Greensleeves Homes Trust

Torkington House

Inspection report

Creswick Road
Acton
London
W3 9HF

Tel: 02089925187
Website: www.greensleeves.org.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Torkington House is a care home for up to 32 older people living with the experience of dementia. At the time of our inspection there were 32 people living there. Some people were staying at the home for short stay visits. The provider also offered a day care service at Torkington House for some older people who lived in the community.

The service is managed by Greensleeves Homes Trust, a charitable organisation providing care and nursing homes in England.

People's experience of using this service and what we found
Medicines were not always managed in a safe way. The staff did not always follow safe procedures regarding administration and recording. This meant there was a risk people would not receive their medicines as prescribed.

The provider's systems for monitoring the quality of the service had not identified the staff custom and practice with regards to medicines management was not in line with procedures. Despite problems with medicines management being identified in October 2019 by the local authority quality monitoring team, we found improvements had not been made or sustained. This meant people were at risk of receiving care and treatment which was not safe or appropriate.

Other aspects of the service were safe. The environment and equipment being used were safely maintained. The risks to people's wellbeing had been assessed and planned for. Staff understood their responsibilities in keeping people safe and had regular training and support to understand these and on how to report any concerns.

People using the service and their relatives were happy with the service. They felt they were well cared for and were supported by kind, attentive and caring staff. They had been involved in planning their care and their needs were being met.

People had enough to eat and drink and were able to make choices about these. They took part in a range of different social activities, which were designed to meet their individual interests. There were strong links with the local community, with visiting groups attending the service. As well as people who lived there taking trips outside of the home. The provider also offered a day service to a small group of local older people. Relatives of these people told us they found this an important service.

People's care needs had been assessed and planned for. Care plans were clearly laid out and regularly reviewed. People had consented to these and were involved in making decisions about their care.

People had access to healthcare services and the staff worked closely with other professionals to make sure

they stayed healthy and had the support they needed.

The staff were well supported and happy working at the service. They had a range of training opportunities and regularly met with their line manager and other staff to discuss their work and the service. They told us there was good team work and communication.

People using the service, visitors and staff told us the management team were supportive and always available if they needed them. The registered manager and deputy manager worked alongside the staff and knew the service and individuals who lived there well. They had a good overview of how people's needs were being met and where improvements were needed.

There were effective systems for dealing with complaints, accidents and incidents and learning from these.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The rating at the last inspection was good (published 15 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Torkington House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was conducted by an inspector, a member of the CQC medicines team 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.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We looked at all the information we held about the service, including notifications received from them about significant events. We received feedback from the London Borough of Ealing quality monitoring team who carried out monitoring visits in 2019. We also looked at public information, such as the provider's own website.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who lived at the service and five visiting relatives and friends. We met one visiting professional. We spoke with the registered manager, deputy manager, two senior care assistants, four care assistants, two housekeeping staff and the activities coordinator. We observed how people were being cared for and supported. Our observations included 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 looked at the care records for five people who used the service, staff training, recruitment and support records for five members of staff and other records used by the provider for managing the service. These included records of accidents, incidents, meeting minutes, audits and feedback the provider had received from stakeholders. We looked at how medicines were managed, including storage, records and administration.

After the inspection
The provider continued to send us additional information and records, including an action plan to tell us how they were making improvements where we identified these were needed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Medicines were not always managed in a safe way. This meant people were at risk of not receiving their medicines as prescribed. We observed staff signed to indicate medicines had been administered before they had given these to people. This meant the records were not an accurate reflection of administration and refusal or problems with administration were not being recorded.

● The staff administering medicines did not always do so safely. We observed one person was administered their tablets and then staff left without making sure they had swallowed them. The person subsequently spat out their tablets and wiped these on the arm of their chair. Staff did not observe this and only responded when we alerted them to this.

● Staff were not recording the actual time of administration for some medicines. It was custom and practice for staff to administer some medicines an hour before the dosage time recorded on medicines administration records. Therefore, there was not an accurate record to make sure there was enough time between doses of some medicines.

● Some people had been prescribed medicines which needed to be administered at specific times, or with, before or after food. The administration records did not show the accurate time of administration and therefore, people may have received medicines at the wrong time. Furthermore, we noted the morning medicines round on the day of the inspection took three and a half hours, meaning some people did not receive medicines prescribed for 8am until 11.30am.

