

Healthy Communities Scrutiny Sub-Committee

Wednesday 7 October 2015

7.00 pm

Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1
2QH

Supplemental Agenda

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6.	Review 2: Care in our community	1 - 86
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This is the first meeting of the review into Care in the Community .There will be a presentation by the :

- CQC
- Cabinet member – with council and CCG officers
- Age Concern Lay inspectors

Helen Wells, Inspection Manager for Southwark, Care Quality Commission (CQC), will attend to present on their inspection programme with care homes.

She will speak with particular reference to concerns about three care homes, two of which have been rated as Inadequate: Burgess Park & Tower Bridge and one which Requires Improvement: Camberwell Green. By way of comparison she will also speak about the Outstanding practice at Greenhive House.

Background material is included on all of the care homes in question. A compilation and summary of all the published inspection reports for the four homes in question since 2011 is included for Burgess Park, Tower Bridge, Camberwell Green and Greenhive House, along with the full report of the most recent inspection.

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Date: 2 October 2015

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Four Seasons 2000 Limited

Burgess Park

Picton Street, Camberwell, London, SE5 7QH

CQC inspection status: Inadequate

Inspection carried out on 15 and 17 July 2015

During a routine inspection

This inspection took place on 15 and 17 July 2015 and was unannounced. Burgess Park is a nursing home that provides accommodation and personal care for up to 60 people, some of whom are frail and live with dementia. People lived on the first and second floors of the service and the ground floor was closed for refurbishment. At the time of the inspection there were 32 people using the service.

At our previous inspection on 2 March 2015 the service had not met the regulations we inspected. We issued two warning notices, which relate to person-centred care and dignity and respect. We also found other breaches which relate to safe care and treatment, meeting nutritional and hydration needs, good governance and notification of incidents to the Care Quality Commission. We issued three requirement notices for these breaches. We asked the provider to send us a report about how they will improve the service to meet our regulations. The provider sent us the report as requested.

At this inspection we followed up on the outstanding breaches of the regulations. We found that some action had been taken to address one previous breach relating to meeting nutritional and hydration needs. However, we found that the provider had not made sufficient improvements to address all the breaches. There were continued breaches in person-centred care, dignity and respect, safe care and treatment, good governance and notifications of incidents to the Care Quality Commission. We also found new breaches with regards to consent, premises and equipment, and staffing.

At this inspection we found eight breaches of regulations for person-centred care, dignity and respect, need for consent, safe care and treatment, premises and equipment, good governance, staffing and notifications of incidents to the Care Quality Commission.

There was no registered manager in post as at the time of our inspection. 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. There was a peripatetic manager in post managing the service. They told us since our previous inspection on 2 March 2015, the registered manager had left the service and a new

manager had been recruited. The newly appointed manager was not yet working at the service and therefore not present at the inspection.

Incidents and accidents which occurred at the service were not always recorded. The provider had not correctly assessed the level of staffing required to meet people's needs.

Medicines were not managed safely. People did not always receive their medicines in line with the prescriber's instructions. People were also at risk of infection because safe standards of cleanliness were not always maintained.

Whilst staff received regular training and supervision to support them in their caring role, they did not have regular appraisals. The manager was not aware of their responsibilities within the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People and their relatives were not always involved in discussions or in assessments about their mental capacity.

People's interests, social or cultural needs were not met by the activities provided. Staff were unaware of people's cultural needs and personal histories. The provider had not supported people to access local community groups or advocacy services which could provide help and support to them. People were not always provided with meals which met their needs because they were not offered any choice in their meals.

People or their relatives were not involved in making decisions regarding their care needs. People's assessments, daily observation charts and care plans were not regularly updated. The provider monitored the service and carried out quality audits; however these did not always identify areas of concern or make improvements, so that people received consistent quality of care.

People and their relatives told us they were treated with dignity and respect by staff. However, this did not reflect our observations during the inspection.

People and their relatives were asked for their opinions on the quality of the service and some of these were acted on. People were provided with information on how they could make a complaint and how the complaint would be managed.

Staff were aware of the signs of abuse and how to report an incident of abuse to their line manager or peripatetic manager of the service.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. You can see what action we told the provider to take at the back of the full version of the report.

Inspection report published 27 August 2015 - PDF included

Inspection carried out on 2 March 2015

The inspection took place on 2 March 2015 and was unannounced. At the time of the inspection there were 41 people using the service, who were older people some with dementia.

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

At the last inspection on 12 November 2014 the service was meeting the regulations we inspected.

The provider was in breach of eight regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found a number of breaches. Assessments and care plans were not regularly reviewed and updated to reflect changing need for a person. Professional recommendations made to manage risk were not always acted on by staff, increasing risk to people's health and wellbeing.

People did not always receive food which met their health and cultural needs. A food quality audit completed in February 2015; found people were unhappy with the availability and quality of food. The registered manager and interim manager had not taken action on people's comments by improving the quality of food provided for them.

There were two current staff duty rotas in use. One staff rota had details of staff scheduled to work. The other staff rota held details of staff that were scheduled to work on each shift and had information on staff sickness, absence and agency staff used. The regional manager, interim manager and the deputy manager were unable to tell us how many staff were on duty; they provided us with three different numbers of staff. People did not always receive care promptly, because staff were not available to assist them.

People were not always treated with dignity and respect by staff.

People and their relatives were asked for feedback on the quality of the service; however, their responses were not acted on by the registered manager or interim manager.

Incidents and accidents were recorded and a report produced of these. The interim manager had not provided staff with guidance on how to reduce the risk of an accident or incident recurring. People were not kept safe.

Medicines were not managed safely. People did not always receive their medicines at the prescribed times or following the prescriber's instructions.

Staff were aware of the signs of abuse and were able to tell us how they would escalate an allegation of abuse.

People were provided with information on how they could make a complaint and how the complaint would be managed.

Senior staff provided training, supervision and an appraisal for staff. Newly employed staff completed an induction programme so they could develop their skills and knowledge in order to meet the needs of people they cared for.

Staff were aware of their responsibilities within the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Some people and their relatives were involved in assessments to determine their ability to consent to care and support.

People were at risk of receiving poor care and support. People did not take account of their comments or acted on them to improve the quality of the service they received. People did not receive medicines in a safe way. The provider did not provide food and nutritional support which met their cultural or medical needs. Staff did not always treat people with dignity and respect. The provider did not send us notifications of safeguarding allegations. People's records were not updated to reflect the needs and support people required and the provider did not have sufficient staff to care for the needs of people living at the service.

We are taking action against the provider for breaches of the regulations in relation to; care and welfare of service users (Regulation 9), assessing and monitoring the quality of service provision (Regulation 10), safe care and treatment (Regulation 12), management of medicines (Regulation 13), meeting nutritional needs (Regulation 14), good governance (Regulation 17), staffing (Regulation 18) and notification of other incidents (Regulation 22A (CQC Registration)).

We will report on it when our action is completed.

Inspection report published 21 May 2015 – available on website

Inspection carried out on 12 November 2014

During an inspection to make sure that the improvements required had been made

One inspector, a specialist advisor and an expert by experience carried out this follow up inspection. During our visit we gathered evidence to answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Is the service caring?

People were supported by knowledgeable staff who knew the health and care needs of people they cared for. Staff engaged well with people and provided them with opportunities to participate in social activities. People were treated with respect, dignity and kindness.

Is the service responsive?

People or their relatives told us they were asked for their views of the services. Relatives had regular meetings with the registered manager. Some relatives said that senior staff took notice of what they told the manager. An example given was that a request was made for the registered manager to invite senior managers to the residents and relatives meetings. Minutes from these meetings were displayed on the notice board with actions taken.

Is the service safe?

Staff were aware of how to care for people with complex health needs. We saw that staff made referrals for specialist advice if required. For example, to the physiotherapist, GP or tissue viability nurse. Where people required support from two carers, this was provided for people.

Is the service effective?

People had an assessment of their needs before living at the service. Assessments were thorough to establish whether people's health and social care needs could be met at the service. Risks assessments and management plans were developed and implemented to reduce risks.

Is the service well led?

People's personal records including medical records were accurate and fit for purpose. People had regular monthly reviews; copies of the reviews were held on their care records. We found that the registered manager had made notifications to the CQC, appropriately. We were able to track each notification sent with an outcome.

Inspection Report published 17 February 2015

Inspection carried out on 4 June 2014

One inspector carried out this inspection at Burgess Park. During the inspection, the inspector gathered information to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Is the service safe?

We looked at six people's care records and saw that the service had plans in place to manage risks to their health. For example, there was guidance on how to support people who were at risk of developing pressure ulcers. However, staff had not always fully implemented these plans. We found that staff did not always protect people from risks identified from an assessment. For example we observed one person was not supported with daily transfers out of bed.

Two relatives told us that staffing levels were low at the home and it was sometimes difficult to get the attention of care staff. Following change in management a number of staff had left Burgess Park, and ten newly appointed staff were being inducted into the home.

On our inspection there was one nurse on night shift, due to staff absence. We looked at the nurse's rota and saw that two nurses should be on night duty. However, the manager provided staff to cover this absence.

People were at risk of receiving unsafe care because risk management plans were not always been put into action.

Procedures for dealing with emergencies were in place and staff were able to describe these to us.

The provider and staff understood their responsibilities under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Is the service effective?

People had an assessment of their needs before receiving care and support; from this information, individual care plans and an assessment of risk were developed. Assessments included needs for any equipment, mobility aids and specialist dietary requirements. Care plans identified areas of risk and a management plan was developed to minimise them. However, we found that staff did not always implement professional guidance.

Is the service caring?

People told us that staff were kind, supportive and staff were aware of their individual needs and preferences. We observed staff did not always treat people with respect and dignity. We observed one member of staff shouting at a person using the service and another member of staff addressing people as “sweetheart”, “love” and “darling”. Staff did not always engage well with people or offer choices; for example we saw a member of staff turn on the radio while people were having breakfast, people were not asked if they wanted the radio on or what radio station they wanted to listen to.

Is the service responsive?

We saw that the provider made arrangements for people with additional health and social care support needs when required. We saw that referrals had been made to health professionals, including GP, tissue viability nurse and speech and language therapist (SALT) for people, meeting their changing care needs.

Staff took action when appropriate to cater to specific needs of people, for example a recommendation was made for an individualised activities plan for one person. We saw that staff implemented this recommendation and we saw that staff engaged the person in activities on a daily basis.

Is the service well led?

People told us they felt able to raise and discuss concerns with staff or the manager as appropriate. Some staff told us they felt supported and listened to by the manager of the service. They said the manager was responsive to any requests and they felt involved in decisions about the care provided to people they supported. Regular team meetings were held and people were encouraged to raise any concerns or issues, and recorded in the team meeting minutes.

There was a residents meeting held with staff, people and relatives of people using the service. People raised issues and a record of the meeting minutes were provided to people. A response to the issues raised and appropriate actions taken by the manager were documented.

Staff received training regularly and new staff completed their induction, all mandatory training was up to date and staff received regular supervision and had an appraisal in place. We reviewed four staff records and we saw that the provider’s recruitment process had been followed. We saw documents held on staff records regarding; recruitment and interview process, references, identification, Disclosure and Barring Service (DBS) checks or Criminal Records checks (CRB), as appropriate.

Inspection carried out on 19 August 2013

During a routine inspection

During this inspection we checked to see whether areas of concern previously identified on 15 March 2013 had been addressed. We found that much improvement had been made but there was still some improvement required.

People had appropriate care plans in place and regular review of risks to ensure there was up to date information about how they were to be cared for and supported. For the majority we found that the care provided was in line with that outlined in their care plans. However we found that further improvement was required regarding protecting people from the risk of developing pressure ulcers.

We observed that people had good access to food and drinks throughout the day. The chef was knowledgeable on people's individual dietary requirements.

The service was visually clean and we found that staff were knowledgeable in how to reduce the risk and spread of infections.

People using the service told us they liked the staff and the staff were aware of how to meet their needs. However, we found that at times the service was short staffed which meant that people had to wait for their needs to be met.

A new supervision and induction process had been introduced to support staff. However, we found that not all staff were up to date with mandatory training. This meant there was a risk that staff were not skilled or knowledgeable on how to support people using the service.

Inspection Report published 25 September 2013

Inspection carried out on 15 March 2013**During an inspection in response to concerns**

During our inspection we looked at eight care records and spoke with four people using the service. We also spoke with eight staff members.

The majority of people had appropriate care plans and risk assessments in place. However, at times appropriate pressure sore prevention measures were not in place, which meant that some people were at risk of developing pressure sores.

Some people were not receiving appropriate amount of foods and fluids, and we saw that some people were not woken up to eat and drink which meant they went a long time without food or drink. We saw that fluid charts were not consistently used to monitor the intake and output of fluids and people were regularly not drinking the recommended amounts of daily fluids, which meant they were at risk of dehydration.

We found there were not enough qualified, skilled and experienced staff to meet people's needs. Staff at the service were very busy and told us they were not able to meet the needs of people using the service. We observed that sometimes when people used their call bells or called out to staff for

help they had to wait for assistance as there were times when no staff were available to assist them, because they were busy supporting other people.

[Inspection Report published 20 April 2013 PDF](#)

Inspection carried out on 9 January 2013

During the inspection we spoke with seven people that used the service, six staff members and reviewed five sets of care records.

People told us that they felt well informed and involved in decisions about their care and treatment. Their preferences over food choice, bed times and personal care were respected, and observations showed staff treated them with respect and protected their dignity and privacy.

Care records were up to date and evidenced comprehensive assessment and care planning. People's physical, emotional and social needs were addressed and care plans were developed in discussion with people who use the service. One person told us "the staff talk to me about what they can do for me but I like to just get on with things and they let me."

There were appropriate processes for management of medicines. The medication administration record (MAR) charts were completed correctly and observations on the day showed safe administration of medication.

Effective recruitment and selection processes were in place, with accurate pre-employment checks being carried out.

Effective quality checking systems were in place and there was regular monitoring of the quality of service provision through audits and staff meetings. People who use the service were able to feedback about the service through regular 'residents' meetings.

[Inspection Report published 12 February 2013 PDF](#) | 80.62 KB (opens in a new tab)

Inspection carried out on 18 January 2012

During an inspection to make sure that the improvements required had been made

People who live at the home said that they are happy there and that they are provided with good care. One person said that she was welcomed to the home when she came to stay and feels very settled. People said that they were happy with the service but if they had concerns they felt able to raise them.

Staff said that the staffing levels have increased since Four Seasons Health Care has been managing the service. Staff said that they are well supported and there are good training opportunities available to them. They said that staff morale has improved in recent months.

There has been significant improvement in the service provided since our last visit to Burgess Park.

[Inspection Report published 8 February 2012](#)

Inspection carried out on 28 September 2011

During a routine inspection

People told us that they are happy with the service and that they receive the care they require.

One person told us that their relative had been well cared for in the home for several years but unfortunately their needs had changed. Referrals were made by staff for reassessment and she was due to transfer to a home with facilities appropriate for people with mental frailty.

Another visitor said that their relative has done well since they came to live at Burgess Park saying that the person 'eats well, sleeps well and is happy'.

People said that they liked the meals. Some people, who have special dietary needs, arising from their culture or health, said that they did not always receive appropriate meals.

People said that the staff were kind and helpful. We were told that the staff were respectful of people, including their individual views and beliefs.

Four Seasons 2000 Limited







Burgess Park

Inspection report

Burgess Park
Picton Street
Camberwell
London
SE5 7QH
Tel: 020 7703 2112
Website: www.fshc.co.uk

Date of inspection visit: 15 and 17 July 2015
Date of publication: 27/08/2015

Ratings

Overall rating for this service	Inadequate	
Is the service safe?	Inadequate	
Is the service effective?	Inadequate	
Is the service caring?	Requires Improvement	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Requires Improvement	

Overall summary

This inspection took place on 15 and 17 July 2015 and was unannounced. Burgess Park is a nursing home that provides accommodation and personal care for up to 60 people, some of whom are frail and live with dementia. People lived on the first and second floors of the service and the ground floor was closed for refurbishment. At the time of the inspection there were 32 people using the service.

At our previous inspection on 2 March 2015 the service had not met the regulations we inspected. We issued two

warning notices, which relate to person-centred care and dignity and respect. We also found other breaches which relate to safe care and treatment, meeting nutritional and hydration needs, good governance and notification of incidents to the Care Quality Commission. We issued three requirement notices for these breaches. We asked the provider to send us a report about how they will improve the service to meet our regulations. The provider sent us the report as requested.

