

GCH (Acton) Limited

Acton Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 19 June 2018 and was unannounced.

The last comprehensive inspection of the service took place on 9 December 2016. The service was rated requires improvement in all key questions and overall. We undertook a focussed inspection of the key question, 'Is the service safe?' on 1 July 2017. This key question and the overall rating remained requires improvement.

Following the last comprehensive inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all of the key questions to at least 'good'.

At this inspection of 19 June 2018, we found that the service remains requires improvement. Whilst we found improvements had taken place in some areas, people remained at risk of unsafe care and treatment and the provider had not done enough to mitigate these risks. The rating of the key questions, 'Is the service safe?' and 'Is the service Well-led', as well as the overall rating for this service, remains requires improvement.

Acton Care Centre 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. Nursing care is provided at this care home. The service is registered to accommodate up to 125 older people and younger adults (people under 65 years old). At the time of our inspection 121 people were living there. The home is divided into five units. Two of the units, Donald Sword and Garden unit, were dedicated for people living with the experience of dementia. The other three units, Oak, Park and Westerly, provided care for people with complex healthcare needs, which included some people receiving care at the end of their lives.

The service is managed by GCH (Acton) Limited, part of the Gold Care Homes Group, a privately owned company running 21 care homes in and around London.

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

The risks to people's safety and wellbeing had not always been assessed, monitored or mitigated. In particular, cleaning products had not been safely stored, good infection control practices were not always followed and medicines were not always managed safely.

The provider had systems for monitoring the quality of the service. However, these were not always effective at identifying risks to the health and wellbeing of service users.

We found two breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and good governance.

We are taking action against the provider for failing to meet Regulations. Full information about CQC's regulatory responses to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

People using the service were happy with the care and support they received. They had been involved with planning their care and felt they were given choices. People liked the staff who supported them and said that they were kind, caring and compassionate. People's needs had been assessed and recorded in care plans. These were regularly reviewed and updated in partnership with the person, their representatives and other relevant professionals.

The staff were happy working at the service. They felt well supported and had the training they needed to understand and carry out their roles. There were systems for the staff to communicate with each other and work together to provide effective care.

There were procedures for safeguarding people from abuse and the provider worked with other organisations to investigate and respond to allegations of abuse. People were able to make complaints and felt that these were listened to and acted upon. The provider had systems for learning from mistakes and responded appropriately to incidents and accidents.

There were a range of social and leisure activities offered to people. These reflected people's interests, religion and culture.

The environment and equipment were generally clean and appropriately maintained. The provider had plans to improve the design of the environment to replace damaged and worn furnishings and to reflect best practice guidance for dementia friendly environments.

The registered manager was supported by a team of senior staff and the provider's representatives. Together they undertook regular audits and consulted with people using the service and other stakeholders to ask for their views on the service. The provider responded effectively when other agencies, such as the fire brigade, clinical commissioning groups and Healthwatch identified areas for improvement. Following our inspection visit, the regional director contacted us to explain the action they had taken to make changes in the areas we had identified as requiring improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

Some aspects of the service were not safe.

The risks to people's safety and wellbeing were not always mitigated. In particular, chemical cleaning products were not stored securely, procedures for infection control were not always being followed and medicines management was not always safe.

There were enough suitable staff employed to keep people safe.

There were procedures designed to protect people from abuse.

Lessons were learnt when things went wrong.

Is the service effective?

Good 

The service was effective.

People's needs and choices were assessed and care, treatment and support was delivered in line with current legislation, standards and evidence-based guidance.

People were supported by staff who were appropriately trained and had the knowledge to provide effective care.

People had consented to their care and treatment and the provider had followed the principles of the Mental Capacity Act 2005.

People were supported to have access to healthcare services.

People were supported to eat and drink enough to maintain a balanced diet.

Is the service caring?

Good 

The service was caring.

People were treated with kindness, respect and compassion.

People were able to express their views and make choices about

their care.

People's privacy, dignity and independence were respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened to and used to improve the quality of care.

People being supported at the end of their life were given comfortable and dignified care.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

The provider's systems for identifying and mitigating risk had not always been effective.

There was a positive and open culture at the home.

