

Sage Care Homes (Jansondean) Limited

Jansondean Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 18 and 19 May 2016 and was unannounced. At the last inspection on 21 and 22 May 2015 we had found two breaches of regulations in respect of the arrangements for consent where people lacked capacity to make certain decisions, and an absence of an effective system to monitor the quality of the service. We carried out a focused inspection on the 29 September 2015 and found improvements have been made to meet the legal requirements. However, the quality monitoring system which had been implemented required some improvement to be effective as it was not always consistently carried out.

Jansondean is currently registered to provide personal and nursing care for up to 28 people who may have dementia. At this inspection there were 26 people using the service. There was a registered manager in post who was appointed in April 2015 and had experience in nursing and as a previously registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection on 18 and 19 May 2016 we found some improvement was needed to the fire risk and detection systems. Work was in progress to address issues that had been identified during a recent London Fire and Emergency Planning Authority inspection at the time of our inspection, but had yet to be completed. We will monitor the progress of the work and report on this at our next inspection.

We found improvements had been made to the quality monitoring system at the home and when issues were identified action was taken to address them. People and their relatives told us they knew the registered manager. They found her to be effective and told us she was visible in the home. At our previous inspections in November 2014 and February 2015 we had identified concerns about the monitoring of people's needs and a lack of staff presence on the top floor of the service. The top floor had been out of use at our last inspection in May 2015. At this inspection we found there was an electronic system to monitor the care of people who were nursed in bed and we saw this was checked effectively. Additionally, we found noticeable improvements in staff communication and team work at the home.

People told us they felt safe and secure at the home. Staff knew how to raise any concerns about the people they cared for. Individualised risks to people were identified, assessed and monitored, and staff had guidance to reduce these risks. The premises and equipment were routinely checked for possible risks. Medicines were managed and administered safely. There was a high level of agency staff use but we found the manager tried to use the same agency and the same staff to ensure consistency wherever possible. The provider and registered manager also told us they had made efforts to recruit more permanent staff. People and their relatives told us they would like more permanent staff but there were enough staff to meet people's needs.

Staff received training so that they could support people effectively. Staff told us they received regular supervision including a lot of informal supervision. The registered manager had identified supervision records were not up to date and had an action plan in place to address this by the end of the month. People told us they had enough to eat and drink and we observed this to be the case.

Staff asked people's consent before they delivered care and there were arrangements to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were referred to health professionals when this was needed and professionals' advice was used to form part of people's care plans.

People told us staff were kind and considerate. People told us they were involved in their care and were treated with respect and dignity. People's care plans reflected their current needs and wishes and were regularly reviewed. They knew how to make a complaint if they needed to and told us they felt sure it would be looked into.

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 ●

The service was not consistently safe.

Some improvement was needed to the fire risk and detection systems; work was underway to address this but it had yet to be completed.

People told us they felt safe. Staff knew how to protect people from abuse or neglect. There were sufficient numbers of staff to meet people's needs.

Other risks to people were assessed and monitored, and guidance was available to staff on how to safely manage these risks. There were arrangements to deal with emergencies. Medicines were safely stored, administered and managed.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to meet people's needs. Staff asked for consent before they provided care. They understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and there were procedures in place to support staff to act in accordance with the legislation.

People told us they had enough to eat and drink and they had a choice of meals.

People had access to health care professionals when needed and the service worked closely with different professionals to ensure people's health needs were met.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about their relationships with staff and told us they felt safe and well supported.

People and their relatives told us they were involved in decisions

about their care.

Staff displayed kindness, consideration, dignity and respect towards people. We saw positive interactions between staff and people using the service, and staff knew people well.

Is the service responsive?

Good ●

The service was responsive.

People had an assessed plan of their care which was regularly reviewed and which recognised their individuality.

People told us they had enough to do and spoke warmly of the activities organiser.

People and their relatives knew how to make a complaint and they were responded to if they raised concerns.

Is the service well-led?

Good ●

The service was well- led.

People, relatives and staff were positive about the manager and deputy.

