

Woodhouse Care Homes Limited

# Pranam Care Centre

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on the 5 and 7 September 2017 and was unannounced.

Pranam Care Centre is a care home that provides accommodation and personal care for up to 50 older people some of whom are living with dementia. At the time of our inspection there were 33 people living at the service.

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

At our last inspection in March 2017, we found seven breaches of the regulations. We issued a Warning Notice to the provider for regulations relating to safe care and treatment, need for consent, safeguarding service users from abuse and improper treatment, premises and equipment and good governance. We made a requirement that the provider address the breaches in person centred planning and receiving and acting on complaints.

After the inspection in March 2017 the provider sent us action plans to say what they would do to meet the legal requirements in relation to the breaches of regulations we found and the warning notice.

At this inspection, we found that improvement had been made in most areas but further improvements were still needed in a few areas.

At our last inspection, there had been concerns about the cleanliness of some areas of the service and the maintenance of some equipment had not taken place in a timely manner. We found that most of the service was now clean and well maintained. However, one kitchenette area in the main dining area was not being cleaned to an acceptable standard and both the cleaning staff and management team had overlooked this. Food in this area was not stored safely. The concerns were addressed when we raised these with the registered manager.

Previously we found that people did not sign care plans or their relatives and care staff were not aware of their content. People now had person centred plans that contained how they wanted their care to be delivered and staff could tell us about this. Staff had worked with people to produce a "Profile page" that told staff about what was important to the person. However, they were not kept in the care records for staff with the other documents. We also found some inaccurate information in one person's record. People's bedrooms were not personalised with familiar items to them, to make them feel at home.

Previously people and relatives had not been supported to complain and there was not a management

oversight of complaints. We found that people and their relatives had been told how to complain and were encouraged to raise concerns that were logged appropriately. However, a relative told us they had made a complaint to the management team that had not been addressed as the provider's complaints procedure stated. We brought this to the attention of the registered manager who took steps to investigate this matter.

During this inspection, we found that concerns with regard to the administration and storage of medicines had been addressed. Staff had received medicines administration training and the provider had worked with the supplying pharmacist and the local authority to identify concerns and had taken appropriate action.

Previously the provider had generic risk assessments that did not cover some people's specific risks, such as risks about their health. During this inspection, we found that the provider had reviewed each person and had identified their individual risks and had put in place measures to mitigate those risks. Previously the staff moving and handling practices were sometimes unsafe. People now had moving and handling risk assessments. Staff had received refresher training in moving and handling and knew how to support people to mobilise in a safe manner.

Previously the provider was not meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff were not obtaining people's consent before offering support and care and the provider was not applying for Deprivation of Liberty Safeguards (DoLS) appropriately. We found that staff had received training in MCA and understood the need to get people's permission before supporting them. The registered manager had applied for DoLS authorisations appropriately and was following up requests when there was a delay.

At the last inspection, a recommendation was made with regard to the provision of social and leisure activities. The staff were now undertaking both group and individual activities with people.

A second recommendation was made to ensure staff supported people to express their views about their care and treatment. The staff had started to arrange one to one meetings with people and residents meetings had been held.

Staff had received safeguarding adults training and could demonstrate how they would report concerns appropriately.

The registered manager used a dependency tool to assess the number of staff required to meet people's needs. This was reviewed to reflect people's changing support needs.

There was safe recruitment of staff who received an induction and training to undertake their role. Staff received supervision and they confirmed they found this supportive.

People were being supported to eat healthily and remain hydrated. Staff supported people to access the appropriate health care.

People told us staff were caring and respected their privacy and dignity. People received support to attend their place of worship and staff prepared traditional food that people liked from their culture. People's cultural and religious festivals were celebrated.

People spoke well of the registered manager and found him approachable. However, some relatives did not feel they had been listened to when they had raised concerns.

The provider, registered manager, and deputy manager undertook regular checks and audits to ensure the quality of the service provided. However, our findings during this inspection show that whilst there has been an improvement in the provider's governance arrangements, these were not always effective because of the areas for improvements that we found during the inspection, that the provider had not identified. This was a breach of the Regulation in relation to Good Governance. You can see what action we have asked the provider to take at the back of this report.

This service has been 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.