The provider had effective systems for improving the quality of the service and involving people who lived there, visitors and staff.

The provider worked in partnership with other organisations to make improvements at the service.

Acton Care Centre

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 19 June 2018 and was unannounced.

The inspection visit was conducted by two inspectors, a member of the medicines inspection team, a nurse specialist advisor and two experts-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 visit we looked at all the information we held about the service. This included looking at the last inspection report and the provider's response to this. We had also received information about the service since the last inspection, which included complaints and comments from members of the public, safeguarding alerts and notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We spoke with members of the local authority safeguarding and commissioning teams who were working closely with the provider. Following a recent safeguarding alert, the provider had shared information about the service with the local authority and CQC. We reviewed this to help us understand about how the service was operating. We had received information from the London Fire Brigade following their inspection of the service. As part of our review of evidence we looked at public information about the service, which included food standards agency rating and care home review websites.

The provider completed a Provider Information Return (PIR) in March 2018. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with 21 people who lived at the service, nine visiting relatives and friends and one visiting healthcare professional. We spoke with staff on duty who included nurses, care assistants, activity coordinators, catering and domestic staff. The registered manager was on leave at the

time of our inspection. The management of the home was being overseen by the provider's quality project manager working alongside a quality manager, patient affairs manager and the regional director. All of these senior managers were present for the inspection and we gave feedback regarding our findings to them at the end of the visit.

We observed how people were being cared for and supported. Our observations included using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us.

We looked at records used by the provider in running the service. These included, the complete care plans for six people and part of the care plans for a further 14 people, records of staff recruitment, training and support, audits, quality checks and meeting minutes. The member of the CQC medicines team inspected how medicines were being managed, which included the storage, recording and administration of medicines. We inspected parts of the environment and the provider's checks in infection control and health and safety.

Following the inspection visit, the regional director sent us information about the action they had taken in response to our inspection findings.

Is the service safe?

Our findings

At the inspection of 9 December 2016, we found chemicals used for cleaning were not stored securely and there was a risk of harm to people. There was also a risk of cross contamination as equipment and continence supplies were stored in people's bathrooms.

At this inspection of 19 June 2018, we found that some chemicals were still not stored securely and this presented a risk to people using the service. For example, at 10.10am we found a cabinet in the dining room of Oak unit had been left unlocked. The cabinet contained bottles of machine rinse aid, glass cleaner, toilet cleaner, bleach and bathroom cleaner along with a box of dishwasher powder. At 11.30am we found an unlocked cupboard in the kitchen area of Park unit which contained a multi-surface cleaner. At 11.45am, we found a cabinet in the dining room of Donald Sword unit was unlocked. This cabinet contained, dishwasher powder, rinse aid, washing up liquid and an antibacterial cleaner. The lock to secure this cabinet was broken. We discussed this with a member of staff who explained that they did not know how to secure the cabinet.

Furthermore, we found that procedures for minimising the risk of cross contamination and infection were not always being followed. We were told by the staff in charge of Westerly Unit that there had been an outbreak of diarrhoea in the unit over the past 48 hours. Four people living on this unit had shown symptoms of this infection. The nurse reported that all four people had been clear of the infection since the previous day. However, the precautions to ensure the spread of infection was minimised were no longer being followed and therefore people remained at risk of further infection outbreak. There was no signage on entry to the unit to inform visitors, staff and others of the infection control risk. Bedroom doors for the affected people remained held open. The nurse in charge of the unit was able to describe some of the precautions taken but these included sanitising hand gel available in all affected bedrooms. We found this was not the case as one of the bedrooms did not contain any hand gel. Nor was any gel available in the unit's utility room.

We identified risks to the safety and wellbeing of some people which had not been mitigated. For example, we found that the practice of using bed rails for a person had not been fully assessed to take account of their attempts to climb over the rails. The door to this person's room was open and we saw that they were in bed, with bedrails in place and restricting them. The person had one leg over the rail and their arms were between the gaps of the bedrails. The staff working with this person told us that they were at risk of falling, but also attempted to climb over the rails to get out of bed. There was a sensor mat placed on the floor designed to alert the staff if the person fell or left the bed. However, the plug for this had been pulled out of the wall and was left in the person's bed. Therefore, the mat was not working and the person was at risk of hurting themselves on the plug. We saw the person moving uncontrollably placing them at further risk of injury from both the bedrails and the electrical plug. We discussed this further with the nurse in charge of the unit. They explained that the person only demonstrated this type of reaction when their continence pad needed to be changed. We asked the nurse about why the person had not received support in this area and were told that the staff were busy because it was lunch time.

