as possible, when carrying out activities and tasks.

People and relatives told us they felt comfortable raising any issues or concerns directly with senior staff. There were arrangements in place to deal with people's complaints and issues appropriately.

There were appropriate systems in place to monitor, evaluate and improve the quality of the service. However, these checks had not identified the concerns that we found in relation to monitoring records.

The service was in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to some monitoring records not being accurate and effectively monitored.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm.

Appropriate arrangements were in place regarding the safe management and administration of medicines.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed to care for people. The staffing of the service was organised to make sure people received the care and support they needed and wanted.

Is the service effective?

Good

The service was effective. Staff received appropriate training and had the support they needed to enable them to have the knowledge they needed to carry out their responsibilities in meeting people's individual needs.

People's dietary needs were assessed. People told us they enjoyed the meals and were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare professionals to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Is the service caring?

Good

The service was caring. People and those important to them told us they felt well cared for and staff understood their needs. We saw positive and respectful engagement between staff and

people using the service.

Staff respected people's privacy when supporting them with their personal care needs.

People were supported to maintain relationships with family members and people that mattered to them. People's relatives told us they could visit at any time and were welcomed by staff.

Is the service responsive?

Requires Improvement

There were aspects of the service that were not responsive. Some people's monitoring records were incomplete and did not show people's needs were effectively monitored. Some people's care records that did not show people's involvement in the review of their care.

Care plans included information about people's individual needs and preferences.

People had the opportunity to take part in a range of activities that met their needs and interests.

Arrangements for addressing complaints were in place. People and their relatives knew how to make a complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well led. There were a range of systems in place to monitor the quality of the service. However, these checks had not identified the concerns that we found in relation to monitoring records.

People, relatives and staff had opportunities to provide feedback about the service. They informed us the registered manager and other management staff were approachable and, listened to them and kept them informed about the service and of any changes.

Staff told us they enjoyed working at the home and felt well supported by the registered manager and other management staff.

Craven Park

Detailed findings

Background to this inspection

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

The inspection 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. Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with the home since the previous inspection.

During the inspection some people were unable to tell us about their experience of the service due to their significant health and communication needs, so to gain further understanding of people's experience of living in the home we spent time observing how people were supported by staff. We also 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. It also enabled us to check how often and how well staff engaged with people.

We carried out a tour of the premises, which included looking at some people's bedrooms and also communal areas including the lounge and dining area.

During the inspection we spoke with the registered manager, deputy manager, consultant operations manager, cook, housekeeping staff, activity co-ordinator, two nurses, a senior care worker, care lead and three care workers. We also spoke with a health professional. We spoke with eight people using the service and six people's relatives.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of five people living in the home, five staff records, audits, and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. Comments from people included; "I do feel safe and I am not worried," "I am safe here" and "I am kept safe." Relatives we spoke with told us they felt people were safe. A person's relative told us "I don't worry about [Person] when I am not here. [Person] is safe."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. Care workers were aware of whistleblowing procedures and were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to management staff and/or nurses and were confident that any safeguarding concerns would be addressed appropriately by them. They knew they could report abuse to the local safeguarding team, CQC and the police. Care workers informed us they had received training about safeguarding people and training records confirmed this.

Care plans showed that risks to people were assessed and guidance was in place for staff to follow to manage risks safely. Staff knew about people's risk assessments and had discussed them during a recent staff meeting. Risk assessments were up to date and covered a range of areas including falls, moving and handling, pressure ulcers and risks associated with the use of equipment such as bedrails and hoists used for transferring people. We saw hoisting equipment being used by staff appropriately and safely. Accidents and incidents were recorded and addressed appropriately and promptly

People received a range of support with the management of their finances. Most people's finances were managed by their relatives or local authorities. The service managed small amounts of cash for people. Appropriate records of people's income and expenditure were maintained including itemised receipts. To reduce the risk of financial abuse regular checks of people's monies were carried out by management staff.

The provider employs a maintenance person who carried out a range of health and safety checks to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were safe. Health and safety checks and safety risk assessments carried out included regular checks of water, fire safety, gas and electric systems. Visual checks of wheelchairs, windows were also regularly carried out to check for any signs of poor condition. Certificates showed equipment was routinely serviced to check that it was safe to use.