## 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. The provider had not ensured that all areas of the home were kept as clean as possible and that items of food were always stored safely. This could put people at risk of ill health.

Medicines were stored in a safe manner and staff administered medicines appropriately.

People had individual risk assessments to keep them safe from harm and staff demonstrated they understood their responsibility to report safeguarding adult concerns appropriately.

The registered manager assessed people's individual support needs to ensure there was adequate staffing. The provider had a recruitment policy and procedure and staff were recruited in a safe manner.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff supported people to access appropriate health care.

Staff received training and supervision to equip them to undertake their role.

The provider understood their responsibilities under the MCA and had applied for DoLS authorisations appropriately.

Staff ensured people were supported to eat a healthy diet and to remain hydrated.

The service was accessible for people with mobility support needs.

**Good** ●

### Is the service caring?

The service was caring. People told us staff were caring. We saw they were professional in their approach to people.

Staff understood the need to respect people's privacy and

**Good** ●

dignity. People were supported with their diversity needs.

People and their relatives were involved in their care planning.

### **Is the service responsive?**

The service was not always responsive. The provider had ensured people and their relatives knew how to complain. However not all complaints were documented and investigated appropriately.

People had person centred plans that detailed how they would like their care and support to be given. However, some important information was not readily available to staff.

People's bedrooms were not always personalised. We recommended that the provider review national guidance to ensure people's bedrooms were appropriately personalised. .

Staff supported people to access activities both group and individual activities.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led. The provider carried out audits and checks on a regular basis however, some concerns, we found during the inspection, were not picked up during the audits and checks.

There was a registered manager in post who ensured good lines of communication between the management team and staff.

The provider worked in partnership with other agencies.

**Requires Improvement** ●

# Pranam Care Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 the 5 and 7 September 2017 and was unannounced.

The inspection team consisted of a medicines inspector, two inspectors, and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the action plans the provider had sent us to address the concerns found during our inspection in March 2017. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with eight people using the service and four family members and we observed staff interaction with people throughout both days

We reviewed six people's care records. This included associated documents such as risk assessments, recording charts and daily notes. We observed people's receiving their medicines and looked at thirty-two medicine administration records. We checked the storage of medicines and spoke with the visiting pharmacist. We reviewed three staff personnel records, including their recruitment and training documentation. We spoke with two senior staff, three care staff, an activity coordinator, and the chef. In addition, we spoke with the registered manager, the deputy manager, and a director of the company. We also spoke with one visiting health professional and two visiting social care professionals.

Following the inspection, we spoke with a family member and the local authority.

## Is the service safe?

### Our findings

At our previous inspection we found that the environment was not well maintained and that there was a malodour in the home. During this inspection, we found that most of the service was clean, well-maintained and there was no malodour. The provider had employed two cleaning staff so that the environment was kept clean and there was a maintenance contract to ensure the service was well maintained.

However, on the first day of our visit the kitchenette area in the dining room was not clean. For example, preparation surfaces were grimy and sticky, cutlery drawers and containers for tea bags had not been cleaned for some time. We found three opened sauce bottles in the cabinets that should have been stored in a fridge they were sticky with use and had not been wiped clean. The fridge contained liquidised food of an unknown content and was not dated. There was also an opened cheesecake package that was also not dated. Therefore, there was a risk that someone might eat out of date food. We saw that unopened packets of cakes were stored under the sink and in the cutlery drawer. These were not stored in a suitable container.

We brought the above concerns to the attention of the registered manager and owner. They explained that staff for the preparation of breakfasts used the area and that people made their own tea there and could help themselves to cake or biscuits that gave them independence. However, they agreed that the area was not up to standard in terms of cleanliness and food storage. They described they were considering refurbishing the area to make it more practical to use. They asked the cleaning staff to address the matter immediately. When we returned on the second day, we found that the kitchenette was clean and food was being stored appropriately. We checked the storage in the main kitchen and found that it was clean and food was kept safely.

At our inspection on 6 March 2017, we found that safe medicines management procedures were not always followed and there was a risk of people not receiving their medicines as prescribed. At this inspection, we found that improvements had been made. The provider had prepared an action plan and we saw that all the actions had been completed or were in progress. The service had received support from their supplying pharmacy and the CCG pharmacist we saw that a number of processes had been improved to keep people safe.

