

Genesis Residential Homes Ltd

Dothan House

Inspection report

458 Upper Brentwood Road
Gidea Park
Romford
Essex
RM2 6JB

Tel: 01708761647

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 23 and 24 October 2018 and was unannounced.

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

It is a care home for up to 19 older people, some of whom may have dementia. At the time of our inspection, there were 13 people living in the home.

We last inspected the home on 22 and 23 February 2018 and we rated the service 'Inadequate'. This was because we found breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2017. These were in relation to providing safe care and treatment, safeguarding people from abuse, providing person centred care, receiving consent to care from people, maintaining clean and safe premises, following safe recruitment processes, supporting staff with training and the overall governance and management of the service. In addition, the provider had also breached conditions of their registration. The provider sent us an action plan to tell us how they intended to improve the service.

We placed the service in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection, the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We have now rated the service 'Requires Improvement'.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

The registered manager demonstrated the work they had carried out since the last inspection. We saw that improvements had been made in ensuring people were safer and they were protected from abuse. Staff were recruited appropriately and the necessary background checks were undertaken to ensure they were fit and proper persons. At our last inspection, we found serious risks to people as the home was not equipped to deal with the event of a fire spreading. The building had undergone a full fire safety inspection since our last inspection and was now compliant with fire safety requirements.

However, despite the improvements, we found there were some on-going issues because the safety of the premises was not always adequately maintained. A professional electrical installation safety check of the premises was judged to be 'unsatisfactory' and recommended electrical works to rectify the faults had not

been completed. This placed people at potential risk of harm because the building and premises was not fully safe.

Risk assessments had improved but there was some inconsistency in how all risks to all people were assessed. We have made a recommendation in this area.

Medicines were managed more safely and there was a procedure in place for staff to follow. We found that records were accurate and up to date. However, some medicines were not administered in the correct method. We have made a recommendation in this area.

Complaints about the service were responded to appropriately and in a timely manner. However, complaints were not recorded fully and we have made a recommendation about complaints recording.

Staff had received an induction and training to ensure the service they provided to people was effective. Some staff required further training in key areas and we saw that this was scheduled. The provider did not always follow Mental Capacity Act 2005 processes to assess people's capacity and we have made a further recommendation on this.

Therefore, the provider's quality assurance systems and processes were not always effective in identifying all shortfalls in the service to assess, monitor and improve the quality and safety of the service.

At our last inspection, the provider had failed ensure the latest CQC ratings of their inspection were displayed on their current website, which is required by law. This was still the case at this inspection, which meant the provider was in breach of their conditions of registration.

People were treated with dignity and respect when personal care was provided to them. People were listened to by staff and were involved in their care and support planning. Care plans were now more person-centred with people's preferences and choices for activities.

People's care and support needs were assessed and reviewed regularly to ensure people received appropriate support based on their current needs.

Staff were supported with regular supervision by their managers. They told us they could approach the registered manager with any concerns.

There were enough staff available to provide care and support to people. The registered manager and staff worked with health professionals if there were concerns about people's health.

People were supported to have their nutritional and hydration requirements met by staff, although their fluid intake was not recorded effectively. Meals and drinks were provided and people could choose them from a menu.

The registered manager was supported by the provider and an external consultant, who carried out regular checks on the home. Feedback was received from people and relatives to check they were satisfied with the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe. Electrical repairs in the home had yet to be completed which meant the premises was potentially unsafe.

Risks to people were not always identified and assessed.

Staff understood how to safeguard people from abuse.

A recruitment procedure was in place to ensure staff were suitable to support people safely.

Staffing levels were sufficient to ensure people received support to meet their needs.

People received their medicines safely and staff received training on how to do this.

Requires Improvement ●

Is the service effective?

The service was not always effective. The requirements of the Mental Capacity Act 2005 were not always followed.

Staff received training and support, although additional training for staff had still to be completed.

Staff supported people with their nutritional requirements. However, people's fluid intake was not recorded effectively.

Assessments of people's needs were carried out to ensure effective outcomes for their care.

Appropriate adaptations were in place in the home. People were supported to visit health professionals to ensure they were in the best of health.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with respect and dignity by staff. Staff knew

Good ●

people in the home well and were familiar with their care and support needs.

Staff respected people's privacy and confidentiality.

People and their relatives had involvement in the decisions made about their care.