Summary of findings

At this inspection we followed up on the outstanding breaches of the regulations. We found that some action had been taken to address one previous breach relating to meeting nutritional and hydration needs. However, we found that the provider had not made sufficient improvements to address all the breaches. There were continued breaches in person-centred care, dignity and respect, safe care and treatment, good governance and notifications of incidents to the Care Quality Commission. We also found new breaches with regards to consent, premises and equipment, and staffing.

At this inspection we found eight breaches of regulations for person-centred care, dignity and respect, need for consent, safe care and treatment, premises and equipment, good governance, staffing and notifications of incidents to the Care Quality Commission.

There was no registered manager in post as at the time of our inspection. 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. There was a peripatetic manager in post managing the service. They told us since our previous inspection on 2 March 2015, the registered manager had left the service and a new manager had been recruited. The newly appointed manager was not yet working at the service and therefore not present at the inspection.

Incidents and accidents which occurred at the service were not always recorded. The provider had not correctly assessed the level of staffing required to meet people's needs.

Medicines were not managed safely. People did not always receive their medicines in line with the prescriber's instructions. People were also at risk of infection because safe standards of cleanliness were not always maintained.

Whilst staff received regular training and supervision to support them in their caring role, they did not have regular appraisals. The manager was not aware of their responsibilities within the Mental Capacity Act 2005 (MCA)

and the Deprivation of Liberty Safeguards (DoLS). People and their relatives were not always involved in discussions or in assessments about their mental capacity.

People's interests, social or cultural needs were not met by the activities provided. Staff were unaware of people's cultural needs and personal histories. The provider had not supported people to access local community groups or advocacy services which could provide help and support to them. People were not always provided with meals which met their needs because they were not offered any choice in their meals.

People or their relatives were not involved in making decisions regarding their care needs. People's assessments, daily observation charts and care plans were not regularly updated. The provider monitored the service and carried out quality audits; however these did not always identify areas of concern or make improvements, so that people received consistent quality of care.

People and their relatives told us they were treated with dignity and respect by staff. However, this did not reflect our observations during the inspection.

People and their relatives were asked for their opinions on the quality of the service and some of these were acted on. People were provided with information on how they could make a complaint and how the complaint would be managed.

Staff were aware of the signs of abuse and how to report an incident of abuse to their line manager or peripatetic manager of the service.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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

Summary of findings

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 safe. People were at risk of receiving unsafe care because assessments relating to the care for people were not always updated or accurate.

People did not receive their medicines safely.

Safe standards of cleanliness were not always maintained and this put people at risk of infection.

Inadequate



Is the service effective?

The service was not effective. Staff received regular training and supervision, however they did not have an up to date appraisal to support them in their caring role.

Staff were not aware of their roles and responsibilities within the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

People's interests or cultural needs were not met by the activities provided.

Inadequate



Is the service caring?

The service was not always caring. People were not supported to make decisions regarding their care.

Staff were unaware of people's personal histories and things that mattered to them.

Requires Improvement



Is the service responsive?

The service was not responsive. People and their families were not asked to contribute in the review of care records.

People were not supported to develop new relationships with their local community.

People were able to raise a complaint with the manager and were confident that their complaints would be managed appropriately and resolved.

Requires Improvement



Is the service well-led?

The service was not well-led.

The quality of care was monitored, but did not identify areas of concern we found.

There was no registered manager in post.

The manager had not notified the CQC of significant events at the service which they are required by legislation to inform us about.

Requires Improvement



Burgess Park

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 17 July 2015 and was unannounced. It was carried out by three inspectors, a nurse specialist professional advisor, a pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service and what we received from the local

authority. We also reviewed the report the provider sent us following our last inspection. During our visit we spoke with ten people who use the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care and support provided in the communal areas of the home.

We spoke with one relative, two nurses, eight care staff, the activities co-ordinator, the regional manager, the peripatetic manager and deputy manager. We spoke with five external healthcare professionals and a social care professional during the inspection.

We reviewed people's records. We looked at 26 care records, 17 medicine administration records, accident and incident reports, nine staff records, staff rota and other records for the maintenance and management of the home.

Is the service safe?

Our findings

At our previous inspection on 2 March 2015 we found that risks to people's health care and well-being were not always assessed, identified and managed by staff effectively. We found that where people were identified as being at risk of weight loss, there were no plans in place to manage and monitor this. We issued warning notices. These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people's medicines were not managed safely. We also found that the provider could not tell us how many staff was required to keep people safe. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made some improvements. Assessment of people at risk of weight loss were completed, people had support from a dietician and a support plan in place to monitor this. However, we found that some people's assessments were not always updated or accurate, people's medicines were not managed safely and the standards of cleanliness were not always maintained. This was also the case at the last inspection. We found that the provider had not taken sufficient action to address all the issues we identified.

People told us that they felt safe living at the service. One person told us, "Yes, I am safe here; I'm not worried about my safety here." Another person told us, "Some of the staff are lovely. I have my buzzer next to me and they come quickly if I need them, at night too." However, our findings during the inspection did not support what people told us.

It is the policy of the service for staff to complete daily, hourly call bell checks to make sure the call bell was accessible to people, check whether there were faults with the bell, whether it was missing or whether people lacked capacity to use the bell. When we looked at the records for these checks they were not routinely completed. When we visited two people in their rooms we noted that they were unable to call for help and support because their call bell system was out of their reach and on the floor. We asked these people if they wanted us to bring the call bell closer and they agreed on each occasion. These people were unable to call staff for help without the call bell due to their

frailty and mobility difficulties. The service did not ensure that there were methods in place to keep people safe in the event of an emergency. This increased people's risk of harm in the event of an emergency.

We met another person who was in bed, their call bell was on the floor and out of their reach. We retrieved the call bell and they pressed the call bell. No member of staff had come to assist the person in response, so we found a member of care staff and asked if they could assist the person. People were at risk of not receiving help in an emergency because they did not have access to staff when needed. The routine checks completed by staff had not identified that some people could not call for help in an emergency.

Some people lived in an environment which had an unpleasant odour of urine. We spoke with the nurse on duty about the odour in one person's room and were told that the cleaner was on duty and would clean the person's room that day. At the end of the inspection we went back to the person's room and found it still had not been cleaned.

We observed that staff did not wash their hands or use hand cleansing gel when providing care and support to people with eating, assisting with drinks or assisting people with their medicines. This increased the risk of cross infection for people.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not recorded safely. For example, we found date discrepancies in the controlled drug register (CDR) and the medicine administration records (MAR) for a person. We found that people did not have their medicines as prescribed. Staff had discontinued the administration of two people's medicines before they were due to end, in error. This increased the risk of the deterioration in their health and well-being. Staff completed drugs audit daily in addition to monthly audits. However, these did not identify the areas of concerns with the management of medicines that we found.

People's medicines were not handled appropriately. We found a hand written MAR chart for a person did not

Is the service safe?

contain all the information that appeared on the pharmacy label. This was in breach of the provider's Management of Medicines Policy and the Nursing and Midwifery Council (NMC) guidelines.

Staff had not followed professional guidance regarding the management and review of medicines. People who required covert administration of medicine were not routinely reviewed as required. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the person is unknowingly taking medication.

We found that a person had a mental capacity assessment (under the Mental Capacity Act 2005) and best interests' decisions were made relating to covert administration of medicines. However the person's GP had changed all medicines to liquid formulations and the person was not currently refusing medication and was being medicated in the normal manner so covert administration was no longer necessary. The provider had not identified that the initial decision regarding covert medicines should be reviewed due to the change in the person's needs. This was in breach of the provider's policy. People were at risk of continued poor management of medicines because these errors were not reported and staff were not provided with the opportunity to learn from the incidents.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The environment was in a poor state of maintenance with peeling paint both externally and internally. People's rooms had areas where the paintwork was scuffed and required cleaning in places. A number of curtains were hanging at the ends, because of missing hooks. Some people lived in an environment which they were not encouraged to make their own by having their personal items around them.

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

The provider assessed staffing levels in relation to the dependency levels of people living at the service. However, we found that on some occasions the level of staffing could not meet the needs of people. For example, when a

member of staff had to leave the service to escort a person to the hospital this left reduced levels of staff at the service from four care workers to three carers, with no additional cover to support people.

We discussed the level of dependency with the nurse in charge who told us that there were 22 out of 32 people who required the assistance of two care workers to support them when they required assistance to move using a hoist. We asked staff how they supported people with reduced staff. One member of staff said, "We just manage", another told us, "There should be adequate cover to support our residents all the time." People were at risk of not receiving appropriate care because there were insufficient staff available to care for them.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a recruitment process which ensured staff were recruited safely. Staff records we reviewed held documents which were relevant to the application and interview process, including criminal records checks, with copies of references and qualifications. Staff records demonstrated that newly appointed staff had completed the service's application process. Nurses and carers undertook a period of induction before they were able to work independently. Staff received support from senior colleagues to help them develop skills in order to provide effective care for people.

We observed the general cleanliness of the home in the communal areas. We noted that the bathrooms and the toilet were clean as were the commodes people used.

Staff told us that they were aware of the signs of abuse. They described how they would raise an allegation of abuse first to their manager. One member of staff said, "it's about keeping them safe" another said, "it's about protecting people" and another told us, "We keep people safe by making sure that they don't come to harm." Staff told us that they had completed safeguarding adults training but all three members of staff we spoke with did not know what action to take if they suspected abuse if their line manager was unavailable. People were at risk because staff were unable to effectively protect them from the risk of abuse.

Is the service safe?

Staff we spoke with were aware of the whistle-blowing policy and procedures of the service. Staff told us that they would be confident to raise a concern with their line manager or whistle blow if necessary.

People had risk assessments in place and identified risks had management plans. For example, people who had

been assessed as being at risk of weight loss had assessments, to determine the level of risk with action plan in place. Staff made a referral to a dietician for advice and support. We checked care records and the food plan records and this corresponded to what the dietician told us and the records we reviewed.

Is the service effective?

Our findings

At our previous inspection on 2 March 2015 we found people were not always provided with meals which met their cultural and health needs. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that people did not have access to healthcare when their needs changed. This issue was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people's medicines were not managed safely. This issue was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that the provider could not tell us how many staff were required to keep people safe. We issued requirement notices. This issue was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made some improvements in meeting the nutritional and hydration needs and met the required standard. People had access to a balanced diet to meet their health care needs and to maintain their health. People told us, "The meals are much better now there is a permanent chef." Another said, "I get all the meals that I need, I can choose my meals now, where before I had very limited choices." There were knives and forks on the tables but no spoons, so people were unable to eat and drink independently. However, people were not supported to make choices at mealtimes. The menu was hand written on a blackboard for people, but it would have been difficult to read while sitting at the table. We observed one person who could not communicate in English was unable to understand what meal was on offer. The carer supporting that person did not show them the food to enable them to make a choice.

Staff had completed training necessary for their role. The staff training records showed and the manager told us that staff had completed training in person centred care, infection control, medicine management. However, we observed that the training staff completed was not put into practice to meet the needs of people using the service. For example, although nurses had completed the medicine training by the dispensing pharmacy, we observed several medicine errors. Staff had completed person centred training, but this was not reflected in people's care records

and people and their relatives were not involved in making important decisions regarding their health and care needs. The manager met with staff regularly, but that staff appraisals were not done according to the provider's policy. We found that no members of staff had received an annual appraisal in 2014 or 2015.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not supported to have their needs and choices met by staff. For example, we saw that relatives of people who had a DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) instruction in place were not consulted if they lacked decision making capacity. We saw that where a relative had a legal responsibility to be informed of decisions relating to their health, they were not consulted in this decision. People's wishes and choices were not sought and relatives were not consulted where necessary in care decisions.

The provider did not have an understanding of their responsibilities of how to care for people within the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides protection for people who may not have the capacity or ability to make some decisions for themselves. The DoLS gives protection to people from unlawful restriction of their freedom without the authorisation to do so. At the time of the inspection there were six people who had applications under the DoLS authorised. However, staff identified that some people could benefit from an assessment within DoLS but an application was not completed for them. We found that staff were complying with the conditions of the authorisations. For example, we observed staff support a person in the appropriate use of bed rails and also in the management of another person's medicines.

Staff were unaware of the role of an independent mental health advocate (IMCA). An IMCA is an advocate for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person. When the person had been assessed as lacking decision making capacity.

Is the service effective?

People had a mental capacity assessment in place. Some people who had a MCA completed were previously identified as able to make decisions independently. We found that the MCA's did not identify a specific decision to be made. For example, six MCAs we looked had identified the decision to be made was for complex health and financial decisions. Where people required further support in making decisions, this was not identified and appropriate support in place for them. People were at risk of not being supported to make decisions regarding their health and care because their needs were incorrectly assessed.

These issues were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff practiced food hygiene practices before lunch was served. They wore new plastic aprons, washed their hands and completed food temperature checks to ensure that food was served at the correct temperature and was safe for people to eat.

Staff held a regular meeting with health and social care professionals to discuss people's individual needs. During these meetings a plan of action was agreed and actions implemented to meet outstanding needs. Referrals were made to the most appropriate health or social care professional to meet the person's needs.

Is the service caring?

Our findings

At our previous inspection on 2 March 2015, we found that people were not always treated with dignity and respect. We also found that people were not supported to be as independent as possible.

We issued a requirement notice as this was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that staff did not encourage people or their relative to be involved with the development of their care. People did not have the opportunity to make decisions in planning their own care. Staff completed assessments, care plans and risk assessments; however, people and their relatives were not always involved in this process. Assessments were focussed on tasks to be completed, such as weighing people, completing daily food charts, call bells and bed rail checks. These did not place the person in the centre of the assessment taking into account the person's, likes, dislikes, how they would like their care provided and what was important in their lives. During our discussions with people we identified that they had various interests and hobbies that they had before coming to live in the home. One person told us, "I don't do anything here, nothing happens that interests me."

However, people told us that staff were kind and caring. A person said, "The carers are so busy here caring for everyone." Another person said, "They are kind." The relatives we spoke with told us that staff were really helpful to their relative and they felt welcome when they arrived at the home.

People had documents called About Me which documented people's interests, likes and dislikes. We saw these had been completed by nurses with no reference to discussions with the person or their family. The information held on the About Me document reflected current care needs, and very little about the person's life history. People's life histories were not used to inform assessments and they were not encouraged to contribute to assessments regarding their care. People's care was focussed on tasks staff completed, and not what people wanted or how they wanted to be cared for.

These issues were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people were not treated with dignity and respect at all times. We spoke to staff about the care and support they provided to people. A member of staff told us, "It's about loving them." During our observations we heard staff speak with people in a way which did not promote respect or dignity. We heard staff call people 'darling' and 'sweetie' several times. We found that people were not protected people against the risk of a lack of dignity and respect.

We saw some examples of caring interactions and people and staff interacted and engaged each other in conversations. However, we observed staff did not understand people's cultural needs when providing care and support for them. We observed a person whose first language was not English who was unable to communicate with staff and staff were unable to communicate with them. There were no volunteers to communicate with or advocate for the person. A person who lived at the service told us, "No one can talk to them and they can't talk to us either, but they speak with their eyes." This increased the risk of social isolation and a risk that the person was unable to express their needs so staff could understand and meet those needs.

We checked the person's care records and found that an assessment of their capacity was completed and they were assessed as not having decision making capacity. There was no indication that the assessment was completed with the person in a language they understood. We asked the nurse in charge about this, and they told us there was no other assessment completed with this person. We discussed these issues with the peripatetic manager who had not identified this issue for the person or made links with a local community groups or interpreters to support this person. People were at risk of social isolation impacting on their well-being.

These issues were a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

Our findings

At our previous inspection on 2 March 2015 we found people and their family were not always involved in the development and review of care records. People were not supported to maintain relationships with people that mattered to them. Staff did not respond promptly to people's changing needs. These issues were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that people and their family were not involved in the review of care records. This was also the case at the last inspection. We also found people at risk of social isolation were not supported develop new relationships with their local community.

People's care and support needs were assessed before coming to live at the home. People told us that their assessment took place with the support from a relative who was invited to attend the assessment and added information where necessary. However, we found that some people's assessments updated since their admission to the home had some information missing. For example, in six of the care records we found that the assessed needs of people's were incomplete. People were at risk of receiving inappropriate care because their needs were not accurately assessed.