In another example, we saw that the risk assessments for one person stated that they must be repositioned every two hours to minimise the risk of developing pressure ulcers. However, the records of the person's care included three consecutive days where the person had not been repositioned this regularly, including a gap of six hours on one of the days.

During lunch time service on Park unit, the member of staff serving food wiped the serving spoon with their hand between serving different dishes to people. This was not in line with good practice for serving meals and presented a risk as the spoon had not been cleaned sufficiently.

Medicines were not always safely managed. There were separate medicines administration charts for people who had patch medicines prescribed to them (such as pain relief patches), warfarin (a medicine to thin the blood) and also topical medicines. These were filled out appropriately by staff except for topical medicines, where we saw that some staff had not signed to say they had administered these medicines.

Some people had been prescribed PRN (as required) medicines. PRN protocols were either not in place, had not been updated or had not been reviewed recently. For example, we found that one person was taking paracetamol regularly at night, but their PRN protocol stated that paracetamol could be given when required at night. Also, we found that two people were taking medicines for which there were no PRN protocols present. Finally, we found nine PRN protocols which had not been reviewed within the last 12 months. This meant that there were some discrepancies between what medicines people were taking compared to the PRN protocols in place, which could lead to unsafe usage for these types of medicines.

Medicines were mostly stored securely in locked medicines cupboards or trolleys within the treatment areas, and immobilised when not in use. We saw that on two units, people's nutritional drinks were stored inappropriately in their rooms out in the open, by the door. We asked if a risk assessment had been completed or room temperature monitoring carried out to ensure the safety and efficacy of these medicines. The regional director told us they were in the process of completing these assessments.

The above evidence shows a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection visit, the regional director contacted us to explain that the lock for the cabinet storing chemicals on Donald Sword unit had been replaced. Additional checks were taking place to make sure that chemicals and cleaning products were locked securely at all times. They also explained that they had arranged additional infection control training for all the staff to improve their understanding and practice. They had met with the staff to discuss the findings of the inspection visit. Booklets and written information about infection control had been given to the individual staff involved in specific incidents, as well as meeting with them for formal supervisions.

The regional director told us that, whilst signs had not been situated regarding the outbreak of diarrhoea, they had communicated information about the outbreak to all relatives and the GP for the people living on that unit. They had taken appropriate steps to have samples tested and we saw evidence of this during our visit.

With the exception of bedrooms where medicines were stored, temperatures of medicines storage areas were regularly tested. The current (medicines storage) fridge temperatures were taken each day (including minimum and maximum temperatures). During the inspection (and observing past records), the fridge temperatures were found to be in the appropriate range of 2-8°C for most units. Medicines room temperatures were also recorded on a daily basis. This assured us that medicines were stored at

appropriate temperatures. However, we found that on one unit, the minimum temperature recorded did not reflect the actual temperature measured on the day, and therefore was not an accurate record which could be relied on. The temperature indicated that medicines had been stored below the approved range and therefore were no longer viable. This was found to be an error with resetting the thermometer rather than the actual temperature.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. Following our inspection visit, the regional director told us that all PRN protocols had been reviewed and updated.

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. Controlled drugs were appropriately stored in accordance with legal requirements, with twice daily audits of quantities done by two members of staff.

People were receiving medicines as prescribed. We looked at 25 Medicines Administration Records (MAR) charts and found no gaps in the recording of medicines administered, which provided assurance that people were receiving their medicines safely, consistently and as prescribed. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this (in line with national guidance), along with patient allergies to medicines that were recorded appropriately. Running balances were kept for medicines which had a variable dose (for example one or two tablets) and there was a record of the exact amount given.

Medicines were administered by nurses that had been trained in medicines administration. We witnessed administration of medicines and saw that this was completed in an appropriate and caring way.