People's rights and choices were upheld by staff.

Is the service responsive?

Good ●

The service was responsive.

There was a complaint procedure in place.

Care plans were person-centred and reflected each person's needs and preferences.

People's care needs were reviewed and monitored by staff. People's communication needs were met and understood by staff.

People were encouraged to participate in activities of their choice.

Staff supported people with end of life care sensitively and respectfully when required.

Is the service well-led?

Requires Improvement ●

The service was not always well led. There was a quality assurance system in place. However, this did not always identify shortfalls such as the issues we found during our inspection.

Staff received support and guidance from the management team.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

Dothan House

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 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.

The inspection took place on 23 and 24 October 2018. The inspection was unannounced on the first day and announced on the second day. The inspection team consisted of two inspectors, two specialist medicine advisors and an expert by experience on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service and provider. The provider had completed and sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We looked at statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also contacted health and social care commissioners for their feedback on the service.

During the inspection, we spoke with the registered manager, an external consultant, two team leaders, an administrator, five care staff and a chef. We spoke with six people who used the service and three relatives. We looked at six people's care records and other records relating to the management of the service. This included six staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

Is the service safe?

Our findings

At our last inspection in February 2018, we found that the provider did not ensure people were provided with safe care and treatment and was breaching regulations. Risk assessments were not reviewed and updated in a timely manner. There were failures to ensure substances hazardous to health were stored securely and there were other hazards in the home that meant people were at risk of avoidable harm. Staff did not transfer and handle people in a safe way. Fire safety equipment was not easily accessible to staff and fire doors were not adequately fitted in accordance with fire regulation requirements. Medicines were not managed and administered safely and there were a number of failings in this area.

At this inspection, we found that the majority of these issues had been addressed and the home was more safe. We had a tour of the premises at the start of our inspection. Infection control procedures were in place. Harmful substances such as cleaning fluids were not exposed, where people could come into contact with them. Checks had been carried out to ensure the premises were safe. Care equipment was maintained and had been serviced so that staff could assist people safely. We observed staff using safe moving and handling techniques where a person required assistance getting out of a chair. Stairways had signs next to them reminding people to mind the steps ahead of them to prevent accidents.

Regular fire and evacuation tests were completed and the home was now compliant with fire regulations following an inspection by the London Fire Brigade. The fire extinguishers were serviced recently and were easily accessible throughout the home with a key to access them. At our last inspection we found that emergency lighting had not been adequately assessed. At this inspection, records showed that the emergency lighting had been checked by external professionals and they were in working order.

An electrical installation safety check was carried out by a qualified professional on March 2018. The overall electrical installation of the premises was judged to be 'unsatisfactory'. The report listed that two installations were 'dangerous' and 29 were 'potentially dangerous'. We saw that one of the 'dangerous' installations had been repaired but work to repair the other installation had not been completed. The registered manager told us that they had been attempting to obtain quotes for all the recommended and required works to be carried out but had been unable to do so. We were concerned about the length of time it was taking to carry out the repairs as it had been seven months since the report was produced. This meant that by not completing the repairs that had been identified on the electric safety report in March 2018, the building and premises was not fully safe. There was potential for an accident or an injury to occur to a person due to safety hazards not being rectified. After the inspection, the registered manager told us that the remaining dangerous item identified on the electrical safety report had been rectified and the remaining electrical works would be carried out on 4 December 2018.

These issues were a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some areas in the home required further cleaning. There was a bar area under a glass roof and we saw some cobwebs and dust in this area and around doors in the lounge area. Some items such as glass mirrors and

lamps had cracks which could pose a risk of injury to people should they shatter. We looked at a cleaning checklist and found that the clearance of cobwebs and windows in people's rooms were not part of the checklist. The registered manager told us they would include this in future within housekeeping checklists.

At our last inspection, we found staff did not have a sufficient understanding of how to safeguard people from abuse. At this inspection, we saw that there was an updated safeguarding policy and procedure in place. We spoke with staff who were able to describe types of abuse and how they would report it. One staff member said, "There are different types of abuse such as physical, financial and sexual. I would report it to the manager and the local authority."