People and their relatives were not routinely invited to contribute to care plan reviews, during their admission to the service. This was identified in the minutes of the residents' meeting which stated that there was a plan for a new care planning system and would be encouraged to be part of the care planning process.

People did not have activities provided to them that met their interests. People interacted with staff in the lounge and dining room areas where people were sitting and relaxing. There was an activity board which detailed the activity for the day. We did not observe that the activity scheduled for the day took place or that another activity was offered to people. People's social needs were not met with activities that interested them.

We spoke with people about the activities which took place at the home. One person told us they did not like to join in

with any activities and preferred to stay in their room. They added, "The staff pop in quite often to make sure I am ok and my daughter visits quite regularly." We asked if they were offered individual activities in their room they said, "They are all so busy and they look after me and feed me. What more can I ask for?"

People who could not join in the activities in the lounge, did not have support which met their interests or their needs. We looked at an activity record that stated that the person had one to one reading, two to three times per week. However, the record did not record what the person wanted read to them or for how long. When we spoke with the person about this activity they told us, "No, I read to myself." The identified plan of action for this person was not carried out and increased the risk of isolation.

People's preferences were not taken into account in providing activities. While in the lounge one person told us, "I would like to go out in the garden." When we asked the activity co-ordinator whether taking people outside as a part of an activity they said "I don't like to take them out when the weather's like this." It was a warm day with level access to the garden. There were two members of staff on duty in the room caring for and supporting 14 people, there were not enough staff to support a person who wanted to do a different activity. The person was unable to make a choice and have the choice supported by staff that cared for them.

The residents and relatives meeting on 10 June 2015 identified that life history work was planned to be included in developing "a more structured meaningful activity plan." The minutes stated there was a need for more activities in the home and "We are trying to develop this further." We identified through our discussions with people, staff and our observations that this action had not been completed.

These issues were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives received a copy of the complaints policy. The service did not have any current complaints. People told us that they were able to make a complaint if needed and would be confident that staff would manage their complaint effectively.

Is the service well-led?

Our findings

At our inspection on the 2 March 2015, we found that the service was not well-led. People and their relatives were encouraged to feedback on the service; however, people's responses were not always acted on. The quality of care was not monitored, reviewed or improved by the registered manager. The registered manager had not sent appropriate notifications relating to DoLS approval and notifications of death to the Care Quality Commission (CQC). We issued requirement notices. These issues were in breach of regulation 18 (CQC Registration) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people continued not receive a service that was always well-led. There was not a registered manager in post. The peripatetic manager told us that the provider had recruited and employed a manager to take on the role of the registered manager at the service. The provider failed to ensure that the Care Quality Commission were kept informed of incidents which occurred at the service. The peripatetic manager had not sent appropriate notifications relating to people who used the service. Where people had a DoLS approval agreed and in place and when a person died we were not informed of these. This was also the case at the last inspection.

The peripatetic manager undertook internal audits on the quality of care and support. These had not identified the concerns that we found in each of those areas. For example, there were daily, weekly and monthly medicine audits which did not identify the areas of risk of the management of people's medicines which we found. When medicine errors occurred these were not routinely recorded or reported and therefore no learning was achieved from these incidents. There was a risk that people received care which was not monitored and action not taken to make improvements promptly.

People and their relatives were encouraged to feedback to staff and the manager regarding the quality of care for

people. The registered manager analysed the responses people and their relatives made. The analysis showed that the majority of people were satisfied with the quality of care, cleanliness, meals, and environment. However, we found that there were seven out of 32 people or their relative that completed the survey from April to July 2015. People and their relatives did not comment or provide feedback regarding their experiences of the quality of care.

We found a number of gaps and missing information in people's care records and monitoring charts. For example, five care plans we looked at were not completed in order to fully assess people's needs. People were at risk of receiving an unsafe service because action had not been taken to improve the quality of care records which had been identified by the provider in February 2015.

These issues were a breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

Staff were supported to be accountable for their caring roles. Staff we spoke with told us they were in charge on some days, this meant that they had to make sure colleagues filled in charts properly and reported sickness to management so alternative staffing could be sought.

Staff told us their manager listened to their views. Staff had regular team meetings where they discussed issues relating to the service and their caring. Team meetings were held on a regular basis with all members of staff of the service. Staff were encouraged to participate in team meeting and offered their opinions and suggested changes to improve the quality of the service. We saw that the suggestions made were acted on. For example, staff were involved in the development of the menu and were involved in making suggestions to revise the mealtimes.

Staff we spoke with told us they liked working at the home and felt they could get support from the nurse in charge and manager. However, they were unsettled by the changes in the management of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
People who use services were not treated with dignity and respect by staff that cared for them.

Regulation 10 (1)(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
People who use services were not protected from the risk of living in a service which was not properly maintained or clean.

Regulation 15 (1)(a)(e)(2).

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
People were at risk of unsafe care because the provider did not have enough staff which could meet people's needs.

Regulation 18(1).

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

This section is primarily information for the provider

Action we have told the provider to take

Treatment of disease, disorder or injury

The provider failed to tell us about notifiable of incidents.

Regulation 18.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People who use services were not protected against risks associated with care that did not meet their needs, preferences or choices.

Regulation 9 (1)(a)(b)(c)(3)(a)(b)(c)(d)(e)

The enforcement action we took:

We are considering the action we take and will publish an updated inspection report in the future.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People who use services were not supported to provide consent to care and treatment.

Regulation 11(1)(2)(3)

The enforcement action we took:

We are considering the action we will take and we will publish an updated inspection report in the future.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services were not protected against the risks associated with unsafe care and treatment.

Regulation 12 (1)(2)(a)(b)(c)(d)(f)(g)(h)

The enforcement action we took:

We are considering the action we take and will publish an updated inspection report in the future.

Regulated activity

Regulation

This section is primarily information for the provider

Enforcement actions

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services were not protected against the risks of receiving care that was not assessed, monitored or improved in quality.

Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).

The enforcement action we took:

We are considering the action we take and will publish an updated inspection report in the future.”

HC-One Limited

Tower Bridge Care Centre

1 Tower Bridge, Tower Bridge Road, London, SE1 4TR

CQC inspection status: Inadequate

Inspection carried out on 16 and 17 June 2015

Tower Bridge Care Centre is registered to provide nursing and personal care to up to 128 people. The service is delivered across four floors. The service provides residential and nursing care to people, some of whom have dementia.

We undertook an unannounced inspection of the service on 16 and 17 June 2015. At the time of our inspection 90 people were using the service. At our previous inspection on 25 November 2014 the service was meeting the regulations inspected.

At the time of our inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager left the service on 21 May 2015. From 22 May 2015 an interim management team was in place consisting of two relief managers.

At this inspection we found a range of concerns. Medicines were not well managed at the service. The ordering system was inadequate and the service did not always have sufficient stocks of medicines. People did not receive their medicines in line with their prescription.

The service had reviewed their staffing levels. The numbers of staff had increased in order to maintain staffing levels which were safe for the numbers of people. However, whilst recruitment was taking place this was achieved through a reliance on agency staff. During our inspection there were a number of agency staff and newly employed staff on duty, some of whom had limited knowledge of people's needs.

People had their needs assessed and identified but they were not consistently met. Care plans and management plans were in place to minimise risks to people's safety and welfare. However, the care records for some individuals were not updated and did not reflect their current needs. We also saw that care was not always delivered in line with people's care plans and advice from specialists, particularly in relation to pressure ulcer care, nutrition and hydration was not always followed. There were delays in providing people with food and drink, and some staff were not aware of people's dietary requirements.

Staff had not received the training and support they required to undertake their duties and support people appropriately. We saw that many staff were not up to date with their training, including

delivering person-centred care to people with dementia, and there was a lack of supervision for staff. Staff felt they were not able to approach the previous manager if they had any concerns or questions, however, this had changed since the interim management team were in place.

Systems were in place to collate information about the service and people's needs which could have been used to monitor the quality of care provided. However, these systems were not being used effectively at the time of our inspection. The service did not consistently learn from previous incidents and we saw that improvement actions identified through audits were not always completed.

There were some activities taking place on the day of our inspection, however, this was limited. We saw there was little interaction with people other than when people were being assisted with care tasks. Staff were polite and friendly when speaking to people. However, some staff were not familiar with people's communication needs.

People were supported in line with the requirements of the Mental Capacity Act 2005 and 'best interests' meetings were held when people did not have the capacity to make their own decisions. Staff offered people choice and involved relatives in discussions when appropriate.

Relatives were encouraged to visit the service and we saw many friends and family visiting on the day of our inspection. The interim management team had started to engage with relatives and had tried to obtain their views about the service. There was a complaints process in place and the interim management team were in the process of investigating the complaints that had not been dealt with previously.

The management and leadership at the service needed strengthening. The interim management team were in the process of supporting staff to take more responsibility for the care they provided and contribute to the changes required to improve the quality of care.

We identified breaches of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to: person-centred care, safe care and treatment, meeting nutritional and hydration needs, good governance and staffing. You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

[Inspection report published 17 July 2015 PDF](#)

Inspection carried out on 25 November 2014

During an inspection to make sure that the improvements required had been made

Two inspectors carried out this inspection. The focus of the inspection was to follow up on previous concerns we had raised about safe medicines management and completion of care records during an inspection on 10 and 11 September 2014.

Below is a summary of what we found. The summary describes what staff told us, what we observed and the records we looked at. Due to the areas we looked at we did not speak to people using the service during this inspection

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

At our previous inspection we found that detailed records were not kept in regards to people's topical medicines and that the times that medicines were administered was not always recorded. During this inspection we found that the majority of topical medication administration records contained detailed instructions about directions for use and topical medicines were administered in line with their prescription. The medicine administration records we reviewed were completed correctly and included the times of when medicines were administered.

Is the service effective?

Not reviewed during this inspection

Is the service caring?

Not reviewed during this inspection

Is the service responsive to people's needs?

At our previous inspection we found people's care records were not detailed and there was missing information in regards to people's care and support needs. During this inspection we saw the care records had been reviewed and contained detailed information about people's care and support needs, and these were regularly reviewed to ensure they reflected people's current needs. We saw records were kept to ensure people received the ongoing monitoring required to meet their needs, for example, regular repositioning for people at risk of developing pressure ulcers and completion of food and fluid charts for people at risk of dehydration and becoming malnourished.

Is the service well-led?

At our previous inspection we found care records and confidential information was not kept securely. During this inspection records were kept securely.

The registered manager undertook audits and regular checks to ensure care records were detailed and reflected people's needs. They ensured the required action was taken when areas for improvement were identified.

Inspection carried out on 10, 11 September 2014

During an inspection to make sure that the improvements required had been made

During our previous inspection on 21 May 2014 we found that people were at risk of not receiving medicines safely and not having all their care needs met due to incorrect or missing information in their care records. We asked for improvements to be made. This inspection was carried out by an inspector and a pharmacy inspector to check whether the required improvements were made.

Below is a summary of what we found. The summary describes what staff told us, what we observed and the records we looked at. Due to the areas we looked at we did not speak to people using the service during this inspection

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

During our inspection on 21 May 2014 we found people were not always protected from the risks associated with unsafe medicines management. At this inspection we found that some improvements had been made, however we found further improvement was required around the recording and administration of topical creams. People's medicines were stored securely and for all but one person adequate stocks of medicines were maintained.

However, we found the service did not always have information about when people's creams should be administered and staff had not always recorded when people had received the creams they were prescribed. We observed that people were at risk of not receiving doses of their medicines at the correct time. People were at risk of not receiving medicines safely as prescribed.

Is the service effective?

Not reviewed during this inspection

Is the service caring?

Not reviewed during this inspection

Is the service responsive to people's needs?

During our inspection on 21 May 2014 we found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate care records were not maintained. Whilst the provider told us they were taking action to address these concerns we found during this inspection that further improvement was required.

People's care records were not kept up to date, and contained inconsistent and conflicting information about people's care and support needs. People were at risk of receiving care that did not meet all their needs.

Is the service well-led?

The registered manager had not ensured that people's care records were kept up to date and did not ensure they were stored securely.

Inspection carried out on 21 May 2014

During a routine inspection

An inspection team carried out this inspection, including two inspectors and a specialist advisor who has experience of older adults nursing. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

People who used the service told us they felt safe at the service. The staff were aware of what to do if they witnessed or suspected abuse was taking place and were confident to challenge unsafe practice and report any concerns to the manager.

There were appropriate staffing levels to keep people safe, and staff had the skills and knowledge to keep people safe.

However, we found that improvements were required with the management of medicines. We found gaps in medication administration records and we could not be assured that people were receiving their medication as prescribed.

Is the service effective?

Staff demonstrated an understanding of the support needs of people who used the service, including people with dementia. A training programme had been implemented to provide staff with updated skills and knowledge to support people who used the service. Staff told us the recent training they received in wound care management had led to them being able to provide a better quality service.

People who used the service told us, "[the staff] are as good as gold. Everything is good when they are here. The staff are very polite and I feel safe here." Another person said, "The staff are not bad they are doing a good job."

However, we found that care records relating to people who used the service were in the process of being reviewed. Those that had not yet been updated were unclear and disorganised. They also lacked detail regarding people's support needs, which meant there was a risk that people did not receive the care they required.

Is the service caring?

One person using the service told us, "they look after me well." Another person said, "I'm satisfied here."

We saw positive interactions between people who used the service and staff. On the second floor there were a number of anxious people wandering around the floor and repeatedly asking questions. We saw that staff answered people's questions patiently, reassured them and spoke to them kindly and with respect.

Is the service responsive to people's needs?

Staff were busy but were responsive to people's needs. We observed people's call bells being answered in a timely manner. One person who used a call bell told us "my favourite thing is this call bell. They always come if I use it."

Staff were spending time talking with people and providing one to one interactions with people. This ensured people had someone to talk to and did not feel isolated. The staff at the home were continuing to look for ways to engage people at the service.

Is the service well-led?

Since the new manager had been in post staff commented that the leadership they were lacking was now in place. We were told about additional senior positions that had been recruited to including unit managers, and senior care assistant roles to provide leadership to different staff groups at the home.

There were systems in place to review the quality of the service provided, and we saw that areas identified as requiring improvement were being addressed.

Inspection carried out on 30 October 2013

During an inspection to make sure that the improvements required had been made

We carried out our inspection on 30 October 2013 to follow up non-compliance we had identified for two regulations at our previous inspection on 15 May 2013. At the previous inspection the provider was not meeting the standards for management of medicines and supporting workers.

We found the provider had made significant progress in implementing actions to address the concerns identified at our previous inspection. There were appropriate arrangements in place to ensure that people were protected against the risks associated with the unsafe management of

medicines. Suitable arrangements were now in place to support staff through appropriate supervision and appraisal.

At our inspection on 15 May 2013 we found the provider was meeting the standard relating to safeguarding people who use the service from abuse. However, we inspected this standard again because of the volume of safeguarding casework reported on our records and concerns that the local authority commissioners had raised with us about this. We found, as previously, that there were appropriate arrangements in place to protect people from abuse. The local authority commissioners told us that despite their earlier concerns, the majority of safeguarding cases investigated had not been substantiated and the volume of cases had decreased recently.

The local authority commissioners reported to us from their monitoring visits carried out at the service that there had been significant improvement in areas of concern previously identified at the home. On 30 September 2013 they relaxed the restrictions that had been in place for placements to the home.

At our inspection we spoke with a visiting social worker who had been supporting the service following the transfer of a group of people from another home to occupy the new dementia wing at the service. They told us that after some initial difficulties the service had worked hard to settle the new people in and had brought about significant improvements in their engagement with staff, activities and other people in the home.

[View finding of report online](#)

[Inspection Report published 29 November 2013](#)

Inspection carried out on 15 May 2013

During a routine inspection

We used a number of different methods to help us understand the experiences of people because some people using the service had dementia and could not contribute fully to the inspection process.

The people we were able to speak with said they satisfied with their care. One person said, "The staff are well trained and are generally available if I want to discuss things with them. If they are busy, they say they will come back to me and they do." Another said, "It's a very good home and is always kept clean and nice. The staff always listen to me, are polite and do a good job." One person was satisfied that their care needs were met but said, "The staff keep changing and I get a lot of different carers."

We found that people's care, treatment and support needs were met in most respects and we observed that staff interactions with people were mostly positive. The service worked in co-operation with other providers and there were appropriate arrangements in place to protect people from abuse.

