

# Sage Care Homes (Jansondean) Limited

## Jansondean Nursing Home

### Inspection report

56 Oakwood Avenue  
Beckenham  
Tel: 0208 650 7810  
Website: [www.sagecare.co.uk/jansondean](http://www.sagecare.co.uk/jansondean)

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 and 12 November 2014. A number of breaches of legal requirements were found. As a result we undertook a focused inspection on 03, 04 and 05 February to follow up on whether action had been taken to deal with the breaches in regulations.

You can read a summary of our findings from both inspections below.

#### Comprehensive Inspection of 11 and 12 November 2014

This inspection took place on 11 and 12 November 2014 and was unannounced.

We had previously carried out an unannounced responsive inspection of this service on 5 August 2014, following concerning information we received. We found breaches of the Health and Social Care Act 2008 in relation to people's care and welfare, respecting and involving people, safeguarding people, staffing and failure to notify CQC of events as required. We took enforcement action in respect of people's care and welfare and respecting and involving them in their care. Following this inspection in September 2014 the local authority imposed a suspension of new placements at the service which remained in place at the time of the inspection.

# Summary of findings

There were breaches of the Health and Social Care Act 2008 from a previous inspection on 22 and 23 January 2014 in relation to the management of medicines, monitoring the quality of the service, maintenance and storage of records. For both the inspections of 22 and 23 January and 5 August 2014 the provider was asked for an action plan to tell us how they were going to improve. These were sent to us following both inspections. We carried out this comprehensive inspection to check if the provider had completed their action plans and was now meeting the regulations as well as to provide a rating for the service.

There was a registered manager in post who was registered as manager in June 2014. 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 that although improvements had been made in some important areas there were some continued breaches of legal requirements of the Health and Social Care Act 2008. These included medicines, staffing, monitoring the quality of the service and keeping accurate records. Where we have identified continued breaches of the regulation in these areas we will make sure action is taken. We took enforcement action and served warning notices in respect of these continued breaches.

We also found breaches in respect of arrangements for people's capacity to make decisions and some areas of staff training. You can see what action we told the provider to take at the back of the full version of the report.

There were improvements to the way the service involved people and consulted them about their care. People and their relatives told us they felt safe, staff were kind and caring and that they were consulted more. There were increased opportunities for people to socialise, a programme of activities and the lounge area had been redecorated. There were also improvements to the care provided. People's care plans had been updated and they had been asked about their preferences, although these were not always accurately recorded. Staff felt the manager had made considerable changes to the culture

of the service together with the support of a manager from another service. They told us they had received a lot of training which they felt had improved their skills and knowledge and that care was more person centred than it had been before.

## **Focused inspection of 03, 04 and 06 February 2015**

At our inspection of 11 and 12 November 2014 we had found continued breaches in respect of four regulations and took enforcement action. We took enforcement action in relation to how the provider managed medicines, had enough suitable staff, record keeping at the service and how they monitored the quality of the service. We asked the provider to comply fully with these regulations by 31 December 2014.

The provider was also asked for an action plan in respect of two other breaches of regulations for staff training and arrangements for consent and decision making where people lack capacity to do so. We will follow up and report on these at a later date.

We were notified by the provider that the registered manager had been dismissed in January 2015. There was no registered manager in post at the inspection. There was an acting manager in post who had been working at the service since December 2014. The provider also told us that they had appointed a regional quality advisor to help monitor and improve quality across their homes.

At this inspection on 03, 04 and 06 February 2015 we followed up on the breaches of legal requirements, concerning the management of medicines, staffing, records and monitoring the quality of the service which had resulted in enforcement action. We found that although improvements had been made in respect of some aspects of these legal requirements there was evidence of continued breaches of the legal requirements, in medicines, staffing, records and monitoring the quality of the service. We also found breaches of regulations for recruitment and care and welfare. Where we have identified continued breaches of the legal requirements in these areas we will make sure action is taken. We will report on this when this is complete.

There had been some improvements with regard to medicines storage and recording but they were still not managed safely. Systems for the safe management of medicines were not always followed. Checks on staff

# Summary of findings

competency to administer medicines were not in place. A bogus nurse had been able to administer medicines on one occasion and two errors had been made. This had been reported to the relevant authorities although not until the following day. There had also been a delay in seeking of medical advice for people affected by the medicines errors.