At our last inspection, we found risks to people who received care and support were not adequately identified during assessments of their needs. At this inspection, we saw that some improvements had been made to risk assessments but some remained inconsistent. Risk assessments included control measures to minimise the risk. Risk assessments had been completed for people at risk of falls, skin degradation and losing weight. Falls risk assessments included strategies such as ensuring people were supported whilst mobilising, wore appropriate footwear and that pathways were clear of hazards. However, we found that some risk assessments had not been completed for people with identified risks. Records showed that some people had specific health conditions such as diabetes and a history of strokes. Risk assessments had not been completed in these areas, including how staff would manage any symptoms of diabetes. For example, hyperglycaemia (high blood sugar levels) or hypoglycaemia (low blood sugar levels) or monitor high and low blood pressure. We looked at six care records, which showed three people had arthritis. Risk assessments for one person had been completed in this area that detailed what part of the body the arthritis was, to ensure staff were careful with this area of their body and what to do if the person was in pain. However, for the two other people, who had arthritis, there was not a similar risk assessment. This meant that risk assessments were not always robust to ensure all risks to people were known and what guidance staff should follow to reduce the risk.

We recommend the provider follow best practice guidance to ensure risk assessments follow a consistent and robust approach to mitigate and manage all known risks to people.

At our previous inspection, we found significant shortfalls with the management of medicines in the home. At our return inspection, we saw that many improvements had been made. Team leaders and senior staff administered medicines to people and we saw they were trained to do this. Staff signed Medicine Administration Record (MAR) charts to evidence that medicines had been administered. They were assessed as competent before being permitted to administer medicines. Staff signed to say that they had read the provider's medicines management policies. They shared learning from medicines incidents in handover meetings and monthly team meetings. People told us they received their medicines on time. One person said, "Yes no problem there." A relative said, "I come here at different times mainly in the morning. Very rare medicine done late, mainly before 10.00am at breakfast or in the morning." A staff member said, "I know the procedures and I make sure I follow them."

Assessments were carried out prior to any decision to administer medicines covertly to a person. We saw that the records were detailed and person-centred. There were systems to ensure that when medicines were given covertly, this was done as safely as possible and with medical advice.

One person was not receiving their medicine for bone strengthening in accordance with instructions from the manufacturer. The instructions on the dispensing label stated: 'Take one tablet once a week' but did not include any further instructions. Staff therefore, assumed that they could give this medicine at any time of the day. However, this medicine had specific instructions from the British National Formulary (BNF)

guidelines, which stated that the 'Tablets should be swallowed whole on an empty stomach at least 30 minutes before food.' This meant the person was at risk of not acquiring the full benefits of the medicine because they were given this medicine together with other medicines or with their food.

Some people with swallowing difficulties required specific types of formulations to take medicines without having to swallow them, such as in a liquid form. However, we found that their medicines were being crushed by staff. Not all medicines are safe to crush and we found one person was receiving bone strengthening medicines that had been crushed, as they were having their medicines administered covertly. This type of tablet should not be crushed, according to the BNF. We saw evidence that the GP had written to the home giving authority for all medicines to be crushed. This meant that staff were not always given correct information to administer medicines safely. Staff had made efforts to try and get appropriate formulations for people but these were not always supplied by the GP or pharmacist. After our inspection, we spoke with the GP to remind them of specific guidelines to be followed when administering medicines for people in care homes. The registered manager told us they would liaise with the GP to ensure medicines were received in the appropriate formats.

There were protocols to direct staff on how to manage 'when required' medicines, known as PRNs, such as painkillers. We saw that staff documented when these medicines were offered. Staff documented the effect that the medicine had on the person. Homely remedy authorisations were signed by the GP for all people in the home. This avoided any negative impact on people's health.

At our last inspection, we found that the provider's staff recruitment procedures were not being suitably followed. Staff application forms were incomplete and lacked information regarding applicants' education, training or employment history. At this inspection, this had been improved and application forms were completed more fully with no gaps in employment and education histories. Interview notes were also included. Pre-employment checks such as obtaining two references, proof of identification and criminal background checks with the Disclosure and Barring Service (DBS) were undertaken. This meant people were protected from receiving unsafe care from staff that were not skilled or experienced.

We found issues at the last inspection around the deployment of staff and managers in the home. Some people were left unassisted and alone without staff present to help them. This was addressed and at this inspection we saw there were sufficient numbers of staff in the service. Staff were recruited to fill any gaps on the rota. We checked staff rotas for the day and night and saw that the correct numbers of staff had worked previous shifts. Deployment of staff was more effective and meant they were able to perform their duties and assist people when required. The registered manager was available and present each day. They told us they were able to perform managerial duties but also support staff and engage with people in the home. Staff were not rushed in their duties or under pressure due to being understaffed. A staff member said, "We have no issues with staffing. There is always enough staff here through the day."