Regular meetings were held to support the management of the home, and there were systems to monitor risk and review the quality of the service.

People's views were sought about the running of the service through meetings and an annual survey.

Jansondean Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 19 May 2016 and was unannounced. On the first day the inspection team consisted of one inspector, a specialist advisor 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. On the second day, one inspector returned to complete the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service. This included the PIR and notifications received from the provider, a notification is information about important events that the provider is required to send us by law. We also asked the local authority commissioners of the service and the safeguarding team for their views of the home.

During the inspection we spoke with six people who used the service and three relatives. We spoke with two nurses, the registered manager and deputy manager, three care assistants, two agency staff, one member of administrative staff, one member of the domestic staff, the maintenance person, the activities coordinator and the chef. We spoke with the two health professionals visiting the service and contacted three healthcare professionals after the inspection to gather their views. We looked at five care records, five staff recruitment and training records, and records related to the management of the service. These included minutes of meetings, maintenance records and records of audits.

Is the service safe?

Our findings

At the last inspection on 21 and 22 May 2015 we had found some improvement was needed to the recording of fire equipment checks and fire drills. At this inspection we found the provider had introduced a more robust system to effectively record the checks they completed on fire safety equipment, and these were up to date. However, a new fire safety inspection had recently been carried out by the London Emergency Fire Planning Authority and some deficiencies had been found with the fire risk assessment and fire detection system. The registered manager had taken action to address some issues and had drawn up a plan to address other areas, all of which required completion by 06 October 2016. As the work was not yet completed we were not able to judge its effectiveness. We will check on this through our monitoring processes and report on it at the next inspection.

Staff knew what to do in the event of a fire. They were aware of their roles and the action they would take to safely evacuate people. We saw a recent fire drill had been completed in which staff had practised evacuation techniques. Further drills were planned to address some issues that had been identified as a result, and to ensure all staff had practice of how to evacuate people safely in the event of a fire.

Checks were completed to ensure people only received support from staff who were suitable for their roles. Records showed staff members had been appropriately vetted through the use of required checks and references before they started work. However, the provider's application form only requested the previous ten years of employment and not a full employment history as required by law. Records we looked at did contain full employment details in other records such as CV's. However there was a risk that new applicants may not supply all the details required. We discussed this with the provider and they told us the application form would be amended.

Checks were made on agency staff identity and training. We saw agency profiles were provided by the agencies to confirm they had completed adequate recruitment checks, and that the staff had suitable and up to date training to meet people's needs.

People and their relatives told us they felt safe from abuse and discrimination. One person told us, "I feel safe here." A second person said, "I've not had any problems; I would say if I did." One relative said, "I do feel (their family member) is safe here." We also noted a comment from a recent survey that stated, "I feel safe and have nothing to worry about." Staff had received safeguarding training. They knew the possible signs of abuse to look out for and what to do if they had concerns. They were aware of who they could report to under the provider's whistleblowing procedure. One staff member told us, "If I saw anything I was concerned about, I would go straight to the manager and I know for sure it would be looked into straight way."

The registered manager responded appropriately to any safeguarding concerns to protect people from abuse. She worked in cooperation with the local authority, and raised alerts when it was appropriate. She also kept a record to monitor the progress and outcomes of any safeguarding concerns and to aid in any identified learning.

Risks to people were identified, assessed and monitored, and action was taken to reduce risk levels. We tracked three people's care and found risk assessments were used to identify and assess possible risks, for example, risks related to moving and handling or risk of skin integrity breakdown. The assessments were included in people's care plans with guidance for staff to reduce risk. Risk assessments were reviewed monthly to monitor for any changes. Any accidents and incidents were recorded, together with details of any action taken and actions recommended to reduce risk as a result. For example, records showed that following a fall at night appropriate equipment to alert staff to a person getting up had been put in place in consultation with the person and their relatives. In another example, we saw that a person who had arrived at the home with a pressure ulcer, acquired elsewhere, had a wound care plan in place which specified the need for them to be regularly repositioned and the wound dressed regularly. Records confirmed that this had been carried out in line with their care plan. This had resulted in improvements to the condition of the pressure ulcer.