● There was conflicting information about the dosage of thickener some people required in liquids to reduce the risk of choking. The staff did not always follow healthcare professional guidelines in relation to this and used communal supplies of thickener rather than the individual supplies prescribed to people. This placed people at risk of receiving the wrong dose and the wrong thickeners.

● Records of medicines held at the service were not always accurate. For example, the staff had completed the controlled drug register with the wrong dose of one medicine and had not recorded the return of another medicine to the pharmacy.

● We identified three instances where people may not have been given their medicines as prescribed.

There was no evidence of people being harmed, although poor management of people's medicines placed them at risk and was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection visit, the registered manager sent us an action plan explaining how they would make improvements and the work they had already taken to address the concerns we identified. They had contacted the doctors for the people where doses of medicines may have been missed to make sure there

were no adverse effects for them.
● The provider worked with prescribing doctors to make sure people's medicines were regularly reviewed.

Systems and processes to safeguard people from the risk of abuse
● The provider had systems designed to protect people from abuse. Information about the safeguarding procedure and how to report abuse was displayed on posters around the service. Staff had received training in safeguarding adults and were able to tell us about different types of abuse and how to report these.
● The registered manager had worked with the local authority safeguarding teams to investigate allegations of abuse and keep people safe.
● People using the service and their relatives told us they felt safe.

Assessing risk, safety monitoring and management
● The staff assessed risks to people's safety and wellbeing. Care plans included individual risk assessments relating to people's physical and mental health, skin integrity, nutrition, movement and equipment they used. The assessments were clear and showed how risks to their wellbeing should be minimised and they should be supported safely. The assessments were regularly reviewed and updated.
● The building was safely maintained. The provider arranged for checks on the environment and equipment. These included checks on water safety, fire, gas and electrical safety. Where problems were identified there were action plans to state how and when improvements would be made. The provider had completed personal evacuation plans for each person to state how they should be supported in an emergency.

Staffing and recruitment
● There were enough suitably qualified staff deployed to keep people safe and meet their needs. The registered manager and deputy manager worked alongside other staff to support people when needed. For example, during mealtimes, all of the staff supported people to make the mealtime experience positive and make sure people did not have to wait for attention. People using the service and their visitors told us there were enough staff when they needed help.
● The provider had recruitment procedures designed to make sure staff were suitable. These included checks on their previous employment, their identity and eligibility to work in the United Kingdom. The provider also requested information from the Disclosure and Barring Service regarding any criminal records. Staff were invited for a face to face interview with the registered manager. Once they started work at the service, they completed an induction and had their competencies assessed before they were considered suitable to work independently.

Preventing and controlling infection
● People were protected by the prevention and control of infections. The service was clean and the provider employed a team of housekeeping staff. We saw staff cleaning throughout the day. The staff had training regarding infection control. Gloves, aprons and hand gel were available at various points throughout the home for staff to access these when needed.
● The provider had responded appropriately when there had been infections at the service, contacting the relevant authorities and taking steps to reduce the risk of these spreading.
● There were regular checks on cleanliness and infection control. The kitchen staff followed good hygiene procedures and stock control of food supplies. The service had received a five-star rating (the highest) from the Food Standards Agency in December 2019.

Learning lessons when things go wrong
● There were systems to learn from incidents, accidents and adverse events. These were appropriately

recorded and records showed the action taken to mitigate the risks of reoccurrence. The registered manager discussed these with staff so they could learn together. They also worked with other care home managers within the borough and working for the organisation, so they could also learn from other care homes' experiences.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs and choices were assessed before they moved to the service. One of the managers met with the person and their family to discuss their needs. They created care plans to show how these needs should be met. Assessments and plans were regularly reviewed and people told us the service responded by adapting care when their needs had changed.

Staff support: induction, training, skills and experience

● People were cared for by staff who were well trained, supported and had the skills needed to provide effective care. New staff received an induction to the service which included shadowing experienced workers and completing a range of training. They told us the training was useful and provided them with the skills and knowledge they needed. The registered manager assessed their competencies throughout their induction and provided more training and support if staff needed this.

● The staff undertook regular training updates and told us they had been able to request specific training and were supported to undertake vocational qualifications.

● The registered manager organised regular meetings with individual staff and for the team. These were used to discuss the service and staff practice. There were daily management meetings to review any changes in people's needs, accidents, incidents, plans for the day and any areas where action was needed. The staff told us they felt supported and had the information they needed.