Staffing levels were not safe. There was still no system in place to decide on safe staffing levels that took into account the needs of people at the service. Staffing levels did not always comply with the provider's own staffing levels. There were not always enough suitably qualified and experienced staff available. There was no induction record for nurses to evidence they had the necessary skills to carry out the work. There was also no one suitably trained to oversee aspects of clinical care such as the pressure areas on a daily basis.

Risks to people such as pressure ulcer risks or risk of dehydration or falls were not always accurately monitored or recorded. Records in respect of pressure area care were sometimes missing, muddled or hard to follow and not always accurate. Care plan records did not always accurately reflect people's needs. There were no recorded checks for those people who were unable to

use a call bell and, for one floor with people with high levels of need, no system in place to record checks on their welfare. These were introduced as a result of the feedback at the inspection.

The quality of the service was not monitored effectively. Some areas identified at the inspection on 11 and 12 November in respect of monitoring the quality of the service had been addressed, such as the leak in the roof and the removal of the rubbish in the garden. However there was no clear system in place to regular monitor the quality of the service and the acting manager told us this was being developed. Audits that had been carried out were not fully comprehensive. Where they had identified some issues these had not always been acted on.

People's fluid and dietary needs were not always identified, or monitored and people's care plans still did not always reflect their nutritional needs accurately. We found that the provider's policies had not included verifying the suitability of agency staff before they started work. We were told by the acting manager that the bogus nurse had not had references or police checks completed by the agency. Safe recruitment practices were not always followed.

People's records and records related to the management of the service such as staff rotas were disorganised and inaccurate making them difficult to follow.

# 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?

**11 and 12 November 2014**

The service was not safe. Systems for the management of medicines were unsafe and did not protect people using the service.

Some records of potential risks for people at the service were inaccurate. There were not always enough suitably trained staff to meet people's needs. Clinical waste was not always promptly disposed of.

People told us they felt safe and well looked after. Staff had the skills and knowledge to recognise and respond to abuse.

**03,04 and 06 February 2015**

The service was not safe. Competency checks were not in place to ensure staff were competent to administer medicines. Medicine errors were not always promptly recognised and advice sought. Action had been taken to address other concerns about the management of medicines arising from our previous inspection however we found there were other breaches of the regulation.

There were further breaches of the regulations for staffing and records as found at the November 2014 inspection. In addition there were new breaches of regulations as risks to people were not always identified or monitored and the care for people with pressure areas did not always meet people's needs.

Some people did not have access to their call bells at all times. Safe recruitment practices were not always followed.

Inadequate



### Is the service effective?

**11 and 12 November 2014**

The service was not effective. The manager was unsure of his responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This may not protect people's rights in decision making.

Most staff received adequate training; although new and agency staff did not always have sufficient guidance in responding to some people's needs.

People were supported to have sufficient to eat and drink although some people told us the food was sometimes cold. People had access to health professionals when they needed.

**03,04 and 06 February 2015**

This focused inspection was to follow up on whether action had been taken to deal with the most significant breaches found at our previous inspection. However we found evidence of new breaches of legal requirements in respect of people's care under this key question.

Requires Improvement



# Summary of findings

People's fluid and dietary needs were not always properly recorded or monitored. There was not always sufficient guidance for staff about some risks to people such as risk of choking.

We will carry out a further unannounced inspection to check on all other outstanding breaches of legal requirements identified at the 11 and 12 November inspection under this question.

## Is the service caring?

**11 and 12 November 2014**

The service was not always caring. People's preferences were not always recorded accurately. People told us that staff treated them well and respected their privacy and dignity. We observed mostly warm and caring interactions between staff and the people using the service but also found some staff using their own phones at times while they were on duty.

People and their relatives, where this was appropriate, were involved in the planning of their care. Their preferences were sought and taken into account in the delivery of care; although accurate records of these preferences were not always maintained.

**03,04 and 06 February 2015**

This focused inspection was to follow up on whether action had been taken to deal with the most significant breaches found at our previous inspection. There was limited evidence that fell within this key question.

People told us that their wishes were respected and we found that people's personal preferences had been updated.