However, we found shortcomings in the management of medicines and the arrangements for supporting staff.

[View finding of report online](#)

[Inspection Report published 27 June 2013](#)

Inspection carried out on 24 May 2012

During an inspection to make sure that the improvements required had been made

We carried out an inspection of Tower Bridge Care Centre on 6 December 2011. At that inspection most people we spoke with were generally positive about the care and treatment they received. Although these views were borne out by some of the care and interventions we observed, we found concerns in the following areas of service provision: respecting and involving people; care and welfare; safeguarding; medicines management; safety and suitability of premises; supporting staff, and quality assurance.

Following the inspection, the organisation provided us with an action plan to tell us what they were doing to make improvements. We visited on 24 May 2012 to see whether they had made these improvements.

During our recent inspection all of the people we spoke with told us that they were given a good standard of service and received the care and support they needed. One person told us that they were “very happy at the home”. Another said that “the staff are very nice”. Two relatives we spoke with told us that communication with staff, cleanliness and the range of activities had improved over the last few months.

Overall, we found that the concerns we identified previously had been addressed and the home was now meeting the essential standards of quality and safety.

[View finding of report online](#)

[Inspection Report published 6 July 2012](#)

Inspection carried out on 6 December 2011

During an inspection in response to concerns

The people we spoke with were generally positive about the care and respect they received from staff, the choices they had and the information they were given. They said they liked the home and staff were good at looking after them and gave them the care they needed. They said that there were things for them to do if they wanted to take part. However, one person was unhappy about how they had been treated by one member of staff and we drew this to the attention of the home manager to look into.

Although the generally positive views were borne out by some of the care and interventions we observed, our report identifies concerns in respecting and involving people; care and welfare; safeguarding; medicines management, safety and suitability of premises, staffing support and quality assurance.

Tower Bridge Care Centre was taken under new ownership on 31 October 2011. The new provider, HC-One Limited, carried out a full quality audit of the home in November 2011 and found that improvements were necessary in the quality of care and support, home environment, staffing and management and leadership. At the time of our inspection the home was implementing a detailed action plan to address these findings.

HC-One Limited

Tower Bridge Care Centre


Inspection report

1 Tower Bridge Road, London, SE1 4TR
Tel: 020 7394 6840

Date of inspection visit: 16 and 17 June 2015
Date of publication: 17/07/2015

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Inadequate 

Overall summary

Tower Bridge Care Centre is registered to provide nursing and personal care to up to 128 people. The service is delivered across four floors. The service provides residential and nursing care to people, some of whom have dementia.

We undertook an unannounced inspection of the service on 16 and 17 June 2015. At the time of our inspection 90 people were using the service. At our previous inspection on 25 November 2014 the service was meeting the regulations inspected.

At the time of our inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal

responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager left the service on 21 May 2015. From 22 May 2015 an interim management team was in place consisting of two relief managers.

At this inspection we found a range of concerns. Medicines were not well managed at the service. The ordering system was inadequate and the service did not always have sufficient stocks of medicines. People did not receive their medicines in line with their prescription.

The service had reviewed their staffing levels. The numbers of staff had increased in order to maintain staffing levels which were safe for the numbers of people. However, whilst recruitment was taking place this was

Summary of findings

achieved through a reliance on agency staff. During our inspection there were a number of agency staff and newly employed staff on duty, some of whom had limited knowledge of people's needs.

People had their needs assessed and identified but they were not consistently met. Care plans and management plans were in place to minimise risks to people's safety and welfare. However, the care records for some individuals were not updated and did not reflect their current needs. We also saw that care was not always delivered in line with people's care plans and advice from specialists, particularly in relation to pressure ulcer care, nutrition and hydration was not always followed. There were delays in providing people with food and drink, and some staff were not aware of people's dietary requirements.

Staff had not received the training and support they required to undertake their duties and support people appropriately. We saw that many staff were not up to date with their training, including delivering person-centred care to people with dementia, and there was a lack of supervision for staff. Staff felt they were not able to approach the previous manager if they had any concerns or questions, however, this had changed since the interim management team were in place.

Systems were in place to collate information about the service and people's needs which could have been used to monitor the quality of care provided. However, these systems were not being used effectively at the time of our inspection. The service did not consistently learn from previous incidents and we saw that improvement actions identified through audits were not always completed.

There were some activities taking place on the day of our inspection, however, this was limited. We saw there was

little interaction with people other than when people were being assisted with care tasks. Staff were polite and friendly when speaking to people. However, some staff were not familiar with people's communication needs.

People were supported in line with the requirements of the Mental Capacity Act 2005 and 'best interests' meetings were held when people did not have the capacity to make their own decisions. Staff offered people choice and involved relatives in discussions when appropriate.

Relatives were encouraged to visit the service and we saw many friends and family visiting on the day of our inspection. The interim management team had started to engage with relatives and had tried to obtain their views about the service. There was a complaints process in place and the interim management team were in the process of investigating the complaints that had not been dealt with previously.

The management and leadership at the service needed strengthening. The interim management team were in the process of supporting staff to take more responsibility for the care they provided and contribute to the changes required to improve the quality of care.

We identified breaches of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to: person-centred care, safe care and treatment, meeting nutritional and hydration needs, good governance and staffing. You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Summary of findings

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 safe. Appropriate stocks of medicines were not maintained, and people were not provided with their medicines as prescribed. Medicines were not stored appropriately and there was a lack of information for staff about administering people with 'when required' medicines.

Staffing levels had been increased to ensure people's safety. However, there was reliance on agency staff and not all staff were aware of people's individual needs.

Assessments were undertaken to identify risks to people's safety and welfare. Management plans were in place to minimise risks. Staff were aware of safeguarding procedures and reported concerns to their manager.

Inadequate



Is the service effective?

The service was not effective. People were not supported to have food and drink in a timely manner. Staff were not aware of one person's dietary requirement, and staff did not monitor people's fluid intake appropriately.

Staff did not have the training and support to undertake their duties and support people using the service. Staff required further supervision.

People were supported in line with the Mental Capacity Act 2005. We saw that one person that had a Deprivation of Liberty Safeguard in place was supported appropriately.

People were supported to access healthcare services when needed to have their health needs met.

Inadequate



Is the service caring?

Some aspects of the service were not caring. Staff were friendly and polite when speaking with people. However, staff were not always aware of people's communication needs and preferred communication methods.

People, and their relatives, were involved in decisions about their care.

People were supported with their end of life choices and the service obtained support from the palliative care team when needed. However, some of the information about people's end of life care needs was not included in their care records.

Requires improvement



Is the service responsive?

Some aspects of the service were not responsive. People's needs were assessed and plans were in place to support people with them. However, we saw that care was not always provided in line with their care plans and advice from specialist healthcare professionals.

Requires improvement



Summary of findings

There were some activities taking place at the service. We observed that much of the interaction between staff and people using the service was focussed on when people were being assisted with care tasks.

People were supported to make complaints about the service, and the interim management team were investigating the complaints that were not previously dealt with. The management team met with complainants to ensure that complaints were resolved to their satisfaction.

Is the service well-led?

The service was not well-led. There were systems in place to monitor the quality of care provided, however these were not being used effectively at the time of our inspection. Actions were not taken in a timely manner to address areas identified during audits as requiring improvement.

The leadership and management of the service needed strengthening. The interim management team had plans in place to develop the staff team and ensure staff worked together.

Staff told us they felt supported by the interim management team and felt able to approach them if they had any concerns or questions.

Inadequate



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

This inspection took place on 16 and 17 June 2015 and was unannounced.

The inspection team consisted of two inspectors, a pharmacy inspector, a specialist professional advisor who specialised in end of life care, 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.

Prior to the inspection we spoke to the safeguarding and commissioning teams from the local authority. We also

reviewed the information we held about the service, including statutory notifications received, and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 15 people that used the service and 10 relatives. We reviewed 16 people's care records. We spoke with 17 staff including members of the management team, nurses and care assistants. We also spoke with the GP who was visiting on the first day of our inspection. We reviewed medicine management processes. We reviewed staffing records including attendance at training, completion of supervision and appraisal records. We reviewed management records including audits, incident records, safeguarding records and complaints.

We undertook general observations and used the short observational framework for inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

There was unsafe medicines management and people did not receive the medicines they required to help manage their health needs. Medicines were not stored appropriately, adequate stocks were not maintained and medicines were not administered as prescribed. Ordering processes were not sufficient and processes were not in place to ensure appropriate stocks of medicines were delivered to the service. We found that since the new cycle of medicines started on 27 May 2015 12 medicines were out of stock for a period of time, which meant people did not receive the medicines they required to manage their health. We found that three people were not administered their medicines as prescribed. We saw that one person received half their prescribed dose for one of their medicines, another person received three times their prescribed dose and one person received six doses of a medicine that had previously been stopped by the GP. This meant one person received more sedating medicine than required, one person did not receive sufficient medicine to help manage their mental illness and one person received medicine they did not require which could have had a negative impact on their health. We found that for six medicines the amount recorded as administered on people's medicine administration records did not tally with the stocks of medicines kept at the service. We found there were higher levels of medicines at the service than expected which meant people had not received their medicines as prescribed.

We found that some people required medicine to be administered 'when required'. However, there were no protocols available informing staff as to when people required these medicines administering. One person was prescribed a pain relieving patch. This was to be administered weekly. The person had not been given this for one week. The person was also prescribed morphine to be given 'when required' to top up the pain relief. The morphine had not been administered. There was no pain assessment undertaken and the person was unable to communicate verbally whether they were in pain. This person had not received any pain relief for a two week period.

We saw two insulin pens were opened on the day of our inspection. These pens were not labelled with the person's name or the date of opening. Therefore we could not be

assured as to whether the pens were in date and used within four weeks of opening. One person told us they were diabetic but they were unsure of their insulin dose or when they were meant to get it. We also saw that fridge and room temperatures were not consistently taken on two of the floors, meaning we could not be assured that medicines were kept at a safe temperature. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safe staffing levels, however, some of the staff were newly employed or agency staff and did not know the needs of people using the service. This impacted on the delivery of individualised care. The interim management team had reviewed the staffing levels at the service, and new staffing levels had been introduced based on the number and dependency needs of the people using the service. This ensured there were sufficient numbers of staff available. We observed call bells being answered promptly and staff were available to support people. However, due to staff being newly employed or agency staff they did not always know the people they were caring for. One person's relative told us, "Recently there has been a complete new staff team so I don't know them or them me, but they are all very pleasant." Another person's relative told us in regards to staffing, "It's better but not sure if they'll stay." A third relative said in regards to staff, "They're all new. I don't know who's who."

Staff told us having more staff on shift had enabled them to be able to respond to people's wishes and be able to spend time with people. However, they also said that there was still pressure on the permanent staff because the agency staff did not know the people they were caring for.

Staff were knowledgeable about recognising signs of abuse. Staff informed us if they were concerned about the safety of a person they would report this to their manager. We saw from the statutory notifications received that staff had raised previous concerns about possible abuse to their manager, and the service worked with the local authority to ensure concerns raised were investigated. Staff were aware of whistleblowing procedures and they told us they felt comfortable following them if felt necessary.

We saw that body maps were in place for most people, however, their function was not clear. Some staff used the body maps to record that dressings were changed, some were used to identify and monitor any changes in people's skin integrity, and some staff were using body maps to

Is the service safe?

record and monitor bruising. Due to this confusion we saw that some marks and bruises were not recorded, and there was a risk that some people had injuries that were not adequately monitored and investigated.

Risks to people's safety and welfare were identified. Staff undertook assessments of people's needs and the risks to people's safety and welfare. They were reviewed monthly or more frequently as required to ensure they reflected people's current needs. These assessments included reviewing whether a person was at risk of developing a pressure ulcer, or at risk of falling. Pressure relieving equipment was in place to reduce the risk of people developing a pressure ulcer. For people that were unable to do so independently, staff supported them to reposition every two hours to redistribute their weight and relieve pressure from parts of their body. We saw for some people that were at risk of falling, crash mats and bed rails were in

place where appropriate. Mobility aids were available for people that required it, including walking sticks and frames, to ensure they had the support they required to mobilise independently around the service. One person required closer observation and further support to ensure their safety as they were at high risk of falling. Additional staff were on duty to provide this person with one to one support.

Some of the people using the service displayed behaviour that challenged the service. Further advice and support had been obtained from a specialist team to enable staff to support people appropriately. Staff were aware of who was likely to display aggressive behaviour and what the triggers were to the behaviour. We saw staff were quick to defuse situations and support people to calm down. There was information in people's care records about how to support them to reduce their anxiety and frustration levels.

Is the service effective?

Our findings

One person told us, “The food is good.” However, we found that some people were not supported to have sufficient to eat and drink. We saw that people were not protected against dehydration. Some people at the service were assessed as requiring their fluid intake to be monitored, due to being at risk of dehydration or other health conditions. For the majority of the fluid charts we saw there was no target amount of fluids identified for the person, and the fluid they had consumed was not totalled. This meant staff were not able to closely monitor the amount of fluid the person was having and ensure it was in line with their needs. We saw that one person did have a target fluid intake recorded, however for the week prior to our inspection the person had only come close to meeting this target on one occasion. This meant the person was regularly not having the amount of fluids they required and we could see no action being taken to address this.

We saw that people were not protected against eating foods which did not meet their healthcare needs. One person was assessed as requiring a low potassium diet. Not all staff were aware of this and the kitchen had not been informed to provide a specific diet for this person. There was a risk, due to not all staff being aware of the person’s specific needs and a lack of staff training, that the person would not have their dietary requirements met.

We saw that people were not protected against malnutrition and dehydration. There were delays in providing people with food and drink. We saw that one person had gone over 17 hours without a drink, and another person had to wait over two hours after waking to be provided with a drink. We saw that for one person because they were asleep when breakfast was served they were not provided with breakfast, including when they were taken out for the day with relatives. This person’s relative told us they were concerned that the person was hungry as they always ate the food the family bought in for them and ate all meals provided outside of the service. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not receive the support and training they required to ensure they had the knowledge and skills to carry out their roles and provide high quality care to meet people’s needs. Processes were in place to monitor staff’s compliance with their mandatory training. However, we

found that 31% of staff had not received training on delivering person-centred care to people with dementia, 62% of staff had not receiving training on promoting healthy skin, 60% required training on maintaining people’s dignity and 54% required safeguarding training. Staff told us they had not had any specific training about supporting people nearing towards the end of their life or those requiring palliative care. We also heard that staff were required to complete training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff did not receive the support they required to undertake their duties. Supervision had been provided up until February 2015, however, we saw these meetings were used to discuss the service’s expectations of staff. There was no opportunity for staff to raise any concerns or ask for support to undertake their duties and meet people’s needs. We saw supervision had been used to discuss competency and performance concerns, however, there was no evidence of the actions identified to address the concerns being carried out. For example, one staff member had been identified as requiring further training and this had not yet been delivered. Another staff member was due to have another supervision session to discuss their performance but there was no record of this being carried out. Appraisals of care staff had not been undertaken in the last year. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff were aware of their requirements under the MCA and supported people to make decisions about their care. Staff understood that people’s capacity to make a decision may vary depending on their illness and different diagnoses. We saw that for people that did not have the capacity to make certain decisions about their care these were done for them at ‘best interests’ meetings in line with the MCA. One person was unable to make an informed decision about their medicines. At a ‘best interests’ meeting it was decided that to maintain their health staff were to provide this person with their medicines covertly.

We saw that for most people applications had been made for them to be assessed as to whether it was appropriate for a (DoLS) to be in place. However, the interim management team was unsure as to how many had been

Is the service effective?

approved and at what stage of the assessment process some of the applications were. One person was known to have a DoLS in place and staff supported them appropriately to maintain their safety.

We saw that people were referred to other professionals as required to have their health care needs met. Staff asked the GP to review people if they were concerned that their health had deteriorated. People were supported to see a dentist and optician as required. One person's relative told us they were concerned that the person had lost their dentures and an appointment had been booked with the dentist to address this.

The service supported people to have support from other healthcare professional when needed. The service had regular contact from a tissue viability nurse and dietician. We saw people were referred to specialist services as required, for example one person had regular appointments for diabetic eye screening and another person received support from a physiotherapist. Previously the service had not been having regular input from a chiropodist but the interim management team had addressed this, and a chiropodist was booked to come to the service.