Supporting people to eat and drink enough to maintain a balanced diet

● People had enough to eat and drink and were able to make choices about this. The chef developed menus following discussions with people using the service. They knew about people's preferences and nutritional needs. Menus were clearly advertised in both written and pictorial format. We saw people were offered choices at mealtimes. Drinks were offered throughout the day. There was a chilled cabinet with ready made sandwiches, bowls of snacks and fruit available in communal areas. We saw people helping themselves and asking for items which were provided on request. The staff also routinely offered snacks.

● People's dietary needs and risks associated with nutrition or hydration were clearly recorded. The staff monitored these along with people's weight and took appropriate action when needed. The chef offered supplemented food and milkshakes to provide extra calories for those who needed. The staff monitored what people ate and we saw them offering snacks and calorific drinks to people who had not eaten much.

● People using the service and their relatives were positive about the food. One relative said, ''They are very good at putting lots of vegetables and nutritious food in casseroles and stews which people enjoy and which is good for them.'' Another relative said, ''The chef is very good, [my relative] gets exactly what [they] want and the food is always enjoyable.''

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People had access to healthcare services when they needed the,. They and their relatives confirmed this with one relative telling us, "If [our relative] is not feeling well the doctor is called and he or she comes straight away – it seems to be nearly instant.'' Another relative told us people were able to retain their family GP when they moved to the service, if they were local. We met a visiting healthcare professional who explained the staff worked closely with them, making timely referrals, sharing information and following their guidance.

● People's health needs had been assessed and care plans developed to provide staff with the information they needed about these.

Adapting service, design, decoration to meet people's needs

● The building was suitably designed and well equipped. There were passenger lifts to each floor, hoists, adjustable beds and other equipment people needed. Everyone had their own bedroom which they could personalise.

● The home was brightly decorated with attractive features, such as fish tanks, pictures, photographs and ornaments. There was good signage and other information for people. The garden was well used in good weather and nicely set out with seating and different areas. There was also a play area for visiting children.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

● The provider had assessed people's mental capacity regarding different decisions. Where needed they had followed the best interests process so those important to people were involved in making decisions. They obtained information about people's legal representatives and knew they should contact these people regarding any decisions.

● The staff had applied for DoLS where needed. The registered manager maintained an overview of when DoLS had been granted, any conditions and when these needed to be renewed. There was appropriate information showing multidisciplinary decisions where necessary, such as for the administration of medicines covertly (without the person's knowledge).

● The staff asked people for consent when providing care and explained information in ways which people understood.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and kindness. Everyone we spoke with confirmed this with comments which included, ''[The staff] are very thoughtful, very kind'', ''We think the care is excellent. The staff are kind and patient'', ''I think they are looking after [person] brilliantly, they know exactly how to do things in the way [person] wants'' and ''The staff are good people, they are fun.''
- We observed the staff being kind, considerate and caring towards people. They approached them in a gentle manner, clearly knew people well and responded positively when people spoke with them. People were not rushed. When people were distressed the staff offered them comfort.
- The staff also dealt with challenging situations in a kind and respectful way. For example, we witnessed one person refusing to eat. The staff spoke with them gently using different techniques to try and encourage them.
- We heard staff speaking to people with affection and in ways to raise people's self-esteem. For example, we heard one member of staff tell a person, ''I need your smile'' and in another example a member of staff telling a person how much they wanted the person to sit next to them. Some people carried toys and dolls with them. The staff interacted with people about these, referring to dolls and people's babies and offering to look after them when people wanted to eat but were concerned about the doll's wellbeing.
- The provider had taken steps to help support people's diverse needs. They arranged regular visits from different religious leaders to hold services at the home. They were also in the process of purchasing rainbow lanyards for the staff to wear to show they were an LGBT+ (Lesbian, Gay, Bisexual and Transgender) friendly service. This is important because people who identify as LGBT+ can sometimes feel disempowered when they start using care services and need to feel they can trust staff and there is no prejudice against them. The staff had painted a 'dignity tree' on a wall in one area. People using the service, visitors and staff had posted messages on here about dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People using the service and their visitors told us they were involved in making decisions about their care. Their views were represented in care plans. People confirmed the staff offered them choices and they were able to make decisions about how they spent their time and the care they wanted. Relatives explained the staff kept them informed of any changes and asked for their opinions. With one relative telling us, ''The staff discussed what decisions we would want if [person] was dying, they planned this so well and did this very sensitively.''
- We observed the staff offering people choices and respecting these. They encouraged people to join group activities, but if people did not want this, the staff respected their choices and made sure they were happy

and comfortable. People were able to spend time where they wanted and doing what they wanted.