People and relatives told us the home was safe. One person said, "I love it here. Of course, I feel safe." Other comments from people about the safety of the service included, "Yes I am safe like I have been in other homes"; "I have always been happy here and feel very safe" and "Yes, it is safe. I cannot imagine people making trouble in a home like this." Relatives also felt the home was a safe place for their family members. One relative told us, "Yes [family member] is safe and the staff are very caring." Another relative said, "Yes very safe home."

The provider was committed to learning from incidents to ensure that there was continuous improvement and people using the service remained safe. The registered manager told us they were now more aware of the actions they needed to take when responding to incidents or safeguarding concerns and informing the

relevant authorities.

Is the service effective?

Our findings

At our last inspection in February 2018, there was a breach of regulation in training and support for staff because they were not provided with the training required to perform their roles for which they were employed.

At this inspection, we saw that improvements had been made. We viewed a training matrix and looked at training certificates as evidence that staff had received training. Since our last inspection, we saw that 23 staff were trained in mandatory topics including fire safety, moving and handling, health and safety and medicines. However, there were some topics that remained outstanding where staff had yet to receive their training. All current staff working in the home had yet to complete equality and diversity training and only eight staff had received training in COSHH (Control of Substances Hazardous to Health). Training in person-centred care was also not completed for all staff. We found some staff were not fully confident about the role of external dementia support groups and would benefit from additional training in this area. The registered manager told us this was planned for the new year, although dates had yet to be arranged.

Staff had also received updated and essential training on safeguarding adults, infection control, diet and nutrition, dementia awareness, first aid and palliative care. Some staff had completed or were in the process of completing health and social care qualifications. New staff received an induction prior to starting work in the home. This showed that the provider had made efforts in the past eight months, to ensure staff were provided with the support to carry out their duties and provide effective care. We recommended to the registered manager that they explore other means of staff development, such as introducing the Care Certificate, which are a set of standards that health and social care staff work towards. This would help staff keep their knowledge and skills up to date and in line with current legislation. The registered manager told us they would look into this.

Staff told us they felt supported in their role. One staff member said, "The training is good. It helps me understand things better and helps me with care plans and caring for the residents." Another staff member told us, "I feel very supported by the registered manager. There have been lots of improvements." Supervision meetings, where staff had the opportunity to formally discuss any issues or concerns with their line manager took place. Staff told us they had supervision sessions with the registered manager. They told us they were useful because they could discuss any issues or concerns. Records confirmed that supervision meetings and annual performance appraisals took place.

People and relatives told us staff understood their needs and were professional in their approach. One person said, "Well trained in their methods." Another person told us, "Yes they [staff] are good." A relative said, "The staff are reasonably well trained and I have often been here and seen training."

At our last inspection, the provider was in breach of the regulations around obtaining consent to care because they were not working within the principles of the Mental Capacity Act (2005). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection we found staff did not fully understand the principles of the MCA and of DoLS and the provider had not notified us of DoLS authorisations for people, where the application had been approved by the local authority. We checked that the provider was now working within the principles of the MCA and DoLS. We saw the provider had taken steps to assess people's capacity to make decisions about their care. When people were assessed as having capacity, their consent to care was recorded. Consent to care forms had been completed. There were copies of authorisation of relatives that had court of protection and DoLS applications had been made when the previous authorisation was due to expire.

However, we found some shortfalls with MCA assessments because there was not a consistent approach. For example, one person had a capacity assessment carried out using the MCA principles. The person was found to lack capacity, however there was no record of a best interest meeting or a plan for a meeting. The registered manager told us that this was because they could not find a date for a meeting with the person's family member. There was also no signature and date on the assessment to confirm who was responsible and when the assessment was completed. Other best interest agreements that we did see, which had been discussed with relatives or the next of kin did not always have their signature. For another person, an MCA assessment had been completed in 2016 by a staff member. The person was found to lack capacity but there was no evidence of a best interest meeting being held. The assessment was reviewed in 2018 by the registered manager and signed off as still being valid without a completing a new assessment. A best interest meeting had still not been held after two years.