Regular checks were carried out on people who were nursed in bed and records detailed the care provided at each check. At our inspections in November 2014 and February 2015 we had found concerns about the monitoring of people's care and regular staff presence on the top floor at the service. At the last inspection in May 2015 the top floor of the service had not been in use. At this inspection on 18 and 19 May 2016 we found the top floor of the service was in use. The provider now had an electronic system in place to monitor the frequency of checks made on people in their rooms to ensure they received appropriate levels of support. We observed throughout the day that people had call bells close to them, so that they could seek assistance from staff when needed. Call bells were answered promptly throughout the inspection and we were told the call bell system had been recently replaced to ensure reliability. Where people were unable to use a call bell, regular checks were made on their welfare.

There were plans to reduce risk from emergencies. Staff knew what to do in the event of a medical emergency and had received recent training on first aid. There was a business contingency plan that was available to staff to guide them in different emergencies. People had emergency evacuation plans in place to guide unfamiliar staff and the emergency services on how to safely evacuate them from the building.

Equipment such as hoists, pressure mattresses, wheelchairs, call bells, the lift and electrical equipment were routinely serviced and maintained to reduce possible risks to people. Staff told us there was enough equipment when they needed it and individual hoist slings were provided to minimise the risk of infection. The building was not purpose built and had been adapted for use as a nursing home. The corridors were narrow for equipment use but staff told us they were able to manage medicines trolleys, wheelchairs and hoists safely where they needed to.

Checks were also made on the safety of the premises in areas including windows, water temperatures, and electrical and gas installation. Since the last inspection there had been a problem with water ingress and some flooding in the basement area. This had been investigated and some work was still in progress as it had been difficult to identify the cause. We saw risks had been assessed and signs had been put in place to warn staff and visitors about the possible hazards. The provider had installed a new pump to reduce the likelihood of further flooding and they told us they were in the process of securing quotes to complete the work required.

Medicines were safely managed. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use that complied with legal requirements. The provider had policies and procedures for managing medicines, including the use of homely remedies and 'as required' medicines. Staff told us there had been no medicine errors since our last inspection.

Medicines were administered safely. People told us they received their medicines when they expected to. One person said, "We get our medication when we should; the nurse waits while we take them." We saw people's medicines were safely administered and the nurse took time to administer medicines to people in a caring manner without rushing. Photographs were kept on people's Medication Administration Records (MARs) to help identify them to new staff. This ensured medicines were administered to the right person. Records of allergies were also recorded on people's MARs to prevent the risk that people could receive medicines they had an adverse reaction to.

Staff who administered medicines told us they had received training and records confirmed they had recently received medicines update training from an external provider. Staff had also been competency assessed within the past year to ensure they had the necessary skills and knowledge to administer medicines safely.

Most people and their relatives told us there were enough staff to meet people's needs. One person said, "There seems to be enough staff." Another person commented, "There are staff about to assist you when needed." Some people said they would like more permanent staff. We saw this was also commented on in a recent survey return. There was a high level of agency staff use each day. The registered manager and provider told us they had worked hard to try to recruit more permanent care staff and nurses but had not been successful. They said they tried to use the same agency staff wherever possible and to ensure some permanent staff were on duty at weekends; the rota confirmed this. We observed that the deputy manager, nurses and senior carer provided support and oversight to all staff including agency workers during the inspection.

Staffing levels on the days of our inspection reflected the requirements of the staff rota. We observed staff were very busy throughout the day, but they did not rush people and we did not see anyone having to wait for long to have their needs met. We looked at the electronic system for monitoring people nursed in bed which showed regular checks were carried out by staff as recorded in people's care notes. The registered manager told us that staffing levels were based on the needs of people using the service, which were regularly reviewed. The agency staff confirmed they regularly worked at the service. They told us they were supported by senior staff and felt they knew the people they cared for well. They also said that they felt they were part of the team. Our observations on the inspection days confirmed this to be the case.