We looked at all the medicine administration records (MAR) for people currently in the service. We found that these records were clear and unambiguous. Where the GP had changed a dose or stopped a medicine this was clearly recorded on the MAR with signatures of two members of staff to check the accuracy. All medicines were available and MAR charts were signed to show people had received their medicines as prescribed. We observed staff giving people their medicines and saw that it was done in a caring and safe manner, having regard to people's personal preferences. Some people looked after some of their own medicines and they were supported to do this safely. One person told us that they felt safe having their medicines with them in case of need and they told staff when they used it. Creams and lotions were applied by care staff and signed for on a separate record. Body maps were used to inform staff about the use of these creams.

Medicines were stored securely, including those requiring cold storage and controlled drugs that require additional security. The controlled drugs were recorded appropriately and checked weekly. We saw creams stored safely in people's rooms. Senior staff completed a daily audit of the medicines and we saw that where minor issues were seen, for example a stock balance not being carried forward, these were acted on quickly and appropriately.

All senior carers who administered medicines had received medicines management training and checks of their competency. Where people were prescribed medicines to be taken 'when required' protocols were available to support staff to give these medicines consistently when they were needed.

People using the service told us they felt safe. Their comments included, "Yes, I'd say it's safe, there's no danger here", "I'm safer here than I was at home" and "Oh yes, I'm perfectly safe here and [family member] is happy." Staff said they had completed safeguarding adults training and they were able to tell us what they would do if they had concerns about a person using the service. For example they told us, "We must protect people" and "I would tell my senior and if they did nothing, the manager and if they did nothing then I'd go to the Care Quality Commission." There was information displayed to tell people how to report abuse. The registered manager demonstrated to us that they understood their duty to report safeguarding adult concerns to the appropriate body.

At our last inspection there were generic risk assessments that did not take account of people's individual circumstances. During this visit we found that people now had individual risk assessments to keep them safe these included the use of bed rails, mental health, physical health, mobility, moving and handling and falls. Risk assessments were thorough for example a risk assessment for a person with diabetes contained clear guidelines for staff so they could recognise symptoms of high and low blood sugar, knew the complications that might arise with regard to the person's eyesight. Risk assessments stated the actions to take to mitigate the risk to the person. Risks were assessed as high, medium, or low to show the likelihood of the risk occurring and reviewed regularly. As circumstances changed existing risk assessments were reviewed and updated for example in response to hot weather.

People had personal emergency evacuation plan that contained information about their individual support needs in the event of a fire. For example it was identified that one person was at high risk because of their mental health support needs. As such both staff and the emergency services would have this information to guide their actions. There were arrangements in place to deal with an emergency such as having an emergency evacuation plan where a place of safety had been identified and a 'grab' bag that contained emergency information about the people using the service. Fire alarm tests were undertaken on a weekly basis and a fire drill had taken place in August 2017. Fire equipment and emergency lighting were checked in July 2017. The provider had undertaken checks for the electric and the gas installations to ensure these were safe.

Most people and relatives told us there were enough staff to meet people's needs their comments included "Daytime and evening staff are different, but there is enough" and "Yes, yes, they don't rush at all". However some people felt they could benefit from more staff saying for example "I feel they could do with more staff over here not loads more but enough to cover the shifts."

Staff told us there were enough staff to meet people's needs and cover was provided when needed. Each person's records contained a dependency tool that was used as part of a system to assess staffing levels and to ensure there was enough staff to support people. The registered manager showed us these assessments were reviewed regularly to identify people's changing needs and demonstrated when staffing levels had been adjusted to ensure there were adequate staff. As such the provider was ensuring that there were

enough staff on duty to meet people's support needs.

The provider had a recruitment policy and procedures to ensure the safe recruitment of staff. Staff completed application forms and attended an interview so the provider could assess their suitability to undertake a caring role. They completed a number of safe recruitment checks. These included criminal records checks, proof of identity, right to work in the UK and requested two references from staff prior to them commencing their role.