● The provider had introduced 'time for tea' each day. This was a time when all staff (including non-care and management staff) sat with people using the service for a chat and did not carry out any care interventions or other work. This allowed people to have conversations and discuss what they wanted and helped develop the sense of community which people told us was well developed at the service.

● The activities coordinator had worked with individual people and their families to develop life histories. These were documents and photographs the staff could use to talk with people about things and people who were important to them and their happy memories.

Respecting and promoting people's privacy, dignity and independence

● People told us they were supported to be independent where they were able. They explained the staff only offered support when needed, for example when washing or showering they were able to carry out part of this independently. There was a hot-drinks making area where people were supported to make their own drinks. The activities coordinator had also introduced a number of initiatives to encourage independence. These included computer skills, sewing and art. One person who was an artist, had learnt to use computer applications to create art work, which were used to make cards.

● During 2019, the provider had signed up to a programme with an external occupational therapist. This was designed to support people through small group therapy to talk about what was on their minds, current affairs, exercises, singing and learning different skills. The group worked together with the occupational therapist and activities coordinator, meeting once a week for the year. This had been successful in building friendships and keeping people's minds active. The activities coordinator told us they were planning to carry on this work in 2020 with some new members to the group.

● People's privacy was respected. The staff provided care in a sensitive way, addressing people politely and using their preferred names. The staff made sure personal care was provided behind closed doors. When a person needed to be moved from a communal room using a hoist, the staff took steps to ensure their privacy and make sure no one could see what was happening. People were asked for their preference regarding the gender of care workers who supported them with intimate care, and this was respected.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received personalised care which reflected their needs and choices. They, and their families, had helped staff to develop care plans which described how their needs should be met. The staff were familiar with these care plans. Records of care provided showed these had been followed. The care plans were regularly reviewed and updated when people's needs changed.

● In addition to the main care plans, the managers had created extra information to support staff to understand people's needs in easy to read formats. For example, they had created nutritional profiles for each person which used colour coding and bullet points to describe people's preferences, dietary needs, any allergies, equipment they needed and any risks relating to eating and drinking.

● The service had responded to people's changing needs, adapting their care and making sure families and healthcare professionals were involved. Relatives we spoke with told us how people's health and wellbeing had improved at the service. One relative said, ''When [my relative] came here [they] were a real mess. [They] were not taking [their] medications or eating. [The provider] got a psychiatrist and the GP involved and now [they] are eating again and taking medications.'' Another relative explained their loved one had experienced frequent falls and hospital admissions before they moved to the service. They said since the person had moved to Torkington House their health had improved and they had not fallen since.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The provider had developed communication care plans for each person. These described any difficulties they had with communication and how they should be supported to understand information and make decisions. Some people had sensory impairments. The staff described how they support people who were blind to know about the food they were being offered and how this was presented.

● Some people did not speak English as a first language and one person spoke and understood very little English. The provider had worked with the family to develop guides for staff so they could translate key words to aid their communication with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People using the service and their relatives told us they felt their social needs were met. One relative said, ''[Person] couldn't be happier, [they] have an exercise bike, regular visits from the church, quizzes, shows

and plenty of outings. The chef makes a big cake on their birthdays and they use the garden all the time in the summer.'' On the day of our inspection, we observed lots of different activities around the home. During the afternoon, the activity coordinator led a small group in their regular poetry session, reading and singing poems to each other and discussing the life of the poet (who changed each week). Another group of people participated in a reminiscence session, there was also a quiz and a church service in the morning. Care workers took part in the social activities supporting people.

● The service was proactive in developing relationships with the local community. Local school, youth and religious groups, nurseries, brownies and cubs regularly visited the service. These visits included young people spending time chatting with those who lived at the service. Also there was a weekly reading group where younger children visited the home to read to people. This helped develop the children's skills and confidence as well as offering people who lived at the service entertainment and an important role in guiding the children.

● People also visited schools to watch assemblies and plays. They accessed the local community, shops, parks and leisure facilities. There had been special occasion trips, such as a trip to see the Oxford Street lights at Christmas time, a picnic, trips to the seaside and the theatre.

● There were regular entertainers and activity groups who visited. These included musicians, a circus and a farm. There was an activities coordinator who planned a programme of different events and activities. International events and religious festivals were celebrated. The provider had fundraising events for the service and for other charities. People's families were involved and helped with different activities.