The provider followed some current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of a recent audit carried out by the provider including safe storage of medicines, fridge temperatures and controlled drugs. A recent improvement made by the provider included ensuring that records of allergies were up to date and had been reviewed.

At the inspection of 9 December 2016, we also found risk assessments did not provide up to date information in relation to individual risks when receiving care.

At this inspection of 19 June 2018, we found improvements had been made. The staff had created risk assessments covering people's mental and physical health, their skin integrity, assisted moving, equipment being used and nutritional risks. The assessments were regularly reviewed and contained plans to help minimise the risks.

The environment was safely maintained and the provider carried out regular audits to ensure this and also to check on equipment being used. There was evidence of servicing and checks from external companies and, where hazards had been identified, action had been taken to put things right.

In April 2018 the London Fire Brigade made recommendations for improvements in fire safety following their visit to the service. The regional director explained the action which they had already taken and plans for further improvements. The London Fire Brigade had stated the improvements must be made by 23 July 2018 and the regional director confirmed they would be. During our inspection, we found that permanent staff had a good understanding of fire safety procedures. However, some of the temporary staff were unsure of how to respond in different emergency situations. We discussed this with the regional director. They told

us that they always discussed this with new and temporary staff during the initial induction. Following our visit, the provider discussed the fire safety procedures and induction again with all temporary staff and also spoke with the employment agency so they could consider offering additional fire safety training for these staff.

A small number of people told us that they were concerned that other people came into their bedrooms when they did not want them to. They told us that they had discussed this with the staff and that they preferred to keep their bedroom doors open. Other people using the service and their relatives told us they felt safe there. One person said, "I think the security is quite good really." Another person told us, "I think they are responsive when it comes to safety, if they notice a problem, or we tell them, it is sorted straight away."

The provider had procedures designed to safeguard people from abuse. There was information about recognising and reporting abuse on display for people using the service, visitors and staff. The staff received training in this as part of their induction and regular updates. They also discussed safeguarding as part of team and individual meetings with their manager. The staff we spoke with were able to tell us how they would respond and demonstrated they understood how to report abuse. The provider had worked alongside the local safeguarding authority, and other agencies, to investigate allegations of abuse, to protect people and to make changes to minimise the risk of further abuse.

There were sufficient staff to meet people's needs and keep them safe. One person commented that they felt there were not enough staff around, but other people told us that they felt there were enough staff. People told us they did not have to wait for care. Throughout our visit we saw that call bells were answered promptly.

The provider's procedures for recruitment of staff made sure that checks on their suitability took place before they started work at the service. These included a full employment history, references from previous employers, checks on their eligibility to work in the United Kingdom, checks on their identity, a formal interview and checks with the Disclosure and Barring Service regarding any criminal records.

The environment was clean and there were schedules to ensure that all areas received a thorough clean. We noted that some of the equipment, such as hoists needed additional cleaning around the bases. There were effective systems for managing laundry and clinical waste. The staff wore protective clothing such as gloves and aprons and disposed of these after single use. The provider undertook audits of infection control. Therefore, people were being protected by these procedures and systems when they were being followed.

There were systems to learn from when things went wrong. The staff recorded all accidents, incidents and complaints. The registered manager and provider's representatives analysed these to make sure appropriate action had been taken and to identify any trends. Information about these was shared with multidisciplinary management teams to discuss how practice could be improved. We saw evidence of action plans following specific incidents.

Is the service effective?

Our findings

At the inspection of 9 December 2016, we found the provider had a policy in relation to the Mental Capacity Act 2005 (MCA) but was not always working within the principles of the Act.

At this inspection of 19 June 2018, we found improvements had been made. We looked at mental capacity assessments and information about consent for 20 of the people who lived at the service and found that records were complete and demonstrated that the provider was acting in accordance with the Act.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The staff had undertaken assessments of people's mental capacity. These were clearly recorded and showed whether people were able to understand and make different decisions about their care. There were plans developed from these assessments which included guidance about how the staff could support people to understand information to help them with decision making. People who had mental capacity had been involved in planning their care. There was evidence they had consented to this. For people who lacked mental capacity, the provider had made decisions in their best interests, involving their representatives. This was recorded. Information about people who had legal authority to make decisions on behalf of a person was available within care plans. The provider had applied for DoLS when needed and kept these under review so that they were aware when the authorisations expired or needed renewal.