**Requires Improvement**



## Is the service responsive?

**11 and 12 November 2014**

The service was not always responsive. While people had an updated assessed plan of their needs some people's care records were not always accurately completed.

People knew how to make a complaint and the complaints policy was available throughout the service. Action taken in response to a complaint was not recorded and it was unclear if the complaint had been responded to.

**03,04 and 06 February 2015**

This focused inspection was to follow up on whether action had been taken to deal with the most significant breaches found at our previous inspection.

We found that while some records had been updated other records remained inaccurate or incomplete so there was a risk people may receive inappropriate care.

**Requires Improvement**



# Summary of findings

We also found that care was not always delivered to meet people's needs. People's care plans were not always updated when their needs changed. Some people's needs were not always identified or addressed.

## Is the service well-led?

**11 and 12 November 2014**

The service was not well led. Staff told us that the manager had made a number of changes to the service and improved the culture of the service.

We saw some improvements had been made, however a number of problems found at previous inspections had not been resolved. They had not acted on longstanding feedback from people about the temperature of the food served.

There was a system of audits to monitor the quality of the service but they failed to identify issues we found at the inspection. Inaccurate records presented a risk to people of inappropriate or unsafe care.

**03,04 and 06 February 2015**

The service was not well led. Some issues identified at the last inspection had been addressed such as the leak in the roof and the ventilation in the kitchen.

However we found there was no clear system in place to monitor the quality of the service. The acting manager told us this was being developed. Audits completed were not comprehensive and where they identified action this had not been completed. We also found people were still receiving cold food at breakfast although a hot trolley was available.

**Inadequate**



# Jansondean Nursing Home

## Detailed findings

### Background to this inspection

This inspection report includes the findings of two inspections of Jansondean Nursing Home. We carried out both inspections under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The first was a comprehensive inspection of all aspects of the service and took place on 11 and 12 November 2014. It was also to follow up on previous enforcement action taken concerning respecting and involving people in their care and care and welfare of people as well as previous breaches concerning medicines, staffing, record keeping and quality assurance. This inspection identified that the regulations where there had been enforcement action had now been met but there were further breaches of the regulations in respect of medicines, staffing, record keeping and quality assurance.

The second inspection was undertaken on 03, 04 and 05 February 2015 and focused on following up on enforcement action taken in relation to the further breaches of legal requirements we found on 11 and 12 November 2014. You can find full information about our findings in the detailed key question sections of this report.

#### **Comprehensive Inspection 11 and 12 November 2014.**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and to follow up on breaches in regulations from previous inspections. This inspection checked whether the

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

This inspection took place on 11 and 12 November 2014 and was unannounced. The inspection team comprised of two inspectors, a pharmacy inspector, a specialist advisor in nursing 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 looked at the information we held about the service including notifications they had sent us. We also spoke with the local authority commissioning and safeguarding teams to gather their views on the service.

During the visit, we spoke with ten people using the service, five relatives, three of the nursing staff, four care staff, two agency staff, an activities organiser, a cook, a domestic staff member, the maintenance person, an administrative member of staff, and the registered manager for the service. We also spoke with the GP who was visiting the service during the inspection. We observed how the staff interacted with people who used the service. Not everyone at the service was able to communicate their views to us so 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 around the building. We looked at a sample of eight records of people who used the service and eight staff records. We also looked at records related to the management of the service.

#### **Focused inspection 03 04 and 06 February 2015**

We undertook an unannounced focused inspection of Jansondean on 03, 04 and 06 February 2015. This

## Detailed findings

inspection was carried out to check that the necessary improvements to meet legal requirements after our 11 and 12 November inspection had been carried out. The team inspected the service against parts of the five questions: is the service safe is the service responsive, is the service caring and is the service well led? This is because the service was not meeting some relevant legal requirements in these key areas.

The inspection was undertaken by two inspectors and a specialist nurse advisor. During our inspection we spoke

with six people who lived at the home, a visiting health professional, the acting manager and the administration manager, two nurses and four care workers. We looked at nine care plans and six staff records. We reviewed documents related to the running of the service such as minutes of meetings policies, audits and staff rotas. We spoke by telephone to three relatives following the inspection.