We spoke to some staff about the MCA and most were able to tell us the principles of the Act. Some staff were not fully confident and we noted that they had not received refresher training for over a year. The registered manager told us the training would be included in the coming year so that all staff could get their training up to date.

We recommend the registered manager reviews its procedures relating to the MCA to ensure decisions made in people's best interest are accurately recorded and signed off.

The home was suitable for people with dementia needs. People's rooms were personalised and the doors to their rooms contained the person's name. There were signs that showed where bedrooms were to help people find their way through the home. The home was decorated with murals of famous people from the past and artwork of bus stops, fruit stalls and flower shops. There were also pictures of people celebrating birthdays and events. These helped people feel comfortable, feel at home and connect with the past. At our last inspection, we found staff did not have a full understanding of the murals. At this inspection, staff were able to tell us what the murals meant for people in the home.

Pre-assessments were undertaken when people were admitted to the home. Admission assessments were in place and were divided into sections such as nutrition, communication, dressing, grooming, activities, sensory abilities, memory and cognition, emotional well-being and personal hygiene outlining the areas of support people needed to maintain their health.

People were supported to have their nutrition and hydration requirements met by staff. We spoke with the chef in the home and observed a lunchtime service. We saw that food was served hot and most people ate

independently. Some people that required assistance from staff were supported to eat carefully and gently and at a pace that suited the person. People were able to choose what they wanted to eat from a menu. The lunch service was quiet, relaxed and not rushed with two to three staff always in attendance.

Food charts were in place for people and we saw that in the kitchen, important dietary information was on display, such as those people with soft food diets, pureed diets or fortified diets. People at risk of malnourishment had their food intake monitored. People's weights were monitored daily and where there were concerns, a referral was made to a dietician and speech and language therapists (SALT), for their input. For one person, who had diabetes there was information on the types of meals they should have to ensure they were in the best of health. Referrals were made to healthcare professionals if people became unwell and we saw records of appointments with GPs, district nurses, opticians and dentists.

Fluid charts were in place for people at risk of de-hydration. The charts showed people required the recommended 1600 millilitres each day and this was recorded by staff in their fluid charts. We checked the fluid charts for two people at risk of dehydration and found for the last ten days one person did not have the recommended fluid for the previous nine days and the other person did not have the recommended fluid for the past ten days. The total amount given on the fluid chart was blank and there were no instructions for staff should people not consume the recommended amount of fluids. The registered manager informed us that people were given soup as part of their diet. This was not recorded on the fluid intake chart, despite it being an additional fluid. This meant the charts were not fully accurate to determine if people were meeting the recommended daily amount of fluids.

We recommend that the charts are reviewed so that people consume the daily allowance of fluid and it is recorded.

Is the service caring?

Our findings

At our last inspection in February 2018, we observed that people were not treated with dignity and respect, which was a breach of health and social care regulations. This was because people were left to wait before they could have a cup of tea or go to the toilet and some staff did not notice when people required assistance. Some staff used their personal phones while on duty and did not always respect the privacy and confidentiality of people when discussing their personal care in front of other people.

When we returned to inspect the home in October 2018, there was a significant improvement. We observed care and staff interaction with people throughout the day. Staff were attentive and did not use their phones while on duty. They had been reminded of their responsibilities by the registered manager following the last inspection and policies had been reviewed. People told us staff were respectful, kind and considerate. One person said, "The staff respect my privacy." Another person told us, "The staff are very nice people, very nice. They are gentle." Other comments from people included, "The staff help me when I need them" and "Staff talk to me a lot." A relative was very positive about the care given to their family member and said, "That is the one thing I have always been happy with, the caring is very good." We saw during our inspection, staff knocked on people's doors before entering their rooms and addressed them by their preferred names.

However, during our tour of the home, we saw a chair that a person used as a toilet was visible in a person's room, as their door was open. We fed this back to the registered manager because the dignity of the person was not being preserved. Action was taken to conceal the item from view.

Staff had not received recent training in equality and diversity but told us they had an awareness of protecting people from discrimination based on the person's race, religion, sexuality or disability. One member of staff said, "Everyone is treated the same and is equal. We promote people's human rights." Another member of staff said, "Of course we don't discriminate and people are equal. We can't treat people differently because of their background."