Fire safety evacuation guidance was displayed. People had individual emergency evacuation plans which detailed the support they required to evacuate the building in the event of a fire. We saw from records that a fire risk assessment was in place and that fire alarm tests and evacuation drills were conducted.

Arrangements were in place to make sure that there were sufficient skilled staff to provide people with the care they required and to keep them safe. During the two days of inspection we found that although staff were busy there was no indication that there were insufficient staff and peoples' needs were not being met. Management staff told us staffing numbers were adjusted to meet the needs of the service such as ensuring an extra care worker was provided when a person required support to attend a hospital appointment. The

consultant operations manager told us there had been a recent increase in care worker hours. Staff told us they felt able to inform management staff if they felt more staff were needed and were confident they would be listened to. Agency nurses had been employed when there was a shortage of permanent nurses. Staff told us due to recent recruitment of nurses the service was now employing agency nurses less often which promoted consistency of care. A newly appointed nurse worked their third shift during our visit. Some people's relatives told us they felt there were times when staff seemed to be particularly busy. A person's relative told us "There are always staff around but they are always rushing in and out [of person's room] quickly. They don't seem to have much time."

People told us staff answered their call bell promptly. When people spent time in their bedroom we saw they had a call bell within their reach so they could contact staff when they needed assistance. A person told us that when they had used their call bell a member of staff had responded quickly "day or night." Another person told us "I use the bell and they come."

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

An up to date medicines policy which included procedures for the safe handling of medicines was available. Staff had signed to confirm they had read the policy. There were arrangements in place in relation for storing and obtaining and disposing of medicines appropriately. Medicines needing to be refrigerated were stored in a medicines fridge. Daily recordings of the medicines storage room and the medicines fridge were carried out and showed medicines were stored within a safe temperature range. The four medicines administration records [MAR] we looked at showed that people received the medicines they were prescribed. People told us they received their medicines. A person told us "They bring them [medicines] to me and watch me take it."

Staff administering medicines had received medicines training and assessment of their competency to administer medicines. During the inspection we saw nurses administer medicines to people in a sensitive manner, people were not rushed and were offered a drink to help them swallow their medicines. Nurses wore a 'Do not disturb' tabard whilst they administered medicines so they could focus on the task and carry it out safely.

A recent check of the medicines systems had been carried out by a pharmacist. An action plan showed the service had addressed issues and was in the process of making further improvements to the medicines arrangements.

The lock on one medicine trolley had broken the night before our inspection. Nurses ensured arrangements were immediately put in place to ensure the medicines were stored and administered safely to people whilst the medicines trolley was out of use.

The home was cleaned by housekeeping staff. During both days of the inspection the home looked clean and had no unpleasant odours. People told us "They are always cleaning" and "It smells nice and looks clean all the time. My room is always being cleaned."

However, we noticed that in one communal bathroom there was no toilet paper, the pedal bin was not working effectively and the light switch cord was not very clean. Also a person's ensuite facility did not include paper towels. These issues did not promote infection control. The registered manager told us this

would be addressed immediately.

Staff had access to protective clothing including disposable gloves to minimise the risk of infection. Hand sanitisers were available in the reception area and in other areas of the service. Signs that encouraged people to wash their hands to minimise the risk of spreading infection were displayed in communal areas.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff were competent and understood each person's care and support needs. Relatives we spoke with all told us they felt happy with the care their family member was receiving. People told us "They [staff] are nice" and "I like them [staff]." Comments from people's relatives about the staff included "We are happy" and [Person] is really well looked after."

Staff were seen to respond to people's individual needs in a manner that indicated they knew people well and had a good understanding of people's varied and sometimes complex needs. We heard staff explaining to people what they were doing when they were assisting people. A care worker asked a person if they wanted a cushion so they would be more comfortable. After the person agreed, the care worker said "I am just going to move you forward for your cushion," and positioned the cushion carefully so the person was more comfortable. Another care worker when supporting a person to transfer from a hoist to an armchair spoke with the person, told them what they were doing, asked them if they were all right and waited for a reply before continuing with the manoeuvre.

Staff informed us that when they started working in the home they had received an induction, which included learning about the organisation, people's needs and shadowing more experienced staff. They informed us the induction had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. The consultant operations manager told us that some new care workers were in the process of completing the Care Certificate induction which is the benchmark for the induction of new care workers. Photographs of staff were displayed with details of their role so people and others could identify staff more easily.