Is the service effective?

Our findings

People told us that in their view staff were skilled and trained sufficiently to carry out their roles. One person said, "Staff know what they are doing. They are good with the hoist." Staff told us they received regular training across a range of areas that the provider considered mandatory and that their training was refreshed. We confirmed this from records and saw that where training was due suitable dates were being arranged to ensure staff training remained up to date. New care staff received an induction based on the Care Certificate; the recognised training for new Health and Social Care staff. This included training and a period of shadowing experienced staff. Nursing staff had their own role specific induction.

We spoke with two agency staff members who told us they were provided with an induction when they arrived and had a week of working alongside a permanent member of staff. One agency staff member said, "I was given a good induction and was able to get to know people before I worked on my own." Agency staff we spoke with knew the people they cared for well. For example, one agency staff member could describe someone's preferences and needs with regard to their mobility and knew another person's musical tastes.

Staff told us they received regular supervision and that the registered manager and deputy manager provided frequent informal supervision as they were often on the floor monitoring and providing additional support. The registered manager had identified that records of supervision had not always been completed. However, we saw she had an action plan to address this which was due for completion by the end of the month. Annual appraisals had been undertaken or booked to be completed.

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us they were asked for their consent before any care was provided and our observations confirmed this. We noted that people were asked about where they wanted to spend their time, what they preferred to eat and drink, and if they wanted to be involved in any activities. One person told us, "They always ask before doing something." A staff member described how they communicated and understood gestures that were made by a person unable to verbally express their wishes. They explained this helped them to be sure the person was happy to receive the support they offered.

Where people lacked the capacity to make a decision for themselves, staff understood the process for assessing their capacity to do so, and to involve relatives and professionals as necessary in making best

interests decisions. The registered manager and deputy manager were aware of the process required request for DoLS authorisations and we saw applications had been submitted and authorisations granted where appropriate. Where people had a DoLS authorisation in place for their own safety, these were monitored to ensure any conditions were met and that they remained in date.

People told us they had enough to eat and drink. One person said, "The food's quite nice; tasty with choices, and portions are big enough." Another person remarked, "The meals are very good; there is enough variety. They would do something else if I asked." We observed the lunch time dining experience and saw staff encourage people to eat and interact with them sensitively and discreetly. Other staff also supported people who were nursed in bed with their meals. People told us any dietary requirements they had were met. One person said, "The food is very good. I have to be careful with some foods, but this is not a problem here." The chef knew people's dietary needs well. They had records of any allergies or specific diets people needed, such as who required a low salt diet, or different dietary consistency. The chef also had details of people's preferences about the kind of drinks and food they liked. The kitchen had been inspected by environmental health on 2 March 2016 and scored the top rating mark.

Where people were at risk of losing weight, we saw this was monitored and guidance from professionals, such as speech and language therapists was accessible to staff so that they were aware of how to support people with their nutritional needs safely.

Staff monitored people's health and wellbeing. Where there were concerns, people were referred to appropriate health professionals. Staff told us that GP's visited the home on a weekly basis to attend to people's health needs and would attend more frequently if needed. People also had access to a range of other health care professionals such as dentists, chiropodists and opticians. People's care plans included records of health care appointments, and reflected the advice and guidance issued by external healthcare professionals. Health professionals we spoke with told us that the service made appropriate referrals to them and that the recommendations they made were carried out. One health professional spoke about how they had found the staff open to learn and develop their understanding of aspects of people's care and worked with them to follow their advice.

Is the service caring?

Our findings

People told us staff were helpful, courteous and good natured towards them. One person said, "They are a good lot here, very caring." Another person commented, "They (the staff) make me feel one of the family." A third person told us staff were often busy and they would like staff to have more time for personal interaction with them as they enjoyed that. A fourth person commented that staff, "Do have time to chat, even if they are doing something." Relatives confirmed that they found staff to be caring and attentive. A relative told us, "The staff are so friendly and welcoming." We came across several thank you cards since the last inspection thanking staff for the care provided to their family member and for a recent birthday celebration.