We observed there to be a quiet and relaxed atmosphere in the home. Staff told us they had a good understanding of all people's care needs and personal preferences. They ensured people were given privacy when providing personal care to them. One staff member said, "I cover the person up when providing care and make sure I close their door. I also seek their consent before I start."

People required assistance from staff for most of their needs, although they were supported to remain as independent as possible. Staff told us they promoted people's independence. They told us they encouraged people to do as much as they could for themselves. One person's care plan said "[Person] is reasonably mobile and can get up and go to the toilet on their own." A staff member told us, "Most people do need some or full assistance but if they can dress themselves or wash themselves we encourage them to do so." For another person, their plan detailed that their independence should be promoted when giving personal care and letting the person do this by themselves. Staff were to support them when needed, ensuring their privacy and dignity was maintained at all times by making sure they were covered with a towel when bathing or showering. One person told us, "The staff already know I can do things for myself." Another

person said, "I like it here. The staff do not bother me." A third person commented, "It is always good to know that there is someone to help you."

Staff respected people's confidentiality. People's personal information was kept securely in the registered manager's office. Staff treated personal information in confidence and adhered to the provider's data protection policies. This showed that the provider recognised the importance of people's personal details being protected. Staff said they were mindful of not sharing people's personal information. They adhered to the provider's data protection policies. A staff member said, "We don't talk about people in front of others to protect their dignity."

People's health and care needs were assessed in consultation with either the person or relatives. Assessments identified their specific needs and how they were to be met. People and their relatives told us they were involved in making decisions about the person's care plan, such as any changes. They signed the plans to evidence that the contents of the care plan was discussed and agreed with them. A relative told us, "Yes I have seen [family member's] care plan."

Is the service responsive?

Our findings

At our previous inspection, we found the provider to be in breach of regulations to ensure people were provided with person centred care. This was because people were not always supported to engage in meaningful activities that met their individual preference or ability. People's care plans were not personalised, as they did not always outline people's current routines in detail.

At this inspection, we found improvements had been made and that care plans reflected people's care needs in more detail. The registered manager told us they had worked with a consultant and revised people's care plans and risk assessments, although further work was needed. At our inspection, we looked at six people's care plans and assessments. We found they were written in a more person-centred way and were appropriate to ensure people's needs were met.

The plans contained an introduction, history and profile of the person. They contained the person's likes, dislikes and some details about their preferred daily routines. For example, one person's care plan said, "I like to spend my morning going for a walk. I like to go to the shops and buy newspapers. In the afternoon I like talking about when I was young and when I was in Egypt." This information helped people receive a personalised service and enable staff to respond to people's requests and needs. They also contained people's family and GP contact details. Plans included people's personal information such as their date of birth, religion and allergies. Care plans were reviewed monthly and updated to reflect people's changing needs when they occurred.

In one person's care plan, there was information about preventing skin complications and that staff should regularly check the person's skin for redness or bruises and reposition the person regularly. A re-positioning chart showed that the person was being repositioned at the correct times. Care plans were not always consistent however, as some included a front sheet with personal information and others did not. The registered manager and the external consultant told us there was a plan for all care plans to be reviewed and redesigned.

At our last inspection, we observed that people were not always supported to engage in meaningful activities that met their individual preference or ability and there was little stimulation and engagement. At this inspection, we saw that people had an activity plan which included people's routines, preferences with activities and their likes and dislikes. There was a greater effort to ensure people were engaged with by staff and could participate in an activity. There was an activity schedule displayed in the bar area and we observed people getting their hair done by a stylist. One care plan said that the person's concentration was poor and they could not follow group activities. We spoke with the registered manager about this person so they could be further encouraged to participate in activities they could participate in and enjoyed. For example, they still liked to play ball games and could throw a ball. The registered manager told us they would encourage them to take part.

For both days of our inspection, we saw that most people were seated quietly in the lounge. We observed there was no set formal activity in the mornings but we saw a ball game take place between people and

staff. Staff made sure they had the permission of people and asked them if they wanted to be involved. Of 12 people sitting in the lounge, six people got involved and on a few occasions a balloon was used for people to use their arms and hands to tap it back. They were encouraged by the staff and people enjoyed the game. Towards the end of the morning before lunchtime, there was a painting activity and staff helped put plastic gloves on people's hands and plastic aprons over them to avoid paint spilling on them. Eight people got involved in this activity and each person was given a sheet of paper with a large letter on it which made up the words Halloween Party to paint. People told us they enjoyed the activity.