Records showed and staff told us they had received relevant training to carry out their responsibilities in providing people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; fire prevention, health and safety, food safety, moving and handling, safeguarding people, infection control, dementia awareness and emergency First Aid. Nurses had also completed other training that included; medicines and specialist feeding. Some people using the service had mental health needs. Although we did not find that staff did not understand people's mental health needs they were currently not receiving specific learning and/or training in that need. The registered manager told us they would ensure staff received training about mental health to help them develop their knowledge and to better understand people's mental health needs.

Care workers had completed vocational qualifications in health and social care which were relevant to their roles. Nurses were supported with the process of revalidation to maintain and renew their registration with the nursing and midwifery council [NMC] so they could continue to practice as a nurse.

Staff told us management staff were approachable and they felt well supported. Staff received one-to one supervision and appraisal by senior staff to monitor their performance, identify their learning and development needs, and discuss people's needs and other aspects of the service. Supervision records

showed the topics of team work, record keeping, quality of work and people's personal care had been discussed with staff. Records showed supervision meetings were flexible and took place promptly when there were issues to do with a member of staff's performance.

The Mental Capacity Act 2005 [MCA] is legislation to protect people who are unable to make decisions 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. Staff told us and records showed staff had received MCA/Deprivation of Liberty Safeguards training.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards [DoLS]. Some people were subject to DoLS authorisations that placed restrictions on their liberty.

Staff we spoke with were familiar with MCA and understood their responsibilities in making sure they obtained people's consent when providing care and supporting people in other aspects of their life. We observed care workers involving people in day to day decisions and their decisions were respected. Staff told us they asked people for their consent before assisting them with care. People told us "They [staff] ask me if it is ok to help me into the bath and to the toilet" and "They [staff] ask me if they can help me with dressing." Staff knew that when a person lacked the capacity to make a specific decision people's families and others would be involved in making a decision in the person's best interests. People's relatives told us they had been involved with decisions about people's care including deciding whether the person should have bedrails in place.

People received health checks and had access to a range of health professionals including; GPs, chiropodists, dentists, psychologists, speech and language therapists, tissue viability nurses and opticians to make sure they received effective healthcare and treatment. A GP visited the service during the inspection and reviewed several people's health needs. Records showed people attended hospital appointments. A person using the service told us they informed staff when they wanted to see a doctor and said "They [staff] will make the call for me and I go to the appointment." Another person told us "I tell them and they [doctor] comes [to see me] the next day and in my room."

Care plans included information about people's health, nutrition and dietary needs and preferences. People had their nutritional needs assessed and reviewed regularly. The cook told us they were kept well informed by nursing staff about people's nutritional needs and dietary needs such as people who had difficulty swallowing being provided with a pureed diet. People's weight was monitored and where appropriate staff checked how much people were eating to ensure their nutritional needs were being met.

The menu included meals that met people's needs and preferences. Vegetarian meal options and snacks were available. Large photographs of the day's meals were displayed in the dining room so people who had difficult reading could see what was on the menu. People were complimentary about the meals and confirmed they were offered a choice of meals and drinks. Comments from people included; "It is very good," "They bring [drinks] all day. You can choose anything really, juice, squash, tea, coffee or water," "I like to eat in my room" and "I eat in the dining room. Sometimes I have breakfast in my room because I like it." However, a person's relative told us "The food is not so good, the soup is thin and cold by the time it gets upstairs."

We saw that meals were presented well and people told us that they tasted good. The cook knew about each person's dietary needs. They provided us with examples of people's particular food preferences and religious and cultural dietary requirements that were met by the service. They told us that if someone did not like anything on the menu they would cook a meal of the person's choice.

People who needed assistance with their meals were provided this in a sensitive and appropriate manner. Staff engaged in conversation with people during mealtimes and offered second helpings of meals. During meals staff asked people whether they were enjoying the food and were offered a choice of vegetables and rice or mashed potatoes. We saw from records people had been regularly asked for feedback about their meals and the cook told us about action taken to address any issues raised about the food. They told us about a person who did not want their pureed meal so they provided the person with an appropriate alternative which they had eaten and said they had enjoyed.

The home has a large well maintained garden accessed from the lounge. The garden has a patio area with tables and chairs and parasols. A person spent time in the garden during the inspection.