We looked at the care records for three people who were administered their medicines covertly (without their knowledge). We found that there had been a best interests meeting and the appropriate authorisation to enable them to have their medicines administered covertly was in place. This assured us that people in this location were administered medicines covertly in an appropriate manner in accordance with legislation and recommended guidance.

At the inspection of 9 December 2016, we found the staff had not completed all the training identified as mandatory by the new provider.

At this inspection of 19 June 2018, we found improvements had been made. New members of staff undertook training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. They were given regular training updates and the provider had systems to ensure these were taking place and all staff training was up to date. The staff we spoke with discussed the training they had undertaken and how this was helpful for them.

The staff received support from the managers at the service and had opportunities to take part in team and individual meetings. They regularly met with their line manager to discuss and appraise their work, and had the opportunity to undertake vocational qualifications or follow other career opportunities. The staff told us they felt supported. They said that they were able to speak with the registered manager and other managers if they needed additional support.

The staff were able to demonstrate a good knowledge of the people who they were caring for and their roles and responsibilities. They told us about people's individual needs and also knew about different healthcare conditions and the type of support people required regarding these. The staff explained that they had written information and took part in daily handovers where they discussed the service and changes in people's needs. We saw that each day, the handover included written information about people's medical conditions, mobility, continence needs, nutrition, hydration and skin integrity. The information was updated by the nurse in charge of each unit.

The provider undertook assessments of people's needs and choices before they moved to the service. The assessment process included meeting with the person and their representatives so that they could discuss how they wished to be cared for. Assessments incorporated a range of information about personal care needs, healthcare needs and people's social history, culture, religion and background. The information was used to develop care plans. People's needs were reassessed following changes in these needs or if they had been admitted to hospital for a period of time.

The design and decoration of the premises met people's needs. However, improvements to the environment were needed in order to follow best practice guidance on dementia friendly environments. The regional director explained that the provider had employed a dementia environment specialist and they were in the process of assessing how improvements could be made. They had completed an initial assessment and had started to put together a proposal for the changes which were needed.

Some furnishings, in particular carpets, needed replacing as they were stained and worn. This work had started, and we saw that new flooring had been provided in some units. The regional director explained that the other flooring would be installed shortly after the inspection, and the type of flooring had been chosen by the people who lived at the service.

Some areas of the building were well designed with suitable décor and information for people living there and visitors, such as leaflets, menus and information about activities. There were also photograph boards showing various activities and events which had taken place at the service. Although, some lounges were designed and furnished in a functional, rather than a warm and inviting, way. Corridors and communal rooms were wide enough for people in wheelchairs to access. Bathrooms and toilets had been equipped with handrails and specialist baths for people with restricted mobility. The staff kept the building well ventilated during the inspection, which took place on a hot day. People had personalised their own rooms and had access to the equipment they needed, such as specialist beds and hoists. However, some communal rooms were used for storing hoists and slings, making these rooms less accessible for leisure and social activities.

People were supported to access healthcare services and their healthcare needs were being met. There was evidence of effective work with multidisciplinary teams to make sure people had the services they required. People using the service and their relatives told us they were able to see their GP and other healthcare professionals whenever they needed. One relative told us that they regularly had meetings with the GP, care home staff and themselves to discuss their relative's care. We met one visiting healthcare professional who told us that the staff had a good understanding of people's needs and were proactive in seeking advice and

support. They also told us the staff followed their guidance.

The provider employed nurses to work in each unit and to carry out assessment and monitoring of healthcare needs. We saw comprehensive assessments for each individual and additional care plans and information for specific healthcare conditions. There was evidence that the staff checked and responded to changes in people's health. When referrals had been made for additional support, these were appropriate and made in a timely way. The staff at the service followed these up to make sure people had access to services when needed.

The GPs regularly visited the service and there was good communication between them and the staff. The nurses could describe the clinical training they had undertaken and we saw they had the skills to meet the needs of people living at the service. Daily care notes included observations about people's health.