# Is the service safe?

## Our findings

### Findings from the comprehensive inspection of 11 and 12 November 2014

At our last inspection we found that risks to people were not always identified and people's food, fluid and turning charts were not regularly completed. At this inspection turning charts we looked at were accurately completed and nurses and care staff demonstrated an understanding of pressure area care. People who were at nutritional risk or risk of skin pressure or falls had been identified and monitored. However, not all risk assessment records were accurately completed to show the extent of the risks to people's well-being. Three of the eight care plans we looked at had one risk assessment record that was inaccurate. Two people's skin integrity risk assessment records had not been accurately filled in and a risk factor had been omitted, so the severity of risk recorded was not accurate. A falls risk assessment for another person did not include their diagnosis of dementia which was an additional risk factor. Service users were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained.

Staff told us they had taken part in fire drills and were aware of some action to take in an emergency. We saw there was a business contingency plan that provided guidance and contact numbers for a range of emergencies. However emergency evacuation plans did not detail how to evacuate people safely from one of the upper floors of the service. Staff told us they had not practised evacuation routines. People were therefore at risk from inappropriate care or treatment in an emergency as accurate records were not maintained and staff had no guide on how to evacuate people from this floor accurate records were not maintained.

We looked at the staff recruitment records. Although identity and character checks had been carried out we found five records had no identity photograph as required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Appropriate information and documents related to the staff employed and the management of the service were not always kept.

These issues were breaches of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As we have identified a continued breach of Regulation 20 we will make sure action is taken. We will report on this when this is complete.

During our inspection on 22 and 23 January 2014 we found that accurate records were not being kept when staff administered medicines and medicines had not been stored safely. At this inspection we found that medicines storage was now relocated to another room, a new fridge had been purchased and temperature checks were in place. However guidance from the Royal Pharmaceutical Society for the use of a maximum and minimum thermometer to monitor for changes in temperature effectively over a 24 hour period, was not followed which meant there was a risk medicines were not stored safely.

There were no 'as required' medicines protocols or policy in place to guide staff on the use of as required medicines. The provider's medicines policy stated these should be in place. For two people who received prescribed medicines with a variable dosage, staff had not recorded the quantity on the Medicines Administration Record (MAR) for the previous day. Therefore it was not possible to tell from the MAR what dose of medicines had been administered. We had also identified this issue at our inspection in January 2014.

Although the allergy status for two people was recorded on other records, it was not on their MAR. This may have placed them at risk of receiving a medicine they were allergic to. Staff had not been countersigning MAR charts to show records were accurate. This was contrary to current guidance by the National Institute for Health and Care Excellence (NICE), "Managing medicines in care homes" March 2014. Therefore people were not protected from the unsafe administration of medicines.

Prescribed creams were being applied by care staff without supervision by nursing staff. There were insufficient instructions or staff to apply prescribed creams correctly. Nursing staff and care staff told us that body maps and written instructions to assist staff were not available. There was a risk people could be placed at risk of skin breakdown.

## Is the service safe?

Medicines were not always stored correctly. We found a medicine labelled not for internal use together with medicines for internal use which increased the risk of this medicine being given internally.

Drugs were not always disposed of safely. We found controlled drugs which had not been disposed of appropriately and in line with The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) (England, Wales and Scotland) Regulations 2014. We found three full sharps bins, containing contaminated clinical waste such as syringes, two dated June 2014 and one dated August 2014. No arrangements had been made to collect these full sharps bins. This meant that there were inadequate arrangements in place for the disposal of clinical waste.

These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As we have identified a continued breach of regulation we will make sure action is taken. We will report on this when this is complete.

At the last inspection on 05 August 2014 we had found agreed staffing levels had not always been consistently maintained and the staffing rosters did not always accurately reflect the levels of staff on duty. Call bells rang frequently and were not always promptly answered. At this inspection people told us there were enough staff to meet their needs. Although they thought they were often busy. One person told us "They don't have a lot of time; they're rushing up and down." Another person said, "They don't spend time talking with us, but there's a lady who organises things in the lounge."

However, although staff began a shift on a particular floor of the home, there were at least three occasions in the course of the inspection when we found there was not a continued staff presence on the top floor or member of staff allocated to be on that floor. There were people in their rooms on this floor throughout the course of the day who were not all able to use a call bell to summon support. Therefore there was a risk of people not receiving care when they required it.