Management staff told us there had been some refurbishment in the home since the last inspection including redecoration of some bedrooms. A bedroom was in the process of being repainted at the time of our visit. A person told us they were happy with their bedroom. However, there were areas of the service that were tired looking. Communal bathrooms lacked attractive décor. Some carpets in people's bedrooms showed signs of wear and were loosely fitted in some areas which could be a trip hazard. Some bedrooms lacked pictures and personal items which did not promote a pleasing and personalised environment. The registered manager told us there were plans to replace the lounge carpet and some bedroom carpets were due to be replaced.

The service had a premises plan for 2017, which included plans for maintenance work and redecoration of some areas of the premises, including painting the dining room ceiling. Consultant operations manager and the clinical lead told us they would carry out a comprehensive review of the environment and take steps to continue to develop and improve the environment of the service for the benefit of people using the service.

Good

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. Staff interacted with people in a friendly and kind manner. People told us staff were respectful, asked them if they needed help and conversed with them in a friendly manner. Comments from people included "They [staff] are kind," "They do care," "They help me," "They [staff] looked after me when I felt sick and brought me things I asked for and sat and had a chat," "They check that I have things [I need] when I go out" and "They [staff] are always helping me." A person's relative told us "Carers are lovely couldn't fault them."

At our 26 and 27 January 2016 inspection, we found people were not always treated with respect which was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found that the provider had followed their plan and legal requirements had been met. The provider had taken action to address our concerns about the way staff engaged with people using the service. We saw staff interacted with people in a respectful and kind manner, and feedback from people about the staff was positive.

Staff spoke about people in a positive manner. They told us they enjoyed providing people with the care and support they needed. Care workers spent time sitting with people engaging with them. Conversations we heard between staff and people were friendly and relaxed. It was clear staff had a good relationship with people and knew them well. Staff demonstrated understanding of people's varied communication needs including those who had difficulty in expressing their wishes and needs. A person who was unable to speak indicated they did not want to eat their meal in the dining room. Staff supported the person to show them where they wanted to eat and accommodated their request.

The home has a key worker system in place where people using the service were assigned two care staff as key workers and a named nurse, whose roles were to gain an understanding of the person's particular needs and to assist in co-ordinating and organising the service to meet those individual needs. Some people were aware of their keyworker but some relatives we spoke with did not know who people's keyworkers were. Management staff told us this was being developed. Records showed the keyworker role had been discussed during a recent staff meeting and we saw the deputy manager had discussed key working with a person's family and they had requested a member of staff to be the person's keyworker.

Not all staff wore name badges so people and visitors could identify them. The registered manager told us name badges had been ordered and they would ensure all staff wore one.

Staff told us about how they promoted people's independence and encouraged and supported people to be fully involved in their care and other aspects of their lives. We heard a care worker explain what a person's meal consisted of and noticed they encouraged the person to eat independently but provided assistance when this was required. A person told us they chose what to wear and the time they went to bed. During the inspection we heard and saw care workers offer people choices and respected the decisions people made.

People were encouraged to make decisions about whether to take part in activities or not and about what they wanted to eat. These decisions were respected. During the inspection staff encouraged and praised people. We heard care workers asking in a kind and respectful manner if people needed help with their personal care. The importance of respect had been discussed during a staff meeting that took place in January 2017.

During the inspection people moved freely within the home. One person went out independently. They told us "I go out all the time and meet friends for dinner or lunch. I go to the shops too. I like to do this and be independent. They make sure I have everything I need. I have a phone."
People with mobility needs used walking frames and/or wheelchairs to enable them to move about independently.

The home had a confidentiality policy and procedure. Confidentiality was included in induction. Staff we spoke with had a good understanding of the importance of confidentiality. Care workers knew not to speak about people other than to staff and others involved in the person's care and treatment. People's personal records were kept securely.

People's privacy was valued. Staff respected people's decision when they chose to spend time in their own rooms rather than joining others in communal areas. There were 'please knock before entering" signs on each door. Whilst assistance and care was taking place in people's rooms a door hanger was put in place telling people 'care in progress, please knock and wait'. Staff knocked on people's bedroom doors and waited for a response from the person before entering the room. A person told us "They knock and say hello and they never walk in the bathroom when I am there."