People were supported to have the food and drink they needed and wanted. People gave us mixed feedback about the food with comments which included, "It does not always taste very nice", "The food is alright but it's not the best, There's no choice, they just bring it, some of it's cold [when it arrives]", "The food seems ok", "I really like the food and have no complaints", "The food is lovely and there is a good choice, we have plenty to it", "It is tasty", "There is always enough to eat" and "There is a lot of choice and we never go hungry." One relative told us, "The food is great, the chef met with us to discuss [my relative's] Halal diet. They also let us bring in traditional food which the chef heats up for [person]. We feel this is important because it is familiar and something from home."

People's dietary needs were assessed when they moved to the home and regularly after that. Where people were considered at nutritional risk the staff had made referrals for specialist healthcare support and advice. Care plans included information about how to support people and meet their nutritional and hydration risk. The staff kept records of people's food and fluid intake. Action was taken when people lost weight. The registered manager and provider were given information about any changes in people's weight and the action taken by the nursing staff in response to this.

During our inspection, we saw that people were offered regular drinks and had enough to drink. We found one person had been left with a jug of water which they could not reach and we informed the staff about this. This had been the subject of recent concerns identified by visiting commissioners who found that sometimes people did not have access to drinks. The provider had taken action to reduce the risk of this, and we found that other people did have access to drinks at all times. However, we noted that records of fluid intake were not always completed at the time and staff sometimes recorded this information later in the day. This meant that they may not be recording an accurate record of actual fluid intake. The records did not always include a target fluid amount or totals of fluid intake. Therefore, it was more difficult for the staff to see whether people had taken enough fluid to meet their needs.

Some people received nutrition and hydration through a Percutaneous endoscopic gastrostomy (PEG) feeding system. These were effectively managed and the staff supporting people had been trained appropriately. They kept records which showed that people had received the right care and support with these systems.

People had a choice at each mealtime. The choices were recorded on menus and people confirmed they were able to ask for different food if they wanted. We observed lunch being served in four of the five units. People were offered choices and were provided with the support they needed. Staff checked portion sizes and the temperature of food. People were able to take their time and were offered desserts only when they had finished their main courses. A choice of drinks were available. People who ate in their bedrooms were

given appropriate service and support, where needed.

Is the service caring?

Our findings

At the inspection of 9 December 2016, we found that, in general people were cared for by caring and kind staff but there were times when care workers and nurses did not meet people's needs.

At the inspection of 19 June 2018, we found that improvements had been made. Feedback about the staff was largely positive. A small number of people told us that temporary staff were not always kind or respectful. We discussed this with the provider's representatives. Following our visit, they told us they had requested training around dignity for all temporary staff. They explained that they would not allow staff known to have been disrespectful to return to the service.

People told us that they had good relationships with the familiar staff and that they were kind, caring and compassionate. Some of their comments included, "There is lots of respect from the carers", "They're very nice people and the day staff are fantastic", "The nurses are very caring", "They're looking after me very well", "The ladies (care workers) here are very nice. They are like friends to me", "The nurses are wonderful. It's very good care and it's very clean", "Some nurses are really caring and warm and go that extra mile... I don't have a negative comment to make" and "They look after you well, the carers are very good."

People told us their privacy was respected. They said that staff addressed them by their preferred names and knocked on bedroom doors. We saw this to be the case. The staff spoke with people in a respectful way.

People could make choices about how they spent their time. They said they were offered baths and showers as often as they wanted, that they were able to get up and go to bed when they wanted and they could choose which rooms they wanted to spend time in.

People told us that they were supported to maintain their independence. For example, one person explained that they were encouraged to do things for themselves such as getting washed and dressed. We met one person who was gardening, they told us they were encouraged to take on this role and could make choices about the flower beds they cared for. We saw people had access to equipment, such as specialist crockery, which helped them to maintain their independence.