Is the service caring?

Our findings

One person told us, “We like it here.” Another person said, “In the main this place is very good and comfortable.” People described the staff as “endlessly patient”, “marvellous” and “an angel”. One person’s relative said, “I have never heard anyone [the staff] raise their voice and that is really good.” One person’s relative told they had “always found staff kind, without exception.”

We observed staff speaking with people politely and in a friendly manner. People appeared to enjoy the interactions they had with staff. We saw people and staff sharing a joke and laughing with each other. People told us they enjoyed spending time with staff and liked that the staff took them out on occasion.

People’s communication needs were not consistently met. One person told us the staff did not call them by their preferred name. We informed the interim manager about this and they told us they would ensure all staff were aware. One person’s relative was concerned that staff did not understand the person’s communication needs. We saw that there was conflicting information in the person’s records about their communication needs, and some of the information did not accurately reflect the person’s method of communication. One person’s first language was not English. Some basic phrases were included in the person’s records in their language, but we did not hear staff using these on the day of the inspection.

Staff respected people’s privacy. Staff ensured people’s doors were shut when personal care was being delivered.

People told us they were able to maintain contact with their families and friends. One person told us, “The family come and visit.” We saw many people having visitors over the two days we were inspecting. Visitors were made to feel welcome and were able to spend time with people in the privacy of people’s rooms or socialising with other residents in the communal areas.

Staff supported people to maintain friendships and socialise at the service. One person told us, “I like living here and seeing the other people.” They told us they had become friends with another person using the service. Another person said the best thing about the service was being able to make new friends.

People were supported to practice their faith. Church services and communion were held at the service weekly. One person told us they were supported by staff to go to their church for services and to watch concerts and celebrations.

People were involved in decisions about their care. If the person was unable to make that decision, we saw that relatives were consulted. Staff told us they were aware of the importance of offering people choice and ensure their decision was respected. We saw that the people were offered choices at mealtimes and throughout the day, and staff provided support and care in line with the person’s wishes.

The service was working with colleagues from a local hospice to ensure people’s wishes and preferences were included in end of life care. We saw that for those that wished to have it, a ‘Do not attempt cardio pulmonary resuscitation’ form was in place. For people that were unable to make this decision, this was made by the GP in discussion with other healthcare professionals and relatives as appropriate.

We saw that two people had been referred to the specialist palliative care team for further support. However, there was no information in one person’s care records as to whether they had been seen by the team, or for the another person the outcome of the referral. A staff member informed us that for one person input from the palliative care team was not required at this time but that was not recorded in their care records. We saw that care records did not always contain information about deterioration in people’s health, and there was a risk that this information would not be available to the staff team.

Is the service responsive?

Our findings

One person's relative told us, "[The person] is quite happy. The staff here look after them well. We could ask for nothing better." Another person's relative said, "I feel the care is as good as it can be, they look after him well."

In the majority of records we saw that people's individual needs had been assessed and that plans were in place to meet their needs. However, we saw that not everybody received care in line with their care plans and in line with advice from other healthcare professionals. One person had two pressure ulcers. A tissue viability nurse (TVN) had been to review the ulcers and provide specialist advice to staff about how to support the person to ensure the ulcers healed. However, we saw that the advice given by the TVN had not been followed. From the person's repositioning charts we saw they were regularly lying on their back which was not in line with advice from the TVN. Also dressings were not changed as frequently as advised by the TVN. We could not be assured that the appropriate care was provided to ensure the ulcers healed in a timely manner and prevented further pain and discomfort to the person.

One person had fallen. They received the appropriate care immediately after the fall to ensure they were given any treatment required. However, their care records were not updated with information about the fall or how the person was to be supported to minimise the risk of another fall.

One person had a catheter and we saw that a care plan was in place regarding catheter care. However, this had not been updated in response to the GP's review about the person's care and in particular in regards to the 'flushing' of their catheter. The frequency of the person's catheter flushing had been changed to an 'as required' basis. However, there was no information to staff as to what 'as required' meant and when the flush would be necessary to ensure the person's health and welfare.

Some people required their blood pressure and blood glucose levels to be monitored. We saw that for some people this was not undertaken as frequently as stipulated in their care records. This meant there was a risk that these people would not receive the care they required in a timely manner to address any abnormal readings. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two staff members told us they felt communication within the team needing improving, to ensure staff were kept up to date with people's changing needs. Staff felt the communication systems, including a book and handover meetings needed to improve to ensure sufficient information was captured and shared.

Staff supported people on occasion to access the local community. One person told us that staff accompanied them to go shopping, and other people said they had been able to go to the local shops and amenities. We observed some activities and interactions being provided at the time of our inspection. One person's relative told us the staff helped the person to read the newspaper and they enjoyed this activity. There was a concert on one of the floors on our first day of inspection, however, upon asking why people from one floor were not attending the staff member told us they were not aware the activity was taking place. Some people that may have enjoyed that activity then missed out. One staff member told us there were plenty of resources at the service, but that staff did not always use them to engage people. We observed there was little interaction between staff and people that was not focussed on the task being carried out, for example we saw staff speaking to people when offering meals or supporting them with their mobility aids, but we did not observe them spending time undertaking activities or engaging people in discussions.

People's relatives were aware of how to make a complaint. 13 complaints had been received during 2015. The interim management team was investigating each complaint, and held meetings with the complainants to address the concerns raised. The interim management team was quick to apologise when poor care had been delivered and informed complainants what action was taken to minimise reoccurrence. The complaints centred around the previous lack of staff at the service and the impact this was having on the quality of care delivery. The interim management team was addressing new concerns when they were raised before they escalated to a formal complaint, to provide a more responsive service and ensure concerns about the quality of care were addressed promptly.

The provider had a system to record and review all complaints. This enabled the manager and the provider to track all complaints received and ensure they were responded to appropriately, and in a timely manner.

Is the service responsive?

The service held a meeting prior to our inspection to meet with relatives of people using the service. Unfortunately, only one relative attended. The management team wrote to the relatives of each person to update them on the changes to the service including the changes to the

management team and the increase in staffing levels. The letter also invited relatives to raise any further concerns they had with the management team so that they could be addressed.

Is the service well-led?

Our findings

Systems were in place to collate information about people's needs and dependency levels. This included reviewing information about infections, pressure sores, weight loss, and falls. The system enabled the management team to review any trends or themes in people's needs, and to identify whether appropriate follow up treatment and care was provided to meet people's needs. However, the interim management team had not reviewed and used this information. The management team had started to meet weekly to discuss changes in people's needs, and there was a plan in place to turn this meeting into a regular clinical risk meeting to ensure people got the support they needed and received a high quality service. However, this was not in place at the time of our inspection.

A meeting was held monthly to review all falls that had occurred at the service and those people identified as being at high risk of falls. This meeting was designed to ensure the people received the appropriate support to maintain their safety. However, we saw that no actions were agreed from the last meeting and one person continued to have regular falls.

There was a process in place to record and report incidents. All incident reports were reviewed by a member of the management team to ensure appropriate management plans were in place to support the person and ensure their care records were updated. However the service did not always learn from previous incidents. We identified that one person had previously had a fall and their care records were not updated to reflect this nor was the management plan to minimise reoccurrence. A safeguarding concern had been investigated in relation to pressure ulcer management. Nevertheless we found there were still concerns around pressure ulcer management on the day of our inspection.

Audits were undertaken to review the quality of care provided. This included auditing care records, medicines management, infection control processes and health and safety systems. However, we saw that the medicines audit did not identify all the concerns that we saw on the day of the inspection and the care records audits were not carried out on all records which meant they did not identify the concerns we saw on the day of our inspection.

The operations director undertook their own checks on the quality of the service. We saw the findings from their visit in April 2015. Their checks identified some concerns with the quality of care provided, however, appropriate action was not taken to address the concerns raised. For example they had raised concerns about how body maps were being completed and that fluid charts were not been accurately completed. We identified this as an area requiring improvement at the time of our inspection. At the time of our inspection no recent checks had been undertaken to review the quality of care delivered at night.

Whilst there were systems in place to review the quality of the service these were not sufficient to ensure high quality care was provided and that risks to people's safety and welfare were mitigated. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management and leadership of the service was being developed at the time of our inspection. The registered manager left the service in May 2015. Since then an interim management team was in place to address the concerns raised and improve the quality of care provided. On the day of our inspection recruitment for a new permanent manager was underway. There had been further changes in the management team at the service. One of the deputy managers had left the service and a new clinical lead had been recruited.

The local authority was concerned that there was a lack of leadership at the service and disorganisation within the team. Unit leads were in place on two of the floors, however, the other two floors still required further leadership. The interim management team acknowledged that the staff on the floors needed to take further responsibility and accountability for the care they provided, and ensure the appropriate information was reported to enable the managers to monitor the quality of care provided. There were plans in place to provide further coaching and role modelling to staff through practical supervision to improve the quality of care provided, however this was not in place at the time of our inspection.

Staff told us since the interim management team had been in place and the staffing levels had increased, staff were happy and morale was increasing. Staff told us they felt supported by the interim management team. One staff member said that things were getting better and everyone wanted to do the best for the people using the service. Staff

Is the service well-led?

said they now felt able to approach the staff team if they had any concerns or questions. They felt the management team supported them to provide better quality care. They felt listened to. One staff member said, “Managers are around and if you need them you can go to them.”

However, it was acknowledged by the interim managers that teamwork needed strengthening. There were plans in place to further consult with staff and ensure all staff were informed about the changes required to improve quality. However, at the time of our inspection no staff meetings had been held since January 2015.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
The registered person did not ensure that appropriate care and treatment was provided to service users to meet their individual needs. Regulation 9 (1) (a) (b) (3) (b).

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The registered person did not ensure systems or processes were established to assess, monitor and improve the quality and safety of the service, or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (1) (2) (a) (b).

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The registered person did not ensure persons employed received appropriate support, training, supervision or appraisal to enable them to carry out their duties. Regulation 18 (1) (2) (a).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was provided in a safe way for service users, as they did not ensure the proper and safe management of medicines. Regulation 12 (1) (2) (g).

The enforcement action we took:

A warning notice was issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs The registered person did not ensure the nutritional and hydration needs of service users were met, as they did not ensure adequate nutritious food and hydration was provided to sustain good health. Regulation 14 (1) (4) (a).

The enforcement action we took:

A warning notice was issued

HC-One Limited

Camberwell Green

54 Camberwell Green, Camberwell, London, SE5 7AS

CQC inspection status : Requires improvement

Inspection carried out on 26 February and 12 March 2015

During a routine inspection

Camberwell Green provides nursing care for up to 55 older people, some of whom have dementia. When we visited the home there were 35 people living there.

This inspection took place on 26 February and 12 March 2015 and was unannounced. The service was last inspected on 7 August 2014 when we found the service was not meeting the regulations in relation to handling people's medicines, supporting workers, and they did not have care plans to describe the support needs of people who had unintentional weight loss. We found at this inspection that improvements had been made.

The service had a manager who was appointed in December 2014. Her assessment to be registered with the Care Quality Commission was underway at the time of our visits and she was registered on 2 April 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At this inspection we found two areas where improvements were required. A person was occupying a bedroom in which the fire door was damaged and it had taken too long for it to be repaired, leaving the person at risk in the event of a fire. The arrangements for dealing with emergencies did not ensure that people were safe as the staff did not have easy access to a master key to enter people's bedrooms when necessary. Although there were management systems to identify, manage and assess risks, they had not operated effectively to recognise the issues of concern which we found. You can see what action we told the provider to take at the back of the full version of the report.

Since our previous inspection improvements had been made to the management of medicines. We found some areas of concern on one unit in the auditing systems used. We brought this to the attention of the provider and they dealt with it quickly. At this inspection we found there were enough staff to provide care for people who required it.

The provider made suitable arrangements to protect people from the risk of abuse and staff were knowledgeable about the action to take in response to concerns of this kind.

People were protected by safe processes to recruit qualified and experienced staff whose suitability had been properly checked before they began work in the home. Staff received support and training in relevant topics which assisted them to provide good care for people.

The manager and staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and people were not deprived of their liberty unless it had been authorised.

People were supported to eat and drink enough and to have meals appropriate to their needs. The GP visited weekly and there was access to a range of health care professionals for advice.

People's privacy and dignity were respected. Most interactions we observed between staff and people were kindly and warm. One person was supported to have her pet dog living in the home with her.

People had access to the medical assistance they needed. Health care professionals gave advice to nursing staff to inform their care.

Inspection report published 1 June 2015 and included

Inspection carried out on 7 August 2014

During an inspection in response to concerns

One inspector, an inspection manager, pharmacist inspector, an expert by experience and a specialist advisor carried out this inspection. During our visit we gathered evidence to answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Is the service caring?

We found that people did not always receive appropriate care following advice and input from a health professional. For example we found that people did not always receive regular repositioning, as recommended in the repositioning charts. This put people at greater risk of developing pressure ulcers.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. For example, people with specific health needs such as diabetes or people with unintentional weight loss, did not have care plans which described the support they required.

People and their relatives told us that staff were busy and there was a quick turnover of staff. The manager had told us that there had been a number of changes in the staff team, and some new staff had been recruited.

Is the service responsive?

We saw that referrals had been made to a social worker for people, meeting their changing care needs. People told us they were sometimes involved in reviewing their plans of care when their needs changed and we saw that following the review appropriate support recommended was implemented. For example a change in the management of their medicines.

Is the service safe?

There were systems in place so staff were able to learn from events such as quality audits. This helped to reduce the risk to people and improved the quality of the care they received.

Procedures for dealing with emergencies were in place and staff were able to describe these to us.

Is the service effective?

People had an assessment of their needs before receiving care and support; from this information individual care plans were developed. Assessments considered people's needs for any equipment, mobility aids and their specialist dietary requirements. Risks associated with people's health and medical needs were assessed and a management plan developed and implemented to minimise them. We found examples where these were not always implemented or reviewed regularly by staff caring for people.

Is the service well led?

People told us that they did not know who to raise or discuss concerns with. One person said, "There are so many managers here, I don't know who to talk to. I just talk to the staff around, if I need to."

There were quality assurance systems in place to improve the lives of people. There were regular team meetings to discuss improvements to the service. The home manager regularly met with residents and relatives and changes were made in response to their views, for example, a change in the menu.

The manager had sent notifications to the Care Quality Commission (CQC).

Inspection carried out on 12 March 2014

During an inspection in response to concerns

We spoke with five relatives during our inspection. They spoke positively about the care and support people received in the home and told us they felt confident their relatives were safe despite the number of changes. A person visiting a relative told us, "the recent changes have introduced a more caring and approachable management and staff team". We saw several instances of kind interactions between staff and people who lived at the service.

We found that people did not always experience care, treatment and support that met their individual needs or protected their welfare and safety. Although people's needs were assessed, care and treatment was not always delivered in line with their individual care plan. There were enough

staff available, but some were insufficiently knowledgeable about people's individual needs to ensure that they were met.

People could not be confident that important events that affect their welfare, health and safety had been reported to the Care Quality Commission (CQC) so that where needed action could be taken. People could not be confident that the provider makes notifications about management changes to the CQC as they are required to do by regulation.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

Inspection Report published 30 April 2014

Inspection carried out on 26 November 2013

During an inspection in response to concerns

We observed practice and spoke with people using the service on all floors. We talked with the manager, deputy manager and care staff on duty. We found there was enough equipment to promote the safety and comfort of people who used the service. There were sufficient hoists available for the people who needed to use them to move safely. Staff confirmed that the equipment available assisted them to move people safely and in comfort. They said that in addition to hoists other equipment was available such as 'sliding sheets' and these were kept in people's rooms for convenience.

Staff were trained in safer handling techniques and the use of equipment. A training session was underway during our visit.

The home used an electronic medicines management system. Nursing staff told us that they had received training in the system, and they were able to demonstrate how to use it correctly. Systems helped ensure people received their prescribed medicines on time. The electronic system prompted staff when to give medicines, so that no doses were missed, medicines were scanned to ensure that the correct medicines were given.

Staffing levels were appropriate and these were tailored to respond to the needs and number of people using the service. Recently hours were increased and provision was made to extend the activity programme. The home had two activity co-ordinators employed at the service, this ensured that suitable stimulation was provided over seven days at the home.