The reception area has a sign encouraging staff and visitors to greet residents. Records showed the service had considerable contact with people's relatives and others important to them. People were supported to maintain the relationships they wanted to have with friends, family and others important to them. People's relatives told us they visited at any time and were welcomed by staff. They told us they had been invited to social events held at the service. Staff told us about the importance of good communication with people's friends and relatives. They told us this helped them get to know each person and so better understand their needs, which was particularly important when people first moved into the home.

People told us they were called by their preferred name. Staff we spoke with had a good understanding of equality and diversity and told us about the importance of respecting people's individual beliefs and needs and not to discriminate against people. A member of staff told us "Everyone has differences; you listen to them and don't judge them."

Care plans showed people had been asked about their spiritual and cultural needs. Management staff told us people were supported by the service to practice their faith and representatives of places of worship regularly visited the home to support people with their spiritual needs. A person's relative told us that staff always welcomed a representative of their relative's church when they visited the person. A person told us "I am asked if I would like to go to church." People told us and photographs showed their birthdays and religious festivals were celebrated in the home. A person's care plan showed the person had been asked if they had a preference regarding the gender of staff that assisted them with their personal care needs.

The service was accessible to people with mobility needs. There is a ramp and handrails at the entrance of the home and a passenger lift within the service so people can access all communal areas of the home.

There was some information in people's care plans about people's end of life needs and wishes. A person's

care plan included information about maintaining the person's dignity and managing pain at the end of their life. Management told us there were plans to improve and develop the information about people's end of life needs.

Requires Improvement

Is the service responsive?

Our findings

People told us they were given the care and treatment they needed and had been asked questions about their needs. They confirmed that they were listened too and staff responded appropriately to their needs and wishes. Comments from people included "They [staff] ask me what I would like help with. I tell them what I want to do and what they can do to help and they write it down," "They [staff] know me and what I like" and "They look after me how I like." A person's relatives told us they had been asked "lots of questions" about a person's care, which had been particularly important as the person was unable to verbally communicate their needs.

People's relatives told us they were contacted by staff when people's needs changed and when there were issues to do with people's care including accidents and incidents and when people had hospital appointments. People's relatives told us "I am very happy, [Person] gets good care,"

Some people were at risk of not having their needs met as monitoring records were not fully completed, accurate and did not show they were being monitored by nurses and/or management staff.

People's repositioning records showed people were assisted to change their position regularly to minimise the risk of developing pressure ulcers. However, when we checked a person's monitoring records at 11.30 am these included a record that indicated the person had been checked at midday by staff. There was another record that told us the person had been repositioned at 12.30 which was not accurate as it was only 11.30 at the time we looked at the records. This indicated the records had been completed without the member of staff actually carrying out the tasks or they had made an error in recording the correct time, which could mean people did not receive the care they needed and be at risk of harm.

Several people were having their fluid intake monitored. However when we checked 21 fluid monitoring charts of five people we found the charts did not include details about the total amount of fluid each person was expected to be supported to drink within a twenty four hour period. One record was not dated. Also, the total amount people had drunk during the day and night had not been totalled up and signed by a nurse or senior staff member to show they had checked the person was receiving adequate fluids. There were some long gaps in between recording people's drinks for example a person had a fortified drink at 9.30 am and the next drink was recorded at 15.30pm. Another person's fluid chart indicated that they had not had a drink from 11.30am to 21.00pm on the 7 February 2017. Also a person's fluid chart indicated the person had only drunk 370ml on 3 February 2017. There was no indication that the charts had been checked by a senior member of staff or that any action had been taken in response to these records. However we noted during the inspection the person was out and about in the communal areas and drinking well so it was not clear why they were having their drinks recorded. Management staff told us they would review each person's fluid monitoring chart and discontinue them when they were not required.

We noticed in the morning that people's drinking cups were removed from their rooms for washing, but a replacement cup was not provided so there was a period of time when people in their bedroom did not have access to a cup so could not have a drink until another was provided. This was discussed with management

staff who told us they would ensure this was addressed promptly.

The above identified record issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service carried out a preadmission needs assessment with the person and those important to them prior to the person moving into the home. A person's relative confirmed they had participated in the initial assessment and during later reviews of a person's needs. Assessment information was also provided by local authorities and hospitals which helped the service make a decision as to whether the person's needs could be met by the service. People's initial assessments formed the basis of people's care plans and included information about a range of each person's needs including; dependency, medical history, health, social, care, mobility, medical, religious and communication needs.