People explained that their religious needs were respected and met. A number of different religious communities visited the service to provide opportunities to worship. People's cultural needs were recorded in care plans and one of the activities coordinators told us they had undertaken some work to survey people about their experiences with meeting religious and cultural needs and had developed a plan to provide more diversity. People using the service and the staff team spoke a wide range of different languages. We overheard staff speaking with people in the person's first language and using culturally respectful terms. The staff told us that for all but one person living at the service, at least one member of staff spoke their first language. They showed us how they supported people with communication when they could not speak the same language. Along with families, they had created pictorial and simple word communication tools which they used to enable people to make choices.

People told us they were involved in planning their care. They said that they had been consulted about this and were able to say when they wanted something changed. They felt the staff listened to them and acted on what they said. The relatives of people also felt involved. They said that they were told promptly about any changes in their relative's conditions or needs. They met with the staff alongside their relative to plan and review care.

Is the service responsive?

Our findings

At the inspection of 9 December 2016, we found activities were organised at the home but some of these were not always meaningful for people and when the activities coordinator was busy there were limited activities organised by staff on units.

At the inspection of 19 June 2018, we found improvements had been made. The provider had recruited additional staff to provide activities meaning that these could be provided throughout the week and weekends. One of the activities coordinators told us that they often worked during the evening as well. The activities coordinators were assigned to different units. They explained that they met with each person and their representatives to find out about their interests and hobbies. Using this information, they developed plans for group and individual social activities.

Planned activities and special events were advertised on notice boards and information shared with people using the service through leaflets and individual discussions. One visitor told us about some of the work undertaken by the activities coordinators. They said, "The activities staff support people with oral histories, discussing past events and what is important to them, this has really helped the staff to get to know [my relative] and also helped [my relative] to remember things. It is amazing, we have learnt things we did not even know about [their] past. The staff are really good at that." We discussed this further with one of the activities coordinators who showed us life histories they had developed with people. They had identified information about the person's life and important events and presented these in an attractive way. They told us the staff used these to help initiate discussions with people.

There was a range of different planned group activities and events, which included visiting schools, choirs, entertainers and therapy animals. There were also themed activities designed to help inform people as well as entertain them. For example, the activities coordinators had run special events for diabetes awareness week and the care homes open days. The activities coordinators had started to undertake an audit regarding how they met people's religious and cultural needs. They aimed to provide more opportunities to meet these needs. For example, during the Notting Hill Carnival they had invited a gospel choir to the home and made West Indian food. There were opportunities for people to take trips outside the home to local shopping centres and for meals.

At the inspection of 9 December 2016, we found the care plans and records of daily care were task focused.

At the inspection of 19 June 2018, we found improvements had been made. Each person had a care plan which outlined their needs. In addition, the care plans included information about people's preferences and how they wished to be cared for. There was evidence that people had been involved in planning their care. Daily care records still had a large emphasis on tasks which had been completed rather than how people felt, but there was evidence that their choices and preferences had been respected. The staff demonstrated a good knowledge of the people who they were caring for and were able to tell us about individual needs and also how the person liked to be cared for. Care plans were regularly reviewed and updated following changes in people's needs.

People's concerns and complaints were listened to and responded to by the provider. Information about how to make a complaint was displayed around the service and people were given a copy of the complaints procedure. People who had raised a concern told us they felt this had been responded to and things had been put right. The provider kept a record of complaints. There was evidence that these had been fully investigated and that changes had been made as a result of these to improve practice at the service.

People being supported at the end of their lives had the care and treatment they needed. The staff worked closely with the community palliative care teams to make sure people had the right pain relief and treatment plans. The staff were appropriately trained in administering medicines for people at the end of their lives and in recognising and responding to changes. The staff told us they worked closely with families, offering them support.

Families were able to stay with their loved ones in the last few days and hours, if this is what they wanted. One family told us, "[Our relative] will end [their] life here and we have been prepared. The arrangements are in place and the staff are very supportive." Another relative explained, "The staff have liaised with the family about everything [person] needs." A review on an independent care home website included the comment, "Thank you for looking after [person] until [their] last day. [Person] was looked after so well here. The family were always so welcome when we came to visit." End of life care plans included information about people's wishes and things which were important to them.

Is the service well-led?

Our findings

At the inspection of 9 December 2016, we found the provider had a range of audits in place but some of these had not identified aspects of the service requiring improvement and action had not always been taken to address issues.