Staffing numbers during the inspection tallied with the staff rota and the agreed levels. However we found that in a four week period in October and November there were 11 days on which only one nurse was on the roster for work during the working week day rather than the two nurses as decided by the provider's staffing levels. The need for

agency nursing staff had only been identified on one of those days on the roster. The manager told us it was not always possible to get agency staff at short notice and sometimes the shifts were worked without the identified number of nurses on duty to meet people's needs. This was also the case during holidays or staff sickness. Five full time and part time nurses were employed at the service to cover all the shifts. We were not assured there were sufficient numbers of appropriately skilled staff employed to meet people's needs.

Extra staff were not included on the roster to meet identified individual needs for people where this had been agreed with the local authority as part of their individual care package. For example where there was a need for one to one care we saw that different staff from the existing roster were allocated this task throughout the day without an additional member of staff being asked to work. This meant that shifts were worked with one less care staff than the agreed level set by the provider.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As we have identified a continued breach of regulation we will make sure action is taken. We will report on this when this is complete.

People and their relatives told us they had no concerns about cleanliness at the home. It was observed to look and smell clean both days of the inspection. Records were kept of temperature checks in the kitchen for e.g. dairy food deliveries, serving food temperature and fridges, to reduce risk of any contamination for people at the service. We observed they were within the correct ranges. Kitchen and domestic staff had a cleaning schedule they worked to.

People told us they felt safe at the service. Staff told us that they received training on safeguarding adults from abuse; they could identify a range of types of abuse and were able to tell us the process for reporting abuse. They were aware of what whistle blowing was and how they could do this if needed. We saw from records that they received training on safeguarding adults. There had been no safeguarding alerts in relation to the service since the last inspection.

Equipment maintenance and service checks were completed. We found water pumps (following the basement flood last winter); fire, electrical, gas equipment,

## Is the service safe?

hoists and the lift were regularly serviced and checked. At the last inspection we had found a number of broken call bells. New call bells had been purchased and were in working order.

### Findings from 03 04 and 06 February 2015 Focused inspection

At this inspection, we looked at the actions taken by the provider in respect of the breaches of the regulations for medicines, staffing and records of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 that we had found under this key question at the last inspection. We found that although work had been done to meet some of the identified shortfalls for medicines the provider remained in breach of this regulation. The provider also remained in breach of the regulations for staffing and records. We found there were also breaches of legal requirements for Regulation 9 care and welfare and Regulation 21 recruitment. These now correspond with regulation 12 (1)(2)(a)(b) and regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives we spoke with felt that people were safe at the service and well cared for. However the evidence we found did not always match these views. At this inspection we found that risks to people were still not always identified or monitored. On 09 January 2015 CQC was notified of an incident that occurred because someone's identified needs for one to one care had not been met on 07 January 2015. The incident report seen at the inspection showed this person had not been checked for any additional injuries following the incident until 08 January 2015. The delivery of care provided was not according to their individual needs and did not ensure their welfare and safety.

On 02 February 2015 we were notified of an incident on 01 February 2015. This involved a bogus agency nurse being allowed to enter Jansondean and carry out work at the service on one shift without this being identified by the staff. As a result of this people at Jansondean were put at risk of receiving inappropriate or unsafe care or treatment. While action was taken in respect of this bogus nurse and the error, it was not reported to relevant agencies including the police until 02 February 2015. At the inspection on 03 February the acting manager and administration manager were unable to tell the inspectors what care or treatment the bogus nurse may have carried out before this error was

identified. There was no evidence of any investigation carried out to establish the tasks the bogus nurse may have carried out. This meant that prompt action could not be taken to address any risk of inappropriate care.

People did not always receive appropriate care that ensured their welfare and safety. We found concerns in relation to people's skin care. There was no skin integrity care plan for a person that the medical response team had visited on 29 January 2015 and confirmed had a Grade 4 pressure area ulcer. This was despite an email from a regional manager on the 29 January 2015 advising of the need for a skin integrity plan to guide staff about the risks to the person's skin. Other guidance in the email in relation to the identified risks had not been put in place. For example a review of the risk assessment had not been carried out since 28 January despite the instruction to do so. There was no wound care plan in respect of other identified wounds for this person although charts showed these were being dressed.