People's care plans were reviewed regularly and identified the support people needed with their care and other aspects of their lives. They included information about people's choices and preferences. A person's particular personal care needs included detail about how the person liked their hair done and that they liked to wear make-up and perfume. Staff told us they had read people's care plans which helped them gain a good understanding of people's range of needs. Although one person whose behaviour at times challenged the service had some information in their care records about their behaviour [crying and shouting] there was no specific care plan regarding this specific need. However, we saw staff engaged with the person in a positive manner when they showed signs of agitation.

Care records were completed during each shift and included details about the activities people took part in and any changes in people's health and care needs so staff had up to date information about people's current needs. However these records were written in the third person and showed no indication that the person had been involved in their care or asked for feedback about their day. For example one person's records on the 1/2/17 was[Person] refusing to eat, family informed, sacral dressing changed, nursed on alternate sides and 3/2/17 [Person] was taken to the lounge for lunch, eaten breakfast and lunch. Management staff told us the format of people's care plans and other care records were in the process of being changed to be more person-centred and more accessible to staff and people.

A profile about the person was included in their care plan. Management told us they were in the process of completing with people and their relatives, specific 'This is me' forms for each person about their background and life to help staff to get to know people better. We saw forms for some people had been completed. Some people's care plans included significant person-centred information about their individual needs and preferences. Such as with regard to person's communication needs the care plan included "Speak to [Person] slowly give them time to digest what is being said. Care staff to face [Person] directly on same level making sure there is good light. Call her name before beginning a sentence then speak slowly and clearly without shouting. Be patient give her time to respond.'

Staff told us they would report any changes in people's needs to the nurses and/or management staff. Nurses told us they always informed a GP when people's health needs changed. Records showed that people had seen a doctor when they had shown signs of being unwell or needed review of a medical need. During the inspection a GP visited the service and saw several people.

People's needs were discussed during staff handover meetings and during staff meetings. We listened to a morning handover meeting from the night nurse to the day staff. We heard the nurse comprehensively describe each person's needs and whether they had slept well. Staff told us about the importance of these meetings to ensure staff were fully updated about people's needs and progress.

The service employs an activities co-ordinator that works during week days and another that supports people with activities during weekends. People engaged in a range of activities that met their preferences and interests and minimised the risk of social isolation. People told us "I go out sometimes and I go in the garden," "I like games in the lounge and quizzes" "We do good activities," and "I like being in the lounge and playing games, colouring. We do flower arranging and bake cakes."

An activity timetable was displayed. It included a range of activities including, art, word puzzles, beauty care, ball games, singing and flower arranging. During our inspection we saw that people had the opportunity to participate in group activities such as singing, a hoop throwing game, and one to one activities. It was clear the activities co-ordinator was aware of the importance of her role and understood each person's particular needs and preferences. She told us that she had asked people what they want to do when developing the activities programme.

The activities co-ordinator told us they visited each person during each shift and spent one-to one time with people who spent most of their time in their bedrooms. She told us she read to them from books and newspapers, listened to music with them or engaged with them doing word searches or other puzzles to minimise the risk of social isolation. The activities co-ordinator told us they also spent time speaking with people about their families and their past and that "Sometimes they just ask me to sit and hold their hand." Care workers as well as the activity co-ordinator were involved in supporting people with activities. We saw a care worker sit next to a person and discussed a daily newspaper with them. The care worker showed the person pictures from the newspaper, listened to them and answered the person's questions. Another care worker looked at photographs with a person and engaged in relaxed and friendly conversation.

A barbeque and some outings including shopping trips and attending a local church event had taken place in 2016. One person using the service told us they thought there could be more community activities and a few more trips. Recent photographs displayed in the home showed people enjoying participating in a range of activities including enjoyment of a festive meal. A relative told us they thought there were "quite a lot" of activities.

The service had a complaints policy and procedure for responding to and managing complaints. A suggestion box was accessible to people as a way to provide feedback about the service. People's relatives informed us they knew how to make a complaint and would report any complaints they had to management. Relatives told us "I have no complaints" and "I would tell staff if I had a complaint." However a person's relative told us "I go to the managers and they listen and then they don't do much else. You can chat with them on the phone too but not much happens. I am always chasing them." Another person's relative informed us they had a few issues about the service they would be raising with management staff.