We observed that staff knew people well. One person remarked, "The nurse is wonderful. He understands what I need." Staff were aware of their preferences about their support and things they enjoyed. For example, one person enjoyed singing to particular songs and a staff member had made them a CD which they sang along to together. There was a relaxed atmosphere in the lounge during our inspection, and people and staff were engaged in conversation together as they came to sit in the communal area. We saw staff communicated sensitively with people about their needs, and that people were not rushed but supported at their own pace in a friendly and calm way.

People were supported with their cultural needs in respect of their diets and their spiritual beliefs with regular visits from spiritual representatives. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related for example to disability, gender and ethnicity.

People told us they felt staff treated them with dignity and respect. One person said, "The staff are respectful; my carer sings to me when combing my hair." We saw staff maintain people's dignity when attending to their needs. For example, staff knocked on people's doors before entering their rooms. Where people required equipment such as a hoist to mobilise, a screen was used in the communal areas to protect their dignity. We saw staff explain to people about the use of the hoist and reassure them while they were being moved. People looked well presented, comfortable and cared for. Staff understood the need for confidentiality about people's care and support needs, and where people required support with their personal care we observed this was managed sensitively and discreetly. One person told us, "It's home from home here."

People were involved in decisions about their care. People and their relatives had information about how the service ran which was available in their rooms for them to refer to. They told us they made decisions about when they got up or went to bed, and where they chose to spend their time. One person told us, "It's up to me when I get up. If I don't fancy getting up, I just say and they come back later." Another person said, "They (the staff) changed my room because the person above me was noisy." A third person commented, "They did ask if I preferred either male or female carers, and I don't mind who." Relatives told us they were welcome at any time and were kept informed appropriately about any changes in their family member's care or health. One relative said, "I am very happy with the staff here. They communicate with me about (my

family member)."

People's independence was promoted by staff. Where people could mobilise, they were encouraged to do so and we found people's care plans identified aspects of their care that they were able to manage for themselves. We observed that signage for the toilets had been placed around the building since the last inspection to help people independently orientate around the building more easily. There was limited space within the building for people to walk around if they wished, and staff told us they used the garden more when the weather was better. The registered manager said they were careful about assessing the needs of people who might come to live at Jansondean so they could be sure their needs could be appropriately met within the home environment.

Is the service responsive?

Our findings

At the last inspection on 21 and 22 May 2015 we had found some improvement was needed to the involvement of people and their relatives in the planning of people's care. At this inspection people and relatives told us they were involved in the planning and review of their care, and that staff communicated with them about any changes needed. One person said, "A member of the family communicates with the home about our care." Records we reviewed also indicated that people or their relatives were asked about their needs and preferences about their care.

People told us their individual needs were recognised and met. We saw an assessment was carried out before they came to live at Jansondean to check the home could meet their needs. People's care plans were personalised to each individual and covered a range of support needs including night care, personal care, eating, skin care, mobilising and stimulation. There was detailed guidance for staff about people's preferences about their care. For example, the range of toiletries they enjoyed, or the order in which they liked their care to be delivered. One person said, "We do feel we get the care we need."

A health professional told us that they felt the work they had done with the staff demonstrated that staff worked to provide personalised care to people, in relation to their journey with dementia, and knew their needs well.

People's needs for socialisation and stimulation were met. People told us they had enough to do and that there were activities they could attend during the week. One person said, "There is enough going on." People were complimentary about the activities organiser and the activities they arranged. One person told us, "There are things going on and the activities organiser is very good." Another person said, "The activities lady works really hard." The activities organiser told us that they visited people who preferred to remain in their rooms in the mornings, and we saw they had identified the kind of activities that people preferred to engage in. One person said, "The lady who entertains came up and did a musical quiz with me." The activities organiser told us, "I do try to see those residents who stay in their rooms, quite frequently."