Inspection Report published 21 December 2013

Inspection carried out on 23 July 2013

During a routine inspection

During the inspection we spoke with people who lived on all of the units at the service and with visitors. We spoke with nursing and care staff who worked at the service and with managers. We contacted professionals involved with the service.

The majority of comments we received about the service were positive. People told us that staff were "wonderful", that the care was "good" and "they look after us well". Relatives told us that they are informed if there are any problems and they feel confident discussing their concerns with the manager and staff.

On the day we visited recruitment interviews were underway and we were told of plans to create a "bank" of staff who would be prepared to work at short notice. It was anticipated these actions would assist in ensuring a full staff team was available

Inspection Report published 06 September 2013

Inspection carried out on 18 February 2013

During a routine inspection

During the inspection we spoke with ten people who lived at the service and five visitors. We spoke with nursing and care staff who worked at the service and with managers. We had contact with seven professionals involved with the service by telephone and e-mail.

People who lived at the service told us that they liked the staff who provided care: one person described staff as "so kind". However we also heard that the quality of care was sometimes adversely affected by low staffing levels. One relative said "they are sometimes a bit short of staff". Our observations and findings confirmed this view. We found that people had to wait longer than they would like for assistance with care tasks.

Appropriate arrangements were in place to manage medicines.

We heard that professionals had found errors in care records and this reflected our findings. We found some errors in record keeping including in an assessment of a person's nutritional needs.

We found that people who lived at the service were asked their views but we found that changes were not always made to reflect their wishes.

Inspection Report published 10 April 2013

Inspection carried out on 11 January 2012

During an inspection to make sure that the improvements required had been made

People who live at Camberwell Green told us that they are happy with the care they receive. They praised staff for their kindness and caring nature. One person said 'I can't fault them'.

There have been significant improvements to the service since our last visit to Camberwell Green.

Inspection Report published 8 February 2012

HC-One Limited

Camberwell Green

Inspection report

54 Camberwell Green
London
SE5 7AS
Tel:020 7708 0026
Website: www.hc-one.co.uk

Date of inspection visit: 26 February and 12 March
2015
Date of publication: 01/06/2015

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

Camberwell Green provides nursing care for up to 55 older people, some of whom have dementia. When we visited the home there were 35 people living there.

This inspection took place on 26 February and 12 March 2015 and was unannounced. The service was last inspected on 7 August 2014 when we found the service was not meeting the regulations in relation to handling people's medicines, supporting workers, and they did not have care plans to describe the support needs of people who had unintentional weight loss. We found at this inspection that improvements had been made.

The service had a manager who was appointed in December 2014. Her assessment to be registered with the Care Quality Commission was underway at the time of our visits and she was registered on 2 April 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At this inspection we found two areas where improvements were required. A person was occupying a

Summary of findings

bedroom in which the fire door was damaged and it had taken too long for it to be repaired, leaving the person at risk in the event of a fire. The arrangements for dealing with emergencies did not ensure that people were safe as the staff did not have easy access to a master key to enter people's bedrooms when necessary. Although there were management systems to identify, manage and assess risks, they had not operated effectively to recognise the issues of concern which we found. You can see what action we told the provider to take at the back of the full version of the report.

Since our previous inspection improvements had been made to the management of medicines. We found some areas of concern on one unit in the auditing systems used. We brought this to the attention of the provider and they dealt with it quickly. At this inspection we found there were enough staff to provide care for people who required it.

The provider made suitable arrangements to protect people from the risk of abuse and staff were knowledgeable about the action to take in response to concerns of this kind.

People were protected by safe processes to recruit qualified and experienced staff whose suitability had been properly checked before they began work in the home. Staff received support and training in relevant topics which assisted them to provide good care for people.

The manager and staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and people were not deprived of their liberty unless it had been authorised.

People were supported to eat and drink enough and to have meals appropriate to their needs. The GP visited weekly and there was access to a range of health care professionals for advice.

People's privacy and dignity were respected. Most interactions we observed between staff and people were kindly and warm. One person was supported to have her pet dog living in the home with her.

People had access to the medical assistance they needed. Health care professionals gave advice to nursing staff to inform their care.

Summary of findings

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 safe. A fire door which was fitted to a bedroom had been damaged and repairs had taken too long to complete. This meant the person sleeping in there had been at risk if a fire had broken out. Arrangements to enter people's rooms in an emergency would have led to delays.

Staff were knowledgeable about how to recognise signs of potential abuse and were aware of the reporting procedures.

Assessments identified risks to people in relation to, for example, falls and pressure sore management and plans were in place to deal with them and keep people safe.

Staffing levels were appropriate to keep people safe and meet their needs. The provider made sure staff were safe to work with vulnerable people by taking up references and checks before staff began work.

Requires Improvement



Is the service effective?

The service was effective. Staff were trained and supported to meet people's needs. Staff liaised with health professionals and followed advice to look after people well. People's nutritional needs were assessed and met.

The requirements of the Mental Capacity Act 2005 (MCA) Code of Practice and the Deprivation of Liberty Safeguards (DOLS) were met. Staff were trained and understood the legal requirements in relation to MCA and DOLS.

Good



Is the service caring?

The service was caring. We observed interactions which showed caring and compassion from staff to people.

We saw people being treated with respect, kindness and compassion. People's dignity and privacy was respected.

Good



Is the service responsive?

The service was responsive. People's individual needs were considered.

Advice was sought from specialists when required and this was used to make sure the service appropriately responded to people's changing needs.

People and their relatives felt confident in raising concerns about the service.

Good



Is the service well-led?

The service was not well led. The service was regularly assessed by the manager and the provider with a view to improving people's quality of life. However the assessments had not identified the shortfalls we noted so improvements could be made.

Requires Improvement



Summary of findings

Staff felt the service was well led and they were able to raise concerns with managers of the service.

Camberwell Green

Detailed findings

Background to this inspection

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

The inspection was carried out by two inspectors, a specialist pharmacist inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the home we reviewed the information we held about the home, including records of notifications they are required to tell us about. We also had contact with two specialist nurses and two social care professionals involved with the service.

During our inspection we spoke with six people living at the home and three relatives. We also spoke with 10 staff, including the manager and members of the nursing, care and ancillary staff teams. We spoke with the managing director and the project manager who were at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records, including six care plans, three recruitment records, health and safety records and quality assurance checks. After our visits the manager and project manager provided information we requested, including training records and action plans.

Is the service safe?

Our findings

Some aspects of the home were not safe so people were not always protected from risks associated with an unsafe environment. In one unit we saw a bedroom door was damaged and were concerned that as it was a fire door it would not protect the occupant from fire. We were told the damage happened when the person had mistakenly locked the door and could not unlock it. Staff did not have access to a master key with which to open the door. The key had been taken off the premises in error, so staff entered the room by removing the lock and damaging the door. The person who occupied the room was given the opportunity to move rooms while arrangements were made for the door to be replaced but they chose not to. Although the manager had tried to order a new door this had not been possible through the provider's usual system. When the issue was escalated to senior managers the door was replaced on the same day.

The manager described the usual arrangements to access the master key in an emergency. They were complicated and relied on reaching the manager by phone who would then give instructions about the location of the master key. These arrangements were not suitable to provide prompt assistance in an emergency and could have left people at risk.

We found that the registered person had not protected people against the risks associated with unsafe premises. This was in breach of regulation 15(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(d) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular checks were made of the fire alarm and emergency lighting systems and the fire extinguishers. Fire drills were conducted. A fire drill took place in January 2015 and the manager said she was dissatisfied with the staff response to the alarm being activated and felt the response time was too slow. A meeting had been held with staff to discuss the shortfalls and the frequency of fire drills had increased. The water system was checked to make sure it was safe.

People had access to enough staff to care for them. Planned staffing levels were based on the numbers and needs of the people who lived at the home. A rota was planned to provide sufficient numbers of staff in all units.

There was a registered nurse on duty in each of the units. They worked alongside carer workers in each unit. The number of carers varied between the floors. We did not hear many calls for assistance while we were at the home, and those we did hear were answered promptly. Generally staffing levels were suitable but on one occasion a carer was not available to care for people as they were providing support to another person. A carer remaining on the unit on one of these occasions said "It's so busy I haven't had a break yet." We were told that in the week following our visit an additional staff member was to be allocated to the team to assist staff at particularly busy times.

When we last assessed the management of medicines at the service in August 2014, medicines were not managed safely. At this inspection, we found that the process for prescribing and supply of medicines had improved. Medicines administration records were accurate and up to date, providing evidence that people were receiving their medicines as prescribed. We looked at the prescribing and use of sedating medicines for agitation and saw that these were not being used inappropriately or excessively. End of life care plans were in place and anticipatory medicines had been obtained for two people nearing end of life so that they would have the necessary medicines to relieve pain and other symptoms without delay.

There were protocols for medicines to be given when required, such as pain relieving medicines, were now available for people who were not able to communicate verbally when they were in pain. Staff administering medicines had sufficient information to be able to administer these medicines. We spoke with three nurses responsible for administering medicines, and they were able to explain how they assessed whether people were in pain at every medicines round. However these informal pain assessments were not recorded, therefore there was no written evidence that pain assessments were carried out regularly to ensure people were not left in pain.

Two people were regularly refusing their essential medicines. Appropriate procedures were in place and were followed to ensure that people without capacity to consent to taking their medicines continued to receive essential medicines.

The provider made suitable arrangements to protect people from the risk of abuse. Staff had training in safeguarding procedures and they were aware of the action to take if they had concerns that people may be at risk of

Is the service safe?

harm. Staff could call a confidential helpline if they wished to raise concerns through the provider's whistleblowing procedure. Posters about the helpline were displayed in the home.

Staff assessed risks presented by people's conditions with the aim of keeping them safe. We saw a range of risk assessments including those which related to the use of bed rails, moving and handling, falls and the risk of developing pressure ulcers. Action was taken to manage these risks, for example specialist equipment was provided for people assessed as at risk of developing pressure sores and there was a plan to ensure that a person's position was moved regularly to reduce the pressure to parts of their body.

People living at the home had a range of physical needs and some required equipment to assist people to move safely. If people used a hoist with staff assistance to move, they were supplied with an individual sling to use and

people had walking aids which met their individual needs. We saw staff making sure people used their walking aids and staying close by and observing them while they were walking to make sure they were safe.

People were cared for by staff who were judged to have suitable skills and experience to do so. Recruitment processes were safe. We looked at three recruitment records and found appropriate checks and references were taken up before staff began work at the home. The checks included criminal records, nurse's registration with the Nursing and Midwifery Council and people's employment history. Appointments to posts were confirmed when staff had successfully completed a six month probationary period.

People were cared for in a clean and hygienic environment. Staff had protective clothing available, such as gloves and aprons and they were used appropriately. Staff had been trained in infection control procedures. The building was visibly clean and had a pleasant smell.

Is the service effective?

Our findings

Staff provided care which was directed at meeting people's needs. A relative told us they said they were satisfied with the care the home provided and they felt staff were experienced and skilled for their roles. Another relative said they were pleased there was a settled staff group to care for their relative. They said the staff had got to know them and knew their needs. . They said, "We've had a lot of changes, we've got a good team now, I hope they stay." Another visitor said they were glad there were now permanent staff available to look after the people who lived at the home as they felt it was "better for them than having lots of agency staff". They said their relative had been "upset" during the period when many different staff were caring for them but they were "settled now."

The provider supported staff to carry out their work. They received training in subjects the provider had decided were mandatory for their roles. These included issues concerned with health and safety such as moving and handling, emergency procedures, fire safety, and infection control. They were trained in care planning, equality and diversity and safeguarding people. Staff had also received training in preventing pressure sores from a tissue viability nurse

People were assisted by staff who were supported and happy in their work. Staff said they received regular supervision from senior staff where they had the opportunity to talk about their work and receive advice and guidance about how to meet people's needs. At our last inspection staff had not been adequately supported as they had not received appraisals. The provider had acted on this and staff received appraisals which identified areas of good practice and their training needs, it was intended that these would be carried out annually.

A staff member said a good thing about the home was a sense of "team work" which had previously been lacking but now was present. Another staff member told us there had been a "difficult" period at the home but felt it had improved.

The manager and staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff received training in the MCA and DoLS as part of their mandatory training. Applications to restrict some people's liberty had been made and the manager was awaiting the outcome of the

assessments. Mental capacity assessments had been conducted. If people did not have capacity to take part in important decisions, for example about a medical matter, best interests meetings were held in line with the requirements of the MCA.

People had support to have enough to drink. On each floor there were containers of soft drinks and cups so drinks could be offered to people easily. Staff used these during our visits and offered people drinks frequently. People told us the food was "OK" and another person said it was "alright". There had been several changes of chefs and the post was not permanently filled during our visits. Recruitment for a new chef was underway.

At our last inspection we found that people who had unintentional weight loss did not have care plans which described the support they required with meals. At this visit this had improved and there were details of how to support people to have sufficient food. People were assessed using the Malnutrition Universal Screening Tool' (MUST) to check whether people were at nutritional risk. If they were, then staff wrote a care plan to address their needs. One care plan included details of foods the person particularly liked and could be offered on occasions when their appetite was poor. This reduced the risk of the person missing meals and helped to increase their intake of food. Advice was sought from speech and language therapists about how to care for people with swallowing difficulties. This advice was recorded in people's care plans together with instructions about the consistency of food people required. This enabled people to be supported appropriately when eating and reduce the risk of people choking.

The GP visited the home once a week and was available for consultations outside of the visits if concerns arose. The 'out of hours' doctor service was used when necessary as was emergency medical help. Advice was available from medical professionals such as physiotherapists and the members of a care homes support team, to enable staff to provide people with care specific to their needs.

The building was suitable for the needs of the people who lived there. There were two lifts which allowed access between all of the floors, one was big enough to accommodate someone using a stretcher. All doorways were wide and there was level access allowing people with

Is the service effective?

mobility needs and wheelchair users to move around easily. People could access a safe enclosed terrace from a ground floor lounge. This gave people access to fresh air and the opportunity to watch events in the local area.

Is the service caring?

Our findings

Staff looked after people with care and compassion. Visitors told us they felt the staff cared for their relatives and they felt welcomed when they visited. We saw contact between people and staff that showed a caring attitude. We saw one person who liked to be with staff and as they ensured they were close to them for reassurance. The person looked settled and comfortable in their company. As well as nursing and care staff showing a kind attitude we saw staff from the catering and administrative team being helpful to people, asking if they needed assistance and talking to them warmly. There was a calm atmosphere in the home and staff spoke to people gently and with warmth.

Staff were observant of people's well-being and comfort. A member of staff noticed when a person was not sitting comfortably and put an extra cushion behind their back so they could relax. We saw a person singing and conversing with a member of staff with warmth and humour. The person was smiling, looked relaxed and then sang along to the music playing.

Although of the majority of our observations were of staff being caring we saw an interaction which concerned us. We entered a person's bedroom, with permission, and saw a person in bed. They were crying and we felt they were distressed, we also saw they had insufficient bedding. We told a member of staff about this. They went into the person's room and although they rearranged the bedcover they made no attempt to comfort the person. We felt this showed an uncaring attitude. The manager shared our concern when we told her about the incident and she agreed to follow it up.

Staff had decorated bedroom doors with people's names and photographs and this helped people to find their way to their private spaces. At our last inspection in August 2014 'memory boxes' had been fitted by bedroom doors but were empty. A memory box can contain personal items which can help people to reminisce and recall events and people from their past. We saw at this visit that improvements had been made and the memory boxes contained items of importance to the people. For example the contents of several boxes included flags of people's country of origin, many contained photographs and items relevant to the person's interests or former profession.

One person was supported to have their pet dog living with them at the home and staff supported their relationship. Although the dog had lived there for a long time at our last inspection there was no information about the pet, or how the person was supported to care for them. At this visit we saw that details had been recorded about the dog's care and suitable arrangements were made for the dog's care.

People's privacy and dignity were respected. We observed that staff closed doors when people were using the toilet and being assisted with personal care. People were well dressed and groomed and had the opportunity to have their hair done by hairdressers who visited the home every two weeks.

The home provided care for some people who were at the end of their lives. They had links with a local hospice. Two staff were participating in a training programme provided by the hospice to increase staff knowledge and understanding about this area of care. Care plans were clear and documented people's wishes about the end of their lives and how they wished to be cared for. The home had discussions with family members about people's preferences, wishes and their spiritual needs.

Is the service responsive?