## Is the service effective?

### Our findings

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our previous inspection there was a breach of the regulations with regard to safeguarding adults from abuse and improper treatment this was because the provider had not applied for DoLS for people appropriately. At this inspection the care records we looked at included assessments of people's capacity to make decisions about their care and treatment. Where people lacked capacity and were subjected to restrictions that could have amounted to a deprivation of liberty, the provider applied to the local authority for authorisations to deprive people of their liberty in the person's best interests. For example, some people were not able to go out without staff supervision and support. People told us if they wanted to go out they could ask staff who would support them

At our last inspection there was a breach of the regulations with regard to consent this was because the care plans did not contain people's signed consent. At this inspection we found that care plans had been signed by people. We saw that people had been involved in their care planning and staff demonstrated a good understanding of the principles of the MCA and were able to tell us how they promoted these. Their comments included, "It's important to give people choices, we don't control them" and "Some people have capacity and we respect that. For other people, we must always act in their best interests."

At our previous visit there was a breach of the regulations with regard to premises and equipment. This was because maintenance concerns were not being addressed in an appropriate manner. During our visit we saw that previous concerns such as missing radiator covers had been addressed. The provider had put in place effective systems to identify and monitor required repairs. There was a maintenance contract to ensure the service was well maintained. The service was purpose built and as such all areas were accessible by lift to people with mobility support needs.

Staff told us they had completed the training they needed for their role. Their comments included, "The training is very good, it helps me to do my job better," "I have done all the training, safeguarding, health and safety, fire safety, it has all been good" and "I have done a lot of training and it has been helpful". We saw that when starting their role staff had completed an induction booklet that included the provider's security, fire, and emergency procedures. Induction included training in safeguarding adults, health and safety, moving and handling and infection control. Staff had also completed refresher training for moving and handling, dignity and respect and dementia. Workshops had taken place to equip staff to support people with specific conditions such as diabetes and dysphasia (difficulty to communicate verbally).

The staff also told us they received supervision and support from their managers. They said, "I have supervision every month. It helps to talk about the people living here and how I am working", "I have regular

supervision, the support is very good," and "I have supervision to talk about my work and training. I think [the registered manager] is very supportive." We found that supervision was taking place either as a one to one or as group supervision. In addition, spot check observations were recorded as part of the supervision process.

People told us their health care needs were met. They said, "I can see the doctor if I need to, I just tell the staff" and "The doctor comes here and the staff help if I need to go to the hospital". A visiting social care professional told us they found staff "well informed" about people's needs. Staff were able to tell us about people's health support needs this included both their physical and mental health. Care records included information about people's health care. We saw records of appointments with people's GPs, the memory clinic and the optician. The service's pharmacist had also completed a review of each person's medicines.

Most people told us they enjoyed the food provided in the service. Their comments included, "I get a choice but I love chapatti, the staff know what I want" and "The food is not bad, most of the time", "I enjoy the food, it's usually good" and "Yes, I've just had lunch, and it was very good". However one person said they found the food was sometimes served too cold. We saw that food was brought up from the kitchen in a heated trolley there was compartments to separate vegetarian and non-vegetarian foods. On both days of inspection steam came off from the food indicating it was hot. Staff completed people's daily records this recorded their daily food and fluid intake. These showed that staff monitored people's intake of food and drinks so they could take appropriate action if people were not eating or drinking adequately.

## Is the service caring?

### Our findings

One person told us "Yeah, they listen to what I have to say, they look after me." Throughout our visit, we observed caring interactions between staff and people. Staff conversed with people and often talked to people in their own language and this created a friendly atmosphere. People using the service told us the staff treated them well. Their comments included, "The staff are pretty good, they do their best", "The staff are lovely they would do anything for you" and "The [staff] are very good, nothing is too much trouble, they are lovely".

During the inspection, we saw that people did not have to wait for care and support. For example, staff supported people patiently and caringly when they needed help to move around the service and one member of staff asked people where they wanted to sit when they brought them to the dining room. They gave the person time to make a decision and then supported them to sit where they chose. Another staff member went and fetched a shawl when a person wanted one and returned to the person's room for another item when asked to do so.

The provider recorded people's preferences about the ways staff supported them in their care records. We saw this included the time people preferred to go to bed at night and wake up in the morning and their daily routines. For example, one person's care plan included, "I like to go to bed between 10pm and 11pm. I like my door closed and the lights out." The daily care notes we saw showed that staff respected these preferences and routines.