At the inspection of 19 June 2018, we found that there had been improvements. However, the provider had failed to identify, monitor or mitigate some risks to people's health and wellbeing. In particular, cleaning products had not always been stored securely. This had been identified as a concern at the previous inspection, and, despite assurances by the provider that they undertook regular checks to make sure chemicals were safely stored, we found that this was not the case.

We identified other risks which had not been mitigated and therefore the provider's systems were not effective enough.

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

People using the service and their representatives told us that they were happy with the service. One relative commented, "I am very happy, [my relative] is comfortable and it is clean here. They are very good staff and good managers." Reviews on an independent care home website were mostly positive with 10 of the 11 reviews left on 2018 stating they were happy or very happy with the service. Some of their comments included, "The caring and empathetic attitude of staff at the care centre is a reason that Acton Care is so loved by its residents", "Acton Care Centre does exactly what it says, it cares. My [relative] could not have been looked after better. The staff were always kind, attentive and friendly. The rooms are clean and comfortable and reception is always welcoming", "I am very happy with the care my [relative] is receiving at Acton Court. The care home manager is very supportive and understanding", "I found the staff to be professional but above that, they were courteous, warm-hearted and dedicated to their work" and "The care offered there is exceptional but perhaps the most impressive aspect of it was the loving, skilled and cheerful attention which was given to all residents without exception, and it never seemed to waver."

The staff we spoke with were also positive about the service. They commented that they enjoyed working there, felt well supported and there was good team work.

The provider had systems for gathering feedback from people using the service and other stakeholders. These included regular meetings and quality satisfaction surveys. In April and March 2018 the provider had received 21 satisfaction surveys from people using the service and others. These were mostly positive and included the comments, "I feel the service provided is great", "Very friendly staff" and "Good communication." Although some people raised concerns such as staffing levels. The provider had analysed the responses and used the information to help them plan the improvements they were going to make. They discussed the survey responses and changes people would like to the service at meetings with the people who lived there and relatives.

The local Healthwatch (an independent organisation who monitor care services) visited the service in March 2018 and wrote a report of their findings. They made some recommendations for improvements, which included providing people with more information when they first moved to the home and involving people more in feedback about how the service developed. The provider had responded to this by making the improvements which had been suggested. Healthwatch also reported on the good interactions between the staff, people living at the service and managers, strong relationships, good training for staff and choices of quality food.

The provider ensured that staff were aware of the vision and values of the organisation. They included information for the staff during their induction and then again during team and individual meetings. The staff we spoke with shared the visions, telling us that they wanted to bring people who lived at the service "happiness and fulfilment."

The staff carried out a range of audits which included environment, infection control, care plans, health and safety checks, medicines, hospitality and catering audits. These were carried out regularly and areas needing improvement were identified. We saw that the provider had an action plan to ensure that improvements were made.

The registered manager carried out regular checks on all aspects of the service and shared these with the provider. They had a clear overview of all hospital admissions, changes in weight, infections, falls, accidents, incidents, complaints, safeguarding alerts and staffing issues. The manager reported how they would address any areas of concern. They worked closely with the local commissioning group, local authorities, healthcare professionals and safeguarding teams. They discussed all aspects of the service and individual people where multidisciplinary input was needed. These meetings were recorded and there were clear actions which the provider had met or was working towards.

The provider had sourced a consultant to carry out regular checks based on the questions asked by the Care Quality Commission during our inspection visits. These checks resulted in a report and actions for the provider. We saw that improvements had been made in areas identified by the consultant.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The registered person did not operate systems or processes effectively to assess, monitor and mitigate the risk relating to the health, safety and welfare of service users.</p> <p>Regulation 17(1) and (2)(b)</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The registered person did not ensure that care and treatment was provided in a safe way to service users because they had not always:</p> <p>Assessed risks to the health and safety of service users</p> <p>Done all that was possible to mitigate these risks</p> <p>Provided proper and safe management of medicines</p> <p>Assessed the risk of, preventing, detecting and controlling the spread of infections.</p> <p>Regulation 12(1) and (2)(a), (b), (g) and (l)</p>

The enforcement action we took:

We have issued a warning notice telling the provider they must make the required improvements by 31 July 2018.