Our findings

Staff provided care which met people's needs. A visitor told us they were happy with the way their relative was looked after. They said the staff team "knew people as individuals" so could meet their needs. They said they were involved with their relative's care plan and gave staff written information to help them get to know them and their history.

At our last inspection we found care plans did not reflect people's care needs. At this visit we found that improvements had been made. Each nurse is now allocated a reasonable number of care plans they are responsible for updating and reviewing each month. The stability of the staff team has helped as staff knew the people well so care plans are more reflective of their individual needs.

Generally the care plans were up to date and reflected people's assessed needs. However in one person's plan we saw they had a mental health need documented. However there were no details on how the condition was to be managed, or any signs for staff to be aware of that might indicate deterioration in the person's condition. We were concerned that the person may experience a relapse and without adequate information staff could miss signs of their deterioration.

At our last inspection we found that charts to record people's food and fluid intake were inaccurate. The provider had taken action to address this shortfall. Charts were reviewed by nursing staff and shortfalls addressed. A staff meeting included discussions about the purpose of the recording and spot checks were made to monitor their completion. The provider recognised that this was an area that needed on going attention and that had been built into their regular monitoring.

Care plans were reviewed at least every month and more often if necessary. For example if a person had a fall their care plan and associated risk assessments were reviewed to ensure they were accurate and any changes identified were made. This ensured that the care plans were responsive to changes in people's conditions. After such an event people's condition was monitored and assistance was sought from the GP or accident and emergency department if necessary.

The plans included information about people's cultural, religious and spiritual needs. The manager told us they had begun discussions with representatives from places of worship with the aim of increasing opportunities for people to express their spirituality. In one of the lounges a religious radio station was playing. A member of staff told us the people in the room were from the same religion. We saw people listening to the music which played. Some people were engaged in this activity, some smiled, tapped, sang and hummed along to the music, other people sat quietly and looked relaxed.

People had the opportunity to take part in activities. We saw people joining in a quiz which people said they enjoyed and did on most days. A game of musical bingo was arranged but we observed that few people were engaged in it, although they smiled when the music was played as part of the game. The manager is aiming to review and expand the range of activities available for people to take part in.

A relative told us they felt able to approach the manager with concerns and was confident they would be dealt with properly. People had opportunities to give their views about the home. People could make complaints about the care provided or other aspects of the home. A relative told us they felt able to approach the manager with any concerns they had and felt confident the matter would be dealt with. The complaints procedure was displayed in the main entrance hall of the home. Staff said that if anyone raised a complaint with them they would inform the manager so it could be investigated. No complaints had been made since the manager had been in post.

Meetings had been arranged to take place every three months for people who live at the home and their relatives. The manager wanted to use these meetings to give the people and relatives the opportunity to raise concerns with her. Information was in the reception area of the home about how people could give their experience of the home on a website which gathered feedback about care services. A formal survey of people's and relatives' views had not been conducted recently, but was planned.

Is the service well-led?

Our findings

Some aspects of the home did not demonstrate that it was well led so people could not be sure that management arrangements consistently met their needs. The provider had put in place procedures and checks to provide assurance that the home was operating to meet the needs of the people who lived there. However the systems had not prevented some shortcomings. For example there were checks and audits to make sure medicines were being managed safely but we saw that these checks were not always carried out properly or effectively on one unit.

Specifically the daily checks of controlled drug stocks had not picked up a stock discrepancy, the checks of the medicines fridge temperature were not carried out properly, the daily checks by nurses to see if prescribed creams were being applied regularly by care staff were not being done often enough, and daily stock counts of some medicines were not recorded clearly or accurately. We saw that some of these issues with medicines had not been identified during the providers own overall medicines management audits in January, February and March 2015.

In addition the provider had a procedure in place to notify nursing staff about medicines alerts. We saw evidence that the manager had notified nursing staff of a recent alert on the risks of unsafe storage of food thickeners, but staff had not taken action on this alert. Not acting on this medicines safety alert may have placed people at risk.

The provider took immediate action on the issues we noted, by making sure food thickeners were removed and stored safely on the day of our inspection, by investigating the controlled drug stock discrepancy, obtaining new medicines fridges and arranging medicines retraining for staff, which was due to be completed by 20 April 2015. They wrote to us setting out the action they would be taking to address the issues they had identified during their own internal audits, this was due to be completed by 24 April 2015.

Audits of care plans were being carried out and this formed part of the quality assurance systems in the home. Nevertheless they had not addressed the shortfall we identified about the lack of a care plan about a person's mental health need.

We found that the registered person had not protected people against the risk of inappropriate or unsafe care and

treatment by means of regular assessment and monitoring the quality of the service provided. This was in breach of regulation 10(1)(a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management of the home was more stable than over the last two years when there had been several changes of manager and the management of the home had been unsettled. Since December 2014 a manager has been permanently in post and since our visits had been registered with the Care Quality Commission. A deputy manager was appointed in February 2015 and was providing clinical leadership to the home. The manager had been given support to take over the management role, including a handover from the previous post holder, training in the provider's management systems and assistance from senior managers from the organisation.

The feedback we received was that the manager had settled well, people and their relatives were familiar with her and staff believed she was responsive. One member of staff said the manager was "very nice and if you tell her about something she sorts it out very quickly."

Visits had been made to the home by senior managers. During our first visit we met both the regional project manager and the managing director of HC-One. They were regular visitors to the home and we saw them talking with people who lived at the service and staff. We heard from staff they felt supported by the senior managers, one said, "I can talk to the regional manager about anything I am concerned about."

The regional project manager wrote reports of his visits. They showed he assessed the quality of the service provided by talking with people and staff about their experience of Camberwell Green. They also observed care practice and did checks and other records in the home. If improvements were identified an action plan was created with target dates for completion of the work.

The quality of the home was also assessed at visits made by an HC-One quality inspector who made recommendations to improve the experience of people who lived in the home. A recent improvement they had identified was to introduce the use of discreet labelling for

Is the service well-led?

people's clothes as they noticed that some people's clothing was marked in a way that detracted from their dignity. The manager was making arrangements to make the improvement.

Notifications of events had been made to CQC as required. There were systems to learn from incidents. The form on

which they were recorded incidents included a section to detail the action taken to prevent such incidents recurring, such as reviewing risks of falls and environmental assessments and evaluating the care plan to assess whether changes were needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Treatment of disease, disorder or injury

People who use services and others were not protected from avoidable risk of harm because the provider had not taken all reasonable steps to ensure the health and safety of people using the service.

Regulation 12(2)(b)(d)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Treatment of disease, disorder or injury

Service users were not protected against the risks of inappropriate or unsafe care by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users.

Regulation 17(2)(a)

Anchor Trust

Greenhive House

50 Brayards Road, London, SE15 2BQ

CQC inspection status: Outstanding

Inspection carried out on 16 & 17 July 2014

During a routine inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

We inspected Greenhive House on 16 and 17 July 2014. Our first visit was unannounced and we told the manager that our second visit would take place the next day.

At our last inspection on 8 October 2013 we found the home was meeting the regulations inspected.

There was a registered manager at the service, as required. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People living at the home and their relatives said they felt they were safe there. Professionals involved with the home said they believed that people were not at risk of harm. Staff were aware of signs that might indicate someone was at risk of harm and knew the action to take in such circumstances.

Staffing levels were set according to people's needs. Staff were trained and supported to care for people well. They worked alongside health professionals and were aware of when specialist attention was necessary and who to contact.

People were treated with respect and warmth and their individual needs were considered and met.

People had the opportunity to be part of the local community. They went on outings using the home's minibus. Recent trips had included a visit to Dulwich Picture Gallery and a local park. Activities were also provided in the home, children from local schools visited to sing and chat to people and there were events connected with the football World Cup.

The quality of the service was assessed by the registered manager and the provider so they could identify any improvements that were necessary. Staff felt well managed and their views and achievements were recognised. The home aimed to follow best practice in their work.

Inspection report published 27 January 2015 and included

Inspection carried out on 8 October 2013

During a routine inspection

Greenhive House provides care and support for people who may have dementia. We spoke with five people living at the home.

One person she said "I like it here", another said they were "happy and contented." A third person said they were "grateful to the home." We spoke with three relatives who told us they thought people were "well cared for." One relative explained that "staff are kind."

We spoke with four care workers, the registered manager and deputy. The atmosphere was cheerful and friendly on the day of the inspection. We saw people taking part in a quiz.

We observed that staff respected and involved people in their care. People received the care and support that met their needs. We saw that the staff co-operated with other providers to ensure that people's needs were met. We found that staff were supported by their line manager and had access to training and development opportunities. The provider assessed and monitored the quality of care that people received.

Inspection Report published 01 November 2013

Inspection carried out on 12 July 2012

During a themed inspection looking at Dignity and Nutrition

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people living in care homes are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a CQC inspector and a colleague, joined by a practising professional, and an "expert by experience" (people who have experience of using services and who can provide that perspective).

We used a number of different methods to help us understand the experiences of people using the service. A number of the people who lived at this care home had dementia. During the day and at lunch we completed a detailed observation called a, 'short observation for inspection' (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also gathered evidence of people's experiences of the service by speaking to four visiting relatives.

On the day of the inspection there were forty eight people using the service. The home was comfortable and clean, people told us they enjoyed the relaxed and congenial atmosphere.

People told us they found mealtimes enjoyable, and that they had a choice of suitable foods provided. We saw that those requiring help at mealtimes received the support and assistance they needed with eating, and this was done as discreetly as possible

People using the service spoke of the benefits of the security and stability they experienced in the home from having the same care staff care for them.

A person spoken with said, "Everything is done with such thought for the people that live here, there is nothing too much trouble for staff".

Another person spoken with said, "Staff are kind and considerate", they make us feel valued and include us in discussions".

The home promotes a respectful environment, and values people from all backgrounds. The home holds a 'diversity day' each year and celebrated the range of cultures and beliefs represented in the people who live and work in the service.

Download full report

Inspection Report published 3 September 2012

Inspection carried out on 8 November 2011

During a routine inspection

People who live at Greenhive House told us that they are happy there, that they liked the staff and enjoyed the activities. We spoke to visitors who told us that their relatives receive 'fantastic' care from kind and patient staff. They said that they are kept informed about their relative's welfare and progress and are welcomed when they visit. One person told us how their relative has settled well at Greenhive House, they had made friends and their health had improved.

Inspection Report published 3 January 2012

Anchor Trust

Greenhive House

Inspection report

50, Brayards Road
London
SE15 2BQ
Tel: 020 7740 9880
Website: www.anchor.org.uk

Date of inspection visit: 16 & 17 July 2014
Date of publication: 27/01/2015

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

We inspected Greenhive House on 16 and 17 July 2014. Our first visit was unannounced and we told the manager that our second visit would take place the next day.

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There was a registered manager at the service, as required. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People living at the home and their relatives said they felt they were safe there. Professionals involved with the

Summary of findings

home said they believed that people were not at risk of harm. Staff were aware of signs that might indicate someone was at risk of harm and knew the action to take in such circumstances.

Staffing levels were set according to people's needs. Staff were trained and supported to care for people well. They worked alongside health professionals and were aware of when specialist attention was necessary and who to contact.

People were treated with respect and warmth and their individual needs were considered and met.

People had the opportunity to be part of the local community. They went on outings using the home's minibus. Recent trips had included a visit to Dulwich Picture Gallery and a local park. Activities were also provided in the home, children from local schools visited to sing and chat to people and there were events connected with the football World Cup.

The quality of the service was assessed by the registered manager and the provider so they could identify any improvements that were necessary. Staff felt well managed and their views and achievements were recognised. The home aimed to follow best practice in their work.

Summary of findings

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 safe. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

Staffing levels were appropriate to keep people safe and meet their needs.

The requirements of the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were met. People were not deprived of their liberty without legal authority.

Good



Is the service effective?

The service was effective. Staff were well trained and supported to meet people's needs.

Staff liaised with health professionals and made sure they followed advice to look after people well. Staff were observant and noticed if people needed medical attention.

People enjoyed the meals and menus took into account their preferences and needs.

Good



Is the service caring?

The service was caring. People were treated with respect, kindness and compassion. People's dignity and privacy was respected. Staff knew the people they care for well and were committed to helping them achieve a good quality of life.

People were involved in discussions about their care and care plans had been signed by people or their representatives to indicate their agreement with them.

Staff had undertaken training to provide people nearing the end of their lives with good quality care.

Outstanding



Is the service responsive?

The service was responsive. People's individual needs were considered. Advice was sought from specialists when required and this was used to make sure the service appropriately responded to people's changing needs.

The home had links with the local community and people enjoyed taking part in a range of activities. Trips out were arranged and entertainment took place in the home.

People were asked about their views and had the chance to give their views about the service and they were listened to.

Good



Is the service well-led?

The service was well led. Staff told us they were well supported and motivated to do their jobs well. The culture in the home was open. People, relatives and staff could raise concerns with managers who would listen and take action when appropriate. The manager had received recognition for their achievements at the home including the award of an honour for services for older people.

Outstanding



Summary of findings

The home was regularly assessed with a view to improving people's quality of life. Feedback from healthcare professionals about the management of the home was positive.

The home took action to reflect and learn from incidents to ensure that improvements were made. The home had links with, and followed guidance from, a range of organisations that promoted best practice in dementia care.

Greenhive House

Detailed findings

Background to this inspection

The inspection team consisted of an inspector and a specialist professional advisor, who was a registered nurse with experience and knowledge of caring for people with dementia.

At our last inspection on 8 October 2013 we found the home was meeting the regulations inspected.

Before the inspection we reviewed the information we held about the home. This included information sent to us by the provider about areas of good practice and areas for future improvement.

Greenhive House provides personal care and accommodation for up to 48 older people, some of whom have dementia. At the time of our inspection there were 42 people living at the service. The accommodation was split into three units. Each unit had its own communal areas for dining and relaxing. There was a garden which was step free and enclosed. The building was accessible throughout to people with restricted mobility and a car park was available.

We spoke with approximately 15 people living at the home and observed the care and support provided in communal areas of the home. We also spoke with four relatives of people who lived in the home, three team leaders, six care staff, the registered manager, the care manager, the care and dementia specialist, and the district manager.

We viewed the personal care and support records for six people. We also viewed recruitment records for three staff and training and supervision records for the staff team. We looked at other records relating to the management of the home. We also had contact with seven professionals who visited the home. These included the GP, district nurses, a community psychiatrist, a practice development nurse from a hospice and a contract monitoring officer from the local authority. We had feedback from social workers involved with people living at the home and met four of these professionals during our visit. The others responded to e-mails we sent requesting their views of the home.

Is the service safe?

Our findings

One person who lived at the home said, "I feel safe." A relative of another person told us they had visited the home on many occasions and had never seen or heard anything that gave them concern for people's safety or well-being. A social worker linked to the home confirmed the provider's information that there had been no safeguarding issues in the last year.

All staff members had been trained in safeguarding adults. We talked with staff about their knowledge and understanding of forms of abuse. They described the signs that a person may show if they had experienced abuse and the action they would take in response. They knew how to raise their concerns with managers of the home and felt confident that if they did raise concerns action would be taken to keep people safe in line with the provider's safeguarding process.

Staff described how they had managed situations when the behaviour of people living at the home presented risks to themselves or others. They told us how they assisted people and said they explored reasons for their distress. If people were comforted by particular things this information was recorded in care plans. For example, one person was reassured by telephone conversations with a family member and this helped to calm them. This was recorded and staff had contacted the family member to assist the person when necessary.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS), which apply to care homes. We found the home was meeting the requirements and had policies and procedures in place relating to the Mental Capacity Act 2005. Staff were aware of the circumstances in which applications for deprivation of liberty should be considered. When necessary, applications had been made to the local authority to request assessments. The CQC were informed, as required, that these applications had been made. The manager and provider were aware of recent case law relating to DoLS and were acting upon it.

Staff had received training and understood the importance of the Mental Capacity Act 2005. Care staff told us about a situation when someone had consented to move between

units when they had capacity to make this choice. They told us they understood that people's capacity could change and that some people were able to decide about some issues and not others

Before people came to live at the home needs assessments were carried out by a senior member of staff. These included the identification of risks. The assessments provided information to decide whether appropriate and safe care could be provided. Risks including those relating to falls, pressure care and malnutrition were assessed and management plans put in place as necessary. For example, moving and handling assessments were conducted and equipment was provided to minimise the risks of falls. The home received visits from members of a hospital project team looking at the prevention of falls. They told us that people benefitted from their expertise and access to equipment such as hip protectors, perching stools and shower chairs, which further reduced the risk of falling.