Staff told us they would ensure that they would report any complaint to the nurse in charge and/or management staff. Records showed the complaints procedure had been followed. Complaints had been recorded, investigated and addressed appropriately. The service learnt from complaints and care and support was reviewed and developed in response to them. People told us that if they had a complaint "I would tell the staff and manager. They will listen and they sort things out for me" and "They [management] always listen and they sort things out quickly."

People were provided with written information about the care home and the care and other services provided. Brochures about the service were located close to the entrance of the home. These include information about the activities, privacy, care, meals, complaints and visiting arrangements.

People and their relatives had the opportunity to participate in meetings where they were provided with

information including changes to do with the service and could talk about things that were important to them such as the quality of the food, activities, hospital appointments, laundry service and arrangements for chiropody and hairdressing services. These meetings were well attended and minuted. Records showed action had been taken to address issues raised. People using the service told us "They have resident chats and tell us things so it is like a meeting because they listen to what we think" and "We are asked what we think in chats in the lounge or in our rooms and changes we would like."

The clinical lead told us feedback surveys were in the process of being provided to people. Minutes of a recent relatives/resident's meeting showed that the registered manager had encouraged people to complete feedback forms.

Requires Improvement

Is the service well-led?

Our findings

People told us they were satisfied with the service. They told us they knew who the management staff were and found them approachable. People told us "They [management] are nice ladies. "She [registered manager] is very nice you can have a chat" "Everything is good," "I like it here," and "They are ok. I can have a chat. She [management staff member] comes in and asks me if I am happy and feeling well."

A person's relative told us that the deputy manager had been very supportive. Relatives told us "You can chat with the managers anytime and they listen. They make time" and "They [management] do ask me how I would like things to happen."

The service has an open door policy. During our visit people's relatives frequently approached management and other staff to discuss people using the service. We saw the management staff engage in a positive manner with a range of visitors to the home as well as with staff.

The management structure in the home provided clear lines of responsibility and accountability. Since the previous inspection there have been changes in the management of the service. The registered manager and has been managing and running the service with support from the consultant operations manager, nurses and administrator since early 2016. A deputy manager had recently been employed to support nurses to carry out their clinical duties to a high standard and to also assist the registered manager in the running of the service.

There were clear lines of communication within the organisation and specific areas of responsibility within the staff team. Staff told us they had the opportunity to participate in staff meetings and felt able to raise issues to do with the service. They told us they felt they were listened to. We saw minutes from recent staff meetings that showed infection control, team work, complaints, management arrangements, confidentiality and staff recruitment were some of the topics that had been discussed.

Records showed the home worked with partners such as health and social care professionals to provide people with the service they required. Records including notifications received by us demonstrated the registered manager kept the local authority commissioning and the safeguarding teams informed of any incidents, accidents, complaints and other significant issues to do with the service. Records showed that safeguarding alerts, accidents and incidents were fully investigated and documented in line with the organisations policies and procedures. Our records told us that appropriate notifications were made to the Care Quality Commission as legally required in a timely way.

Policies and procedures were accessible to staff, and regularly reviewed to make sure that they were up to date and met legal requirements.

Monitoring checks were carried out by management and other staff in a range of areas of the service. These included checks of people's care records, people's air mattresses, fluid and nutrition monitoring records, medicines, food temperatures, infection control, kitchen cleanliness medicines, call bells, wheelchairs and

temperature checks of fridges and freezers. Records showed action had been taken to make improvements to the service when needed. However, during the inspection improvements were found to be needed in ensuring fluid and repositioning monitoring records were accurate and effective. This indicated there was a lack of robustness in some auditing systems.

A quarterly audit completed in September 2016 of menus, bedrooms, privacy, health and safety and other areas of the service showed an action plan with timescales was in place to address deficiencies and make improvements to the service.

The consultant operations manager had recently carried out a number of quality checks of the service and a 'master action plan' was in place which showed improvements were being made in a number of areas of the service.

These audits, feedback from a range of staff meetings and other meetings showed the service had systems in place to monitor, develop and improve the service for people.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure that accurate, complete and contemporaneous records were maintained when monitoring people's repositioning and fluid intake. This did not indicate people were always receiving proper care and treatment. Regulation 17 (2) (c).