People's diversity choices were respected. There was a church service held once a week and one person told us "I am a Christian and I enjoy the service held here." Other people's diversity preferences were documented and some people were supported on occasions to attend their place of worship by staff and the registered manager. People's cultural and religious festivals were celebrated. As such, there had been recent Eid celebrations and Diwali celebrations were being planned. People's cultural food preferences were documented for example care documented that people liked to eat a "Pure vegetarian diet" clarifying for one person they liked "Fresh vegetables and fruit, no meat or eggs."

People confirmed staff respected their dignity and privacy telling us for instance, "They (staff) knock on my door" and "Yes, first they knock on my door then come in". Care records gave staff guidance on respecting people's dignity and privacy and included a separate care plan for dignity and respect. For example, one record included, "Staff to ensure the door is shut, window curtain closed while assisting with personal care, shower or toilet." A second record included, "Staff to support and encourage me to do the things I can for myself." By supporting people remain independent staff maintained people's sense of self-esteem.

Care plans clearly stated the person's preferred language and named other languages they also spoke or understood. We observed staff communicated with people in their preferred language throughout the visit. The provider gave information to people verbally in one to one meetings, in residents meetings and in writing. Information such as making complaints and safeguarding adults was also displayed as a poster. To support people to make an important decision the provider had liaised with people and their family

members and when appropriate social care professionals.

## Is the service responsive?

### Our findings

At the last inspection we found a breach of the regulation in respect of person centred care because people had not been consulted about how they wanted their care provided and staff were unaware of people's care plan contents. People's care records included an assessment of their care needs the provider completed before the person moved in to the service. This covered their health and personal care needs, likes, dislikes, and preferences. Staff told us they used the assessment to develop a care plan for each person when they started to use the service. The care plans we saw were focused on the needs of the individual and used "I" statements and the person's preferred name to personalise the information they contained. For example, "I can wash my face, oral care, shave and comb my hair", "Give [person's name] time to understand and express themselves", "Staff must ensure they place the call bell near [person's name] while she is in her room."

However, we found that some care records contained information that was confusing for staff working with people. For example, one person told us they saw a relative three times a week but their care plan said, in two places, that they had no contact with family members. When we spoke with staff and the registered manager, they agreed the person did see relatives regularly and said they would amend the care plan.

Some care plans we looked at had very little information recorded on the "Personal history sheet". Staff often used single words to record information about a person's family, life experiences, and employment history. This lack of information could make it difficult for staff to have a good understanding of people's backgrounds so they could have meaningful engagements with people or their family members.

We brought this to the registered manager's attention and they told us this was work in progress. We found some "Profile pages" containing people's life history that staff had developed with the people's relatives. However, only some had been placed at the back of people's care plan file and the rest were kept in another file that was difficult to locate as the profiles were kept in the activities folder. We brought this to the registered manager's attention who agreed to address this.

We saw some people's bedrooms and although these were clean, there was little evidence that staff had supported people to personalise their rooms. One person told us "My room is nice." Another person told us there was no mirror in their room or anything personal things. For example, one person had an unframed photo of a family member but there were no other pictures, ornaments, or mementos that reflected the person's interests or life experiences. Other bedrooms also contained no personal items, only furniture the service provided.

On balance whilst we thought actions had been made to ensure care plans were person centred but there was still some steps the provider needed to take to ensure the information was accessible to staff and that people's service were person centred in all respects.

We recommend the provider review the way people's bedrooms are personalised in line with national guidance.

We saw from daily care notes staff completed that they delivered care in line with people's plan. We saw that staff respected people's recorded preferences about how they were cared for and supported. The daily record also included useful information for staff about what the person had eaten and drunk during the day, their personal care and how they had slept at night. However, there was little space to record general comments about whether the person had taken part in activities, if they had enjoyed them or if they had had any visitors that day. The registered manager showed us the activities people attended was recorded separately by the activities co-ordinator.

People told us "I do get asked to join in on activities, there's stuff that goes around here but I like to stay in my room, watch TV, read the paper, but that's my personal choice." People's "Profile pages" included what activities they would like to do and included for example playing pool and watching TV. We saw that the provider had brought some activities for people to participate in these included mannequins to dress and games. The service was aiming to have special activity each month as such in August there had been a barbeque and in September, a "Come dancing" event was being arranged. The activities co-ordinator kept a file of activities undertaken with people. Activities recorded group activities such as ball games and individual activities such as hand massage and listening to music in the sensory room.