The provider had a complaints procedure in place. Records showed that after a complaint was received, the registered manager took action to deal with the complaint. At the last inspection, we found complaints had not been managed in accordance with the providers complaints policy, such as not including the investigative steps taken when investigating complaints. At our return inspection, we saw there were complaints procedures which were displayed around the home both on the first and ground floor.

Three complaints had been received since the last inspection. The complaint forms recorded the nature of the complaint, the action taken and the outcome. However, there was no section to include details of the investigation in accordance with the complaints policy, such as investigating, assessing evidence, reviewing records and interviewing those involved. The investigative steps had not been included. The registered manager told us that this was because the complaints that were made were all verbal and were dealt with immediately. However, we recommended that all complaints, including informal complaints that are received, are logged with more detail about the investigative steps in accordance with the provider's policy.

People and relatives told us the service was responsive to their needs and they were satisfied with the level of care they received. One person told us, "The staff help me quickly." Another person said, "Very good, staff are always there when I need them." A relative said, "I have no complaints whatsoever. I think you will find everything is alright. I have signed the forms and agreed for [family member] to be here."

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people who have a disability, impairment or sensory loss receive information that they can access and understand. Records showed that communication needs had been identified and recorded in people's care plans with information on how to meet those needs. For one person, staff were required to use "short questions when communicating with the person and not to use jargon, speaking in a slow and calm manner."

There were materials available in both easy read and pictorial formats such as making complaints, activities and choosing meals to ensure people can access information that was relevant to them. For one person, who spoke another language, there was information of key words translated from English to their preferred language. This was kept in the care plan. We recommended to the registered manager that a copy of this was kept in the person's room for ease of access and included in their communication plan.

The home supported people if they required end of life or palliative care. Training on palliative care had been provided to staff in October 2018 and they were knowledgeable about how people should be supported. We saw that a DNAR (Do Not Attempt Resuscitation) was in place in front of care plans and an end of life care plan was in place under a section called 'My Future Care'. These were expressed in their care plans. At the time of our inspection, there were no people in the home that required palliative care but staff told us if this was the case, they would respect the person's wishes and refer to their care plan. This would help staff ensured people were comfortable and any pain was managed sensitively. Support would also be received from health professionals for advice on managing people's end of life care.

Is the service well-led?

Our findings

At our last inspection in February 2018, there were significant shortfalls in the way the home was managed. There were multiple failures with medicines management, risk assessments and fire safety, which meant quality assurance systems in the home were inadequate. Staff were not supported with the qualifications, competence, skills and experience necessary for their role. There was a lack of robust checks on the safety of the premises and of the equipment that was in use. Governance systems in place did not identify that some policies were not up to date. A registered manager was not in place at our last inspection. This had an effect on the service delivery as the governance systems in place had failed to maintain oversight of the home.

During this inspection, we found a number of improvements had been made. There was now a registered manager in place. They were previously an interim manager who was present at the previous inspection. The registered manager was supported by the provider and an external consultant, who we met with during our inspection. Since the last inspection, the registered manager had worked with the consultant and the provider to improve the standards of the home and rectify the issues we found. There were quality assurance systems in place to monitor and improve the quality of the service. The registered manager said, "I am being fully supported by [Provider] and [consultant]. They have been so helpful and understanding. The last inspection was very stressful and difficult for me but we have worked really hard to make the home better."

However, there were some areas that required further improvement which we identified during this inspection. The home's electrical installation was not safe and work had yet to be carried out to fix all of the faults, some of which were potentially dangerous. The registered manager had made efforts to book a qualified electrician but we were concerned that the electrical report was produced in March 2018 and some of the faults, such as exposed live parts and wiring had not been addressed.

A lift service in September 2018 recommended further repairs and maintenance is carried out on the doors but this had yet to be arranged. We were concerned the length of time being taken to repair the lift especially as the lift was still operational and discussed this with the registered manager. After the inspection, the registered manager showed us evidence that the repairs to the lift has been completed.

Checks had been carried out to ensure window restrictors on older windows in the home were in working order. We checked some window restrictors on the first floor and found they were working effectively and did not open too wide to prevent any accidents. However, checks were not being carried out on some of the other windows. The registered manager told us that this was because the windows restrictors were new. This could put people at risk as the provider could not be assured the window restrictors were in working order without relevant checks due to wear and tear.