The care plans identified risks and the corresponding management plans. For example, one person's notes said that due to their medical condition they needed to have medication early to prevent stiffness and so reduce the risk of falls. Another person wanted to lock their bedroom door at night. Staff managed the risk of harm to promote the person's independence and right to choose. Staff made regular checks by listening at the door; ensured there were no hazards and the call bell was within the person's reach. Staff were able to enter the room in an emergency. The risks were reviewed monthly and in response to changes in the person's needs.

Staff knew how to respond to emergencies. A plan with instructions was available to guide staff in an emergency. All staff had received training in first aid, fire safety and dealing with emergencies. Emergency equipment was available including first aid kits, fire detection and safety systems.

Staffing levels were based on the numbers and needs of the people who lived at the home. A staff rota was planned to provide sufficient numbers of staff in all of the units. When staff were absent unexpectedly a team of 'bank staff' was available to fill vacant shifts. The majority of the bank team were permanent members of the Greenhive House staff team who were willing to work additional shifts. This helped to provide consistent care as the staff were familiar to people and aware of their needs.

Is the service safe?

Our observations during our visit were that there were sufficient staff to meet people's needs. Staff told us they felt the numbers were adequate and they rarely felt short staffed. People told us they did not have to wait long for assistance when they needed it. We heard few call bells, and those we did hear were quickly responded to.

Recruitment processes were safe. We looked at three recruitment records. We found appropriate checks were made before staff began work. These included two

references, one from their previous employer, a check conducted by the Disclosure and Barring Service (DBS) to show they were not barred from working in adult social care and proof of the person's identity and right to work in the UK. We noted that the interviews included assessment of applicants' understanding of safeguarding adults and their knowledge of dementia. Appointments to posts were not confirmed until staff had successfully completed a three month probationary period.

Is the service effective?

Our findings

Staff said they received good training which they believed assisted them in their work. The majority of staff had achieved National Vocational Qualifications in Health and Social Care at level 2 or above. Most staff had also received training in dementia awareness and ‘improving dementia practice’.

A staff member who had worked at the home for less than a year said they had a thorough induction to their role which included shadowing experienced members of staff. They had received training and met regularly with the registered manager when they had the opportunity to discuss their progress and any concerns. They told us this support assisted them to do their job and understand how to meet people’s needs.

All staff received regular supervision and an annual appraisal. These processes gave staff formal support from a senior colleague who reviewed their performance and identified training needs and areas for development. Other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. Staff told us they felt well supported. They said there was a good sense of teamwork and staff cooperated with each other for the benefit of the people who lived at the home.

Group supervision for team leaders and managers was provided by a senior member of staff from Anchor Trust who provided support to homes for people with dementia. Care issues and areas for improving practice were discussed at these meetings and in individual supervision. A group supervision session on nutrition and hydration support was provided during our visit to reinforce the importance of these issues to staff. In the week before our visit training on nutrition had been provided to care and catering staff.

Each of the three units was staffed by a team leader working alongside care staff. The staff team was stable with little turnover of staff. Some changes to teams had taken place recently within the home and some staff had moved between units. This was to assist staff to develop a range of skills working with people with different needs. Each unit kept a core group of staff who were familiar with and to the

people who lived there. We heard mixed views from relatives who missed staff they were familiar with, but also heard that staff had recognised people’s likes and dislikes quickly, even though they had not known them for long.

Our visits took place during very warm weather. We saw people were given a choice of drinks frequently and encouraged to drink them. There was a kitchen on each unit where people, their visitors or staff could make hot or cold drinks. Fruit, biscuits and snacks were available. One person said they were recently hungry during the night and the carer made them some food from the unit kitchen.

One person said, “The food is very good.” At mealtimes people were shown the meals available on a tray and then made a choice as to what meal they preferred to have. For people who may have had memory problems staff judged this was more effective than being told what was available. If they didn’t like or want what was on offer alternative items were provided, such as baked potatoes and omelettes. Staff recognised the importance of meal times for people. The dining rooms were attractive with table cloths and flowers on the tables and the atmosphere was calm. People were given discreet assistance when required and specialist equipment, which promoted their independence, was available. Examples included adapted cutlery which was easier to hold and plate guards which prevented food falling off the plate. Advice from speech and language therapists (SALT) was requested if people had swallowing difficulties.

The care records were written in a way that stressed the importance of a healthy and balanced diet to promote well-being. We saw that care records included completed assessments to check if people were at risk of malnutrition. Staff had received training in using the ‘Malnutrition Universal Screening Tool’ (MUST) and used this to assess whether people were at nutritional risk. If they were, staff addressed this by providing fortified meals and drinks and their needs were discussed with the GP. A visitor told us their relative previously had a very low weight and since they came to live at Greenhive House they had gained weight. They felt this showed their relative was settled and well looked after.

A range of healthcare professionals visited the home to provide advice and care for people. The GP visited the home each week and more often if required. A District Nurse visited every day to carry out nursing tasks such as injections. She said the people living at Greenhive House

Is the service effective?

were “very well looked after.” They said the staff followed the advice they gave. Another professional said the staff “act appropriately” to meet the needs of the people who live there. Staff were observant of the people in their care and could identify changes in their health condition which may have needed specialist attention. District Nurses said that staff sought advice appropriately and promptly.

A visitor told us about an occasion when staff had realised that their relative was unwell and called the GP. They said staff recognised symptoms of ill-health because of their attention to their well-being.

In records we viewed there were care plans to address people’s social, health and care needs. In one instance the staff told us about an issue a person experienced, described the action they took to assist the person and had reported the matter to the GP to obtain further advice to ensure the safety and welfare of the person. The care the person was receiving was effective but was not supported by a written care plan. The registered manager was informed about this during our first visit and when we visited the next day a care plan was in place. This assisted staff who may have been less familiar with the health problem to refer to the information.

The home was supportive of people’s emotional and social needs by promoting activities which contributed to their well-being. They had links with, and staff had received training from, organisations that promoted best practice in dementia care. For example, the organisation Ladder to the Moon had trained staff to engage people in activities which were personalised and in which people participated actively. Following the training staff had planned a theatrical event with people living in the home.

‘My Home Life’ had also provided training at Greenhive House. The ‘My Home Life’ programme supports services to achieve high quality lives for people living with dementia in care homes. We saw examples of activities people had completed following the programme such as a model tree on which people’s feelings about life at Greenhive House were written on the leaves. This was used as a focus for discussion both during and after the activity. The home had been accepted to take part in an internal accreditation process called ‘Anchor Inspires’ which involved assessment of the experience of people living with dementia in Anchor services.



Is the service caring?

Our findings

People and their relatives told us they felt cared for and were treated with kindness. A person described the care they received as “lovely, good, and helpful”. A relative said that staff were “very caring, very smiley: they can’t do enough for Mum”. They said they felt reassured and confident in the staff as “I know someone’s thinking about her when I’m not there.” Another relative said they felt happy about the care of their relative as they believed the staff were very fond of them. Relatives said they felt that staff also cared about them and they felt supported by the home. One person said the manager was “such a caring person” and this was reflected by staff who, they said, “are all lovely”.

The home had a friendly and welcoming atmosphere and people we spoke with commented on this. Visitors told us they were always offered a drink when they came to the home and welcomed by staff. We observed staff being friendly to people and making sure they were available to talk if they wished to.

A practice development nurse involved with the service told us, “Staff know residents well. I am always impressed by that.” Staff showed in our discussions that they were able to describe people’s specific preferences and needs. For example, a staff member told us how one person liked their meals and how they recognised signs that the person was anxious, such as repetitive speech. They told us how they helped to relieve the person’s anxiety, by giving gentle reassurance, walking together and distracting them.

People were treated with respect. A GP involved with the home said people were “treated with respect and dignity by staff”. Staff were familiar with people’s preferred names and introduced them to us as they wished. Most people had their photograph on their room door. The manager pointed out that one person did not want this and this was respected. We saw staff ensured that people’s dignity was maintained by gently ensuring that people were dressed appropriately. Staff had discreet conversations with people about private matters and made sure that doors were closed during personal care.

A person living at the home told us they felt everyone received care that met their particular needs. They said, “It depends on your needs: we all need different things.” Staff recognised the individual needs that resulted from people’s

different backgrounds. In the last year the home held a ‘diversity day’ to celebrate the different cultures represented by the people who lived and worked at the home. Anchor Trust had a group which lesbian, gay, bi-sexual and transgender (LGBT) people were invited to join. A poster about the group expressed the organisation’s commitment to providing services which were welcoming and inclusive.

Staff showed they wanted to assist people to have a good quality of life. We heard about a person whose diet had changed after advice from a speech and language therapist (SALT). The person was reportedly enjoying their food less than they used to. Staff had approached the SALT to see if changes could be made so the person’s medical needs were met without affecting their enjoyment of meals.

Staff talked with people with warmth, respect and patience. They listened carefully and made sure they understood what the person was saying. We heard about an occasion where a person had raised a concern in a meeting for people at the home but found it hard to express themselves. Senior staff talked with the person outside of the meeting to make sure they understood their concerns.

People were involved in discussions about their care and care plans had been signed by people or their representatives. A social worker involved with the home said staff “consulted residents regarding care provision and choices whenever possible.” During our inspection a community psychiatrist came to the home to assess a person’s capacity to make decisions, at the request of the registered manager. This would assist the person in clarifying the level of support they needed to make decisions and ensuring their ability to do so was not restricted unnecessarily.

As well as being involved with care plans and their reviews each person contributed to recording important information about their life, achievements and interests. Staff used this information to contribute to care which reflected their individual interests. For example, we were told that one person was a games teacher and they assisted with the exercise class run for people living at Greenhive House. We saw staff made good eye contact with people when they spoke with them. They were at an appropriate level, often kneeling down in front of the person so they could listen to them better and the person could hear what was being said. We heard staff asking people how they were and also giving them choices of



Is the service caring?

what they would like to do. One person wanted to sit in the sunshine and as it was a very hot morning a member of staff was concerned that the person would become too hot. They came to an agreement of some time in the sun and then some in the shade. The interaction showed appropriate and respectful negotiation between the person and member of staff.

Visitors said they were always informed about their relative's progress. One relative said, "They call me if she's unwell." A relative told us they had discussed with the staff and the GP plans regarding end of life care and this was recorded. They felt that the staff showed a caring and sensitive approach to this matter. Staff had received

training in the principles of good end of life care from a practice development nurse from a hospice. They felt the staff had developed confidence in this area of care and were keen to learn about assisting people nearing the end of their lives. They told us staff were "very caring" in their approach to this work, and keen to develop their skills to learn how they could best assist people and their relatives. It was planned that the service would introduce a programme called 'Namaste' designed to assist people nearing the end of their lives to join in activities which were meaningful. A visitor's room was available in the home where people could have guests overnight. This was useful if visitors wanted to stay near relatives.

Is the service responsive?

Our findings

Assessments identified people's care and support needs and care plans were developed to address them. The plans identified the areas in which people wished to be independent and those where they needed support from staff. Plans were sufficiently detailed to provide care as the person preferred. For example a night time plan stated the person wanted to sleep in the dark and have two pillows.

Staff had been trained to use a tool to assess people's level of pain so they could provide appropriate care and request specialist assistance when necessary. Plans were reviewed each month or more frequently in response to changes in people's conditions and needs. Changes were discussed at meetings between staff so they were informed.

All of the bedrooms had call bells. One person had an adapted bell which took into account their sight problems. It was placed prominently by their bed so that they could use it easily at night. People told us that they did not have to wait for assistance.

There were two activities co-ordinators and one care worker was assigned each shift to work with them. Our discussion with activities staff showed their understanding of the importance of activities to promote people's well-being and avoid social isolation. A visitor told us that their relative had made friends since they had lived at the home and had no worries about them being isolated. Staff were attentive and were seen joining in with activities, speaking with people individually and in small groups. Small sitting areas and displays of photographs and newspaper cuttings provided conversation places and topics. There were resources available to carry out activities. These included a reminiscence room, books, games, an iPad, music and films. A selection of aromatherapy oils was available for people to use with staff. We saw that their use was recorded in people's notes of daily activities.

People had the opportunity to be part of the local community. They went on outings using the home's minibus. Recent trips had included a visit to Dulwich Picture Gallery, a local park and to a pub for lunch. Activities were also provided in the home: children from local schools visited to sing and chat to people, the Royal Albert Hall Band had visited and there were events connected with the football World Cup. The home took part in the National Care Homes Open Day and people were invited to come to the home to participate. Visitors included people's friends and families, the Mayor of Southwark and the South London Press. Photographs of all the events were displayed around the building and were a focus for conversations between people.

During the warm weather an ice-cream van visited the home twice a week so that people could buy what they wanted. There was also a small shop in the home for people to buy toiletries and snacks. People also visited shops in the local area. A hairdresser who came to the home every week told us they enjoyed visiting because "the staff and the people who live here are happy".

Every month a meeting was held for people who lived at the home and their relatives. People were asked their opinions about the home and were always asked about the care, the menu, activities and the laundry service. We noted in the minutes of a recent meeting that people said they were happy that their requests for additional items to be included in the breakfast menu had been provided. People were reminded at the meetings that they may make a complaint if they wished and we saw leaflets about the procedure on display. People we spoke with were all aware they could complain and said they felt they could approach any of the staff and they would be listened to. There had been no upheld complaints about the home during the last year.



Is the service well-led?

Our findings

The home had a registered manager in post as required by their registration with the CQC. The manager was experienced and had worked at Greenhive House since the home opened in 2002. They had managed the previous home where many of the people lived and staff worked. Our records showed that the home had a history of good performance and compliance with the applicable regulations and standards.

The provider had recognised the manager's leadership skills, competence and experience. In addition to managing Greenhive House for four years the manager also held the role of area support manager for Anchor Trust. In this role they provided guidance and mentorship for newly appointed home managers in London. The post has now been discontinued but the manager continues to support other homes in London, through guidance during new managers' induction. In addition the manager deputises for the area manager when they are away. The management team of the registered manager and the care manager have worked well together for several years and they have established management systems which contribute to the smooth running of the home.

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked as a team and they all helped each other. They told us they felt the manager was approachable and listened to their concerns and ideas for improvement. They said they could raise issues in team meetings and individually with the manager. Staff expressed their pride in the home, their managers and colleagues and the care they provided to people.

Care staff said they felt their work was appreciated, they felt valued and their opinions mattered. For example, although team leaders wrote the care plans, the care staff contributed to them and to the assessments. The home had a reward system where each month staff had the opportunity to nominate a colleague who they believed had worked hard and 'gone the extra mile'. From the nominations one person was designated 'employee of the month'.

There was a system to report and learn from incidents. For example, we heard that after a person fell a 'lessons learnt' exercise was carried out to assess how to prevent recurrence. In one such situation specialist advice was sought from an Occupational Therapist. Grab rails were provided and, as the incidents continued, a mat to monitor the person's movement was supplied so that staff were alerted quickly.

There were a number of quality assurance systems at the home. Regular audits were carried out by the manager and by representatives of the provider. These included audits of safeguarding, health and safety, catering and training. The district manager visited to monitor standards in the home. Visits to the home were made by the contract monitoring officer of Southwark Council. We saw their last report and they told us they had no issues of concern with the service provided. Feedback from healthcare professionals about the management of the home was positive: the GP said it was "a very caring, efficient well run home...well above average".

The provider arranged for a survey of people living at the home to be conducted by a research company in 2013. The results showed high levels of satisfaction with life at Greenhive House. The registered manager had received national recognition for her work. In 2009 she was awarded with an honour of the MBE for services for older people. In the last year she had been shortlisted as a finalist in the South Eastern Care Awards and was a previous winner of the Caring Times manager of the year award.

The home worked closely with a representative of My Home Life to improve people's quality of life at Greenhive House. The manager had been appointed a 'dementia champion' by Anchor Trust. This recognised their promotion of high quality care for people who were living with dementia at Greenhive House. The manager was informed about developments in care through organisations including the Social Care Institute for Excellence, Action on Elder Abuse and the National Association for Providers of Activities for Older People. Information from the organisations was used to drive improvement in the home, for example, in providing literature and resources for staff to promote dignity in care.

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**HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE
MUNICIPAL YEAR 2015-16**

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