At our previous inspection, we found that people did not know how to complain. People and relatives told us they knew how to make a complaint and felt comfortable doing so. For instance, one person told us they knew how to complain, "Yes I do, there is a poster behind the door" and another said, "I go to the manager." The deputy manager had recently sent out a letter to all people's relatives advising them of the provider's complaints policy and telling them how to complain.

We saw that there were a number of complaints logged These included two complaints for missing clothes which were addressed appropriately by the provider. They apologised and remedied the situation.. They also put measures in place to ensure people's clothing was washed on an individual basis and placed once dried in individual boxes to reduce the chance of items becoming lost.

However, a relative told us they had made a complaint to the management team that had not been fully addressed as the provider's complaints procedure stated. We brought this to the attention of the registered manager who agreed the complaint had not been recorded but explained a meeting with the family was scheduled and they were taking steps to investigate the matter. Therefore some action was being taken but the complete complaint procedure was not followed through as per company policy.

## Is the service well-led?

### Our findings

At our last inspection, we found that the provider did not have effective governance arrangements to assess, monitor and make the necessary improvements to the service provided to people to ensure they received quality and safe care. The provider was also not meeting a number of regulations as they are required to do by law. At this inspection we found there had been some improvements as the provider was meeting most of the legal requirements they were failing to meet at the last inspection. However, we still found that further improvements were needed. For example we found that the arrangements in place to check the cleanliness of parts of the service and making sure people or their relatives' complaints were adequately responded to as per the complaints procedure, were not very effective. We also found that care plans were not as person centred as they could have been.

The above shows the provider was failing to meet Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post who was supported by the provider and a deputy manager in their role. One staff member told us "Things are getting better." Staff spoke favourably about the registered manager, one staff member said and "I have supervision to talk about my work and training. I think [the registered manager] is very supportive." The registered manager told us they had an open door policy and encouraged staff to raise any concerns.

The registered manager told us that they supported the staff to increase their confidence in their abilities. They explained they did not criticise staff as they felt this could have a negative effect and instead showed staff how they could do things differently. They felt this was the reason why they had retained staff in the period of change following the last inspection. There were handovers for each shift coming on duty, attended by the senior staff and the deputy manager to ensure staff received updates and were aware of service changes.

The registered manager told us that they talked with people as they walked around the service and have held a residents meeting. Meetings covered a variety of topics in July they discussed activities and the barbeque, and complaints in August, the residents meeting looked at the menu, staff and complaints. People were asked their opinions of the meals served and reminded that staff should treat them with dignity and respect and they must tell the manager if this is not happening. Some relatives were positive about the service however, some were more critical and felt concerns they raised still were not being addressed.

The registered manager or the deputy manager carried out floor checks each morning. They explained this was to check how people were during the night and to check the environment and infection control. Audit forms were completed daily, we saw when an issue was identified on the audit form action was taken to rectify the issue. Medicine audits were completed each morning by the deputy manager or senior staff.

The registered manager or deputy manager also undertook weekly floor check audits that looked in more depth at the environment and included areas such as the dining room and laundry room where deep clean

took place on at least a weekly basis. There was also a monthly room check audit. We saw when concerns regarding staff performance had been noted, these had been addressed.

Monthly infection control audits took place this included observing a selection of staff washing their hands to ensure they were doing this effectively and managing the risk of cross infection. There was a monthly audit of calls bells and health and safety. The provider undertook a monthly audit of all care plans and associated documentation such as risk assessments and DoLS in June, July, and August. They cross-checked documentation to ensure consistently. The provider explained they also randomly selected people's records throughout the month to ensure entries were being entered in a timely manner. Policies and procedures were being reviewed annually.

The provider sent out quality assurance forms to people and their relatives, these were sent out throughout the year to assure the quality of the service given.

The provider was working in partnership with the CCG pharmacist, visiting health professionals, this included the supplying pharmacist and GP. We talked with visiting health and social care professionals all of whom spoke positively about the registered manager and the changes that had been made 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 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective arrangements to assess, monitor and improve the quality and safety of the services they provided to service users. 17(1)(2)(a)