● Regular group activities at the service included cookery, sewing and craft. The activities coordinator told us they altered the activity programme according to the needs and wishes of people using the service. They also provided individual support and resources to people who wanted to be alone or spend time in their rooms. There was a regular visiting library and newspaper delivery. There were a range of resources people used for entertainment. These included computerised tablets which people used to watch videos and listen to music as well as desktop computers with accessible key boards.

● The provider had created a 'wish tree' which people could use to express a particular wish or something they wanted to do. The provider tried to accommodate these. One person had worked at a famous London department store when they were younger. The provider had organised a special trip and afternoon tea there.

End of life care and support

● Some people living at the service were being supported at the end of their lives. The staff had created care plans which outlined people's wishes and preferences for care at this time and dying. We spoke with a visiting professional about the way the service provided support for people. They explained the staff were proactive in monitoring people's conditions and contacted healthcare teams when pain relieving or other medicines were needed. There were close links with visiting priests who the staff alerted if people needed them to visit at the end of their lives.

Improving care quality in response to complaints or concerns

● The provider had a suitable complaints procedure which was shared with stakeholders. People using the service and their relatives told us they knew who to contact if they had any concerns and felt these would be addressed. There had not been any complaints since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● The provider's systems for monitoring the quality of the service and assessing risks had not always been operated effectively. Whilst they carried out audits of medicines these had failed to identify issues with medicines administration practice and record keeping. The local authority commissioners carried out visits to the service in 2019. During one of these they identified concerns regarding medicines management. Despite the provider's action plan to address these, we found similar and additional concerns during our visit. Therefore, they had not been able to sustain the improvements and therefore had not effectively assessed or mitigated the risks to people receiving medicines.

● An audit by the pharmacist in November 2019 had included advice for staff to record information about why PRN (as required) medicines were administered. We found one person had received PRN medicines on 13, 14 and 15 January 2020 and another person had been administered a different PRN medicine on 19 and 20 January 2020. The staff had not recorded the reasons for administration or the effectiveness of the dose. Therefore, the provider had failed to follow guidance they had received about improving the way PRN medicines were managed.

We found no evidence people were being harmed. However, failure to monitor and mitigate the risks associated with medicines management placed people at risk of receiving unsafe and inappropriate care. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following our visit to the service, the registered manager supplied an action plan stating how they would make improvements to the way in which medicines were managed and monitored.

● The provider carried out regular audits of all aspects of the service. With the exception of medicines, we found audits to be accurate and had identified where improvements were needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People using the service, their relatives and staff felt there was a open, inclusive and person-centred culture. One person told us, ''I wouldn't go anywhere else but this. We all like it [here].'' The staff explained they liked working at the service and felt well supported.

● The provider had signed up to the 'Eden Alternative', a philosophy which looked at providing more person-centred care, particularly trying to combat loneliness, helplessness and boredom. The project

looked at ways staff could encourage people to be actively involved in different activities and tasks. The staff received training in this philosophy and their knowledge and how they applied this was tested by the management team. The provider had collated evidence to show examples where they had supported people to make independent decisions and have fun. This work was ongoing and the deputy manager explained they were working towards accreditation with the project.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider had procedures regarding duty of candour and had investigated and responded to adverse events, incidents and accidents. The registered manager shared information about these with the provider and they discussed any themes and how to respond to reduce the risk of reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The registered manager was experienced and had worked at the service for over 15 years. They knew the service well and knew individual people who lived there, their family members and staff. They were appropriately qualified and kept themselves updated with changes in legislation and guidance.

● People using the service and their relatives spoke positively about the management team. Comments included, ''[The registered manager and deputy] are very good, very nice. They go out of their way to help us.''

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The activities coordinator created quarterly newsletters which shared information about the service with people living there and other stakeholders. The service also had active social media accounts where they posted news. There was an open door policy and people using the service and relatives felt able to discuss the service with the registered manager. They told us they were listened to and their opinions were asked.

● The provider asked stakeholders to complete surveys about their experience. The results of these were collated. The most recent survey results showed people felt positively about the service.

Working in partnership with others

● The registered manager worked closely with other managers within the organisation and the London Borough of Ealing, attending meetings and sharing ideas. The activities coordinator was part of a steering group of activity coordinators where they discussed people's social needs and how to meet these. They had developed a guide for new activity coordinators to explain what good activity provision looked like.

● The staff worked closely with other professionals to make sure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always ensure the safe and proper management of medicines. Regulation 12(1) and (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always effectively operate systems and processes to monitor and improve the quality of the service and to assess, monitor and mitigate risks. Regulation 17(1)(a) and (b)