However, one person's feedback from a recent survey included a request for more activities. We discussed this with the registered manager who told us about areas they were looking at. Both the registered manager and activities organiser wanted to make greater use of the garden, for example by organising some raised flower beds for people to enjoy some gardening. We saw a garden party had been planned for the following month after the inspection and a pat dog visited on a weekly basis. The registered manager also told us that they were trying to encourage links in the community for example by trying to forge a link with a local school.

People and their relatives told us they knew how to raise a complaint and that they felt sure their concerns would be addressed. One person told us, "I know how to complain if I need to. I would tell staff or the manager." The complaints policy was available in people's rooms to refer to. It explained the timescale for response and what to do if you were unhappy with the outcome of the investigation. Complaints were recorded and investigated. The complaints log showed one formal complaint had been raised since the last

inspection and this had been dealt with and resolved in a timely way, in line with the provider's complaints policy.

Is the service well-led?

Our findings

People and their relatives were complimentary about the registered manager and thought she listened to their views and took any action needed. One person said, "I find the manager very good. You can tell her anything." Another person commented, "The home seems to be run well, there is a good level of service here." Relatives were also positive about the registered manager. One relative told us, "The manager is very helpful and approachable and things seem to work well."

Staff commented positively about the management of the service. One staff member said, "Things are so much better for people with this manager and we work better as a team and communicate more." Another staff member told us, "The manager is always around and checking that we are doing what we should. She doesn't stand any nonsense but is someone you can go to if you have a problem." A third staff member said, "There have been a lot of improvements since the manager came."

The registered manager understood her responsibilities as a registered manager with CQC. She encouraged staff to discuss any issues, and worked with them to improve the quality of each person's care. It was clear that staff understood that the registered manager wanted to provide good care and the staff, including agency staff, showed a commitment to do this. Health professionals commented on improvements they had seen at the service. They were positive about the leadership of the registered manager and the deputy manager, and their openness and commitment to improving people's experiences. The registered manager had a vision of how she wanted the service to develop and had taken steps to become involved in a programme for end of life care carried out by a local hospice.

There was a structure to encourage communication within the service. There were regular handover meetings and nurses meetings to discuss clinical issues. Staff told us they had regular staff meetings to share information and discuss any changes within the service, and we confirmed this from records. We saw subjects covered included standards of care, training, sickness, and fire drills. One idea discussed was a way of staff sharing their learning about people with other staff members. We observed that staff communicated well with each other during the inspection and were focused on providing good quality care. Permanent staff and agency staff we spoke with showed knowledge about the people they cared for.

People's views about the service were sought more formally through an annual survey. We saw the results from a recent survey were positive about the staff and the care provided. Areas of change identified by people included more permanent staff and improvement to the décor. We found some bedrooms had been redecorated since the last inspection but the décor was tired in other areas. The provider told us they worked with the registered manager to prioritise any work needed. The registered manager also told us they had plans to decorate the corridors and bathrooms once the building work was completed.

There was an effective quality assurance process in place. The registered manager carried out a daily audit report to check for any issues with the environment or people's care. There were regular internal audits to monitor other aspects of the service such as medicines, infection control, care plans, premises and equipment, and activities. Action was taken to address any issues identified such as changes to care plans

where needed. Aspects of people's clinical care were also audited such as people's weights, wound care and falls, to ensure that any areas for improvement could be identified. A medicines audit had also been carried out by a pharmacist as an additional check. Minutes of the previous two nurses meetings showed that the medicine's error policy was discussed at these meetings. This provided staff with an opportunity for reflection and learning about the policies and from errors if and when they arose. Night spot checks were completed at different times in the night. We saw where an issue about night records had been identified the registered manager had followed this up with the relevant staff members.

The management team had identified some issues with the building and work had been undertaken to remedy these problems, for example the purchase of a new pump although it had taken longer than expected as they were more complex than was first indicated from contractors. The provider had also arranged for an external professional fire risk assessment that had been conducted in August 2015. However, this had not identified concerns raised by the London Emergency Fire Planning Authority during their recent inspection of the service. The provider confirmed they were in discussion with the company concerned for this to be reviewed.