Care plans and risk assessments required further reviews to ensure they were fully up to date and consistent with people's needs. Additional training was required for staff in key areas such as equality and diversity and the Mental Capacity Act (2005).

Medicine procedures were not fully robust to ensure medicines management remained effective. For example, the provider's medicines policy did not reflect current practice in the care home because it referenced a different pharmacy to the one responsible for supplying medicines. We addressed this with the registered manager who told us they would review the policy.

Medicines audits were conducted weekly and monthly but they were not thorough enough to highlight areas requiring improvement. The provider's medicines policy did not reflect current practice in the care home. The registered manager told us that medicine audits were carried out by pharmacists and the external consultants. Staff also conducted medicines audits but we found they were not thoroughly completed and did not assist in the identification of medicines issues and the improvement of the service. Action plans were not produced to assist with improving the audits. Although staff recorded current fridge temperatures every day, they did not record minimum and maximum fridge temperatures in line with national guidance. We saw photocopies of MAR sheets were stored with the current MAR sheet. This could potentially cause confusion and mean that staff sign the wrong MAR. We discussed these concerns with the registered manager for them to review these procedures.

The provider displayed their current rating and last inspection report that was published in May 2018, in the entrance of the home. At our last inspection, we noted the provider had failed to ensure the latest CQC ratings of their previous inspection was also displayed on their current website. This was still the case at our latest inspection and we discussed with the registered manager, who told us they were planning to redesign the website. Providers are required by law to display their current rating.

This was a continued breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These issues showed that further work was required to ensure the home was fully compliant with regulations. However, given the progress that had been made in the service over the past six months, we were assured that the provider and registered manager would continue to make these improvements.

People, relatives and staff spoke positively about the registered manager. A person told us, "The manager is lovely." A relative said, "Following the last CQC report, I and another relative had a meeting with the manager and the owner and we were assured things would be put right and it has been." Another relative said, "Care is really, really good. If there are problems, the manager deals with it. It feels like a very homely home."

The home was more safe, clean, tidy and organised. Maintenance checks were in place and there was a cleaning schedule to ensure the home was safe and suitable for people. Medicines were managed more appropriately and staff and the management team were trained and knew the procedures. Other policies and procedures, such as those on safeguarding adults and how to raise a complaint had been updated. Staff were supported with regular supervision and had been provided adequate training to ensure they had the necessary skills to perform their roles. The London Fire Brigade carried out a fire safety inspection of the home in Sept 2018 and were satisfied with the home's fire safety procedures and mechanisms.

Daily care and communication logs were completed by staff. This helped staff during shift handovers and work together to follow up on any concerns. We checked these and saw they were up to date and contained important information about each person's fluid intake and activities. We also observed a staff handover during our inspection which took into account each person in the home.

At our last inspection, the provider had not been submitting notifications of safeguarding alerts, which

providers registered with the CQC must do by law. At this inspection, we found that the registered manager notified us of serious incidents and safeguarding concerns that took place in the service.

Staff told us the registered manager had improved the service and there was a positive culture of improvement. One staff member said, "[Registered manager] has made lots of good changes. They are really nice and approachable. [Registered manager works very hard and has turned things around.]"

We asked people and relative if there was anything the provider could do better to improve the home. One relative said, "It applies to everywhere, all places can be improved, I cannot put my finger on anything in particular." A person said, "No. I am happy with being here."

Staff attended team meetings, where the registered manager discussed any concerns and the particular needs of people in the home. There were general discussions in meetings to share information and other topics included safeguarding procedures, infection control, health and safety, first aid, dementia awareness, palliative care and medicines. Staff told us they found staff meetings useful.

People and relatives completed questionnaires and feedback forms, which helped to check people were satisfied with the care and support that was delivered in the home. We noted that feedback from people was analysed and was positive. Compliments were received and one relative had written in a card, "Thanks so much for looking after [family member] and making them happy." Another relative wrote, "Thank you for all the love and care shown to [family member] over the last three years." Feedback from people was collated and analysed by the management team to help drive further improvements in the service.

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 15 HSCA RA Regulations 2014 Premises and equipment The premises was not adequately maintained to ensure the safety of people in the service because work had not been carried out to repair electrical faults in the service that were potentially dangerous.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider has failed to display their latest inspection rating or a link to their rating of the service on their website.