Risk assessment records did not provide sufficient guidance to staff about caring for people at very high risk of pressure ulcers. The risk assessment tool in use only identified the need for four hourly turns rather than a two hourly for those with a risk score indicating they were at high risk of developing pressure sores. There was no guidance for staff for those people at the service whose risk score indicated they were at even higher risk of developing a pressure ulcer. This does not follow National Institute for Clinical Excellence (NICE) guidelines on pressure ulcer risk assessment and The Pressure Ulcer Treatment Guidelines from the European Pressure Ulcer Advisory Panel which suggest two hourly repositioning for those at high risk. Two other people whose risk assessment showed they were at very high risk of pressure ulcers had four hourly repositioning charts in place.

Risks were not appropriately monitored or managed. On 2 February 2015 we saw someone with a pressure ulcer had declined repositioning throughout the day and then again twice at night. A note at 8pm recorded the manager was aware. However there was no record of their advice. There was no record of what had been done to try to reduce the risk to skin integrity and no updated care plan to provide staff with a guide should this person declined support.

## Is the service safe?

There was no evidence to show what had been done to explain the risks involved to the person and encourage them to reposition. The planning and delivery of care did not meet people's needs or ensure their welfare and safety.

There was a risk that people would not obtain the support they needed, when they needed it. At the last inspection in November 2014 we had observed people with high levels of need accommodated on the top floor of Jansondean. They were unable to communicate easily or make use of a call bell and there had not been a constant staff presence on that floor to monitor their welfare and safety. At this inspection we found there was no continuous staff presence on this floor. Staff confirmed that neither person on the top floor could use a call bell to summon help when needed. We found two occasions of at least 20 minutes when there was no staff presence on the top floor. We asked one person how they might summon help and they said "I don't know." There was no risk assessment or process in place to monitor this risk. Staff were unable to produce any evidence that checks were made on the top floor throughout the day. Checks on people unable to use a call bell were then introduced as a result of our feedback at the inspection.

Inspectors found two other service users without access to call bells at times during the inspection as they were out of reach. This was pointed out to the senior staff member present. The planning and delivery of care did not ensure people's welfare and safety as people were not always able to summon help if needed.

Emergency evacuation plans did not all contain accurate information to guide staff in the event of an emergency. Following our November 2014 inspection there were now emergency evacuation plans in place for everyone at the service. However, we noted that there was no reference in one plan to someone's behavioural needs to help guide staff and another plan had contradictory information about how many staff were required to assist and what method would be used. This plan had not been updated since 2 June 2014.

These findings described above were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This now corresponds with Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will report on what action we have taken in respect of this breach when it is complete.

Risk assessments were not always accurately completed. At the last inspection on 11 and 12 November 2014 we had found risk assessments were not always accurately completed. At this inspection we found the skin integrity risk assessment for two people already at high risk of developing skin pressure areas had not included their weight loss which would increase further their risk score.

Some records regarding wound care were not easy to locate or follow. For one person charts for different wounds were muddled together and not in date order. While there was evidence that wounds were being dressed the wound care charts did not always measure the wound to record any progress or deterioration. There were some recent photographs of one wound but they did not specify which wound this was and no photographs or regular body maps of other wounds completed to monitor progress or any deterioration. Wound charts for another person showed a dressing had not been changed when it was due. There was no record as to why this had not been done. People were not protected from the risks of inappropriate care and treatment because accurate records in respect of their care and treatment were not being maintained.

A care plan for a person on a lower floor stated they should be checked every hour and for the call bell to be in their hands, although it stated they were not able to ring the bell. There were no records in place to evidence that staff checked this person during the day. There was a risk of people not receiving care when they required it.

This is a further breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds with regulation 17(2)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As we have identified a continued breach of legal requirements we will make sure action is taken. We will report on this when this is complete.

At the November 2014 inspection we found five staff recruitment records had no identity photograph as required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We had reported this under a breach of regulation 20 in relation to records. At this inspection we found no identity photograph in place for a recently recruited nurse.

We found that the recently recruited staff member's record referred to an out of date PIN number for their nursing registration. There was a letter asking the new recruit for

## Is the service safe?

details of their current registration but it was dated 29 January 2015 and staff rosters showed they commenced work on 19 January 2015. There was no evidence that their current registration had been checked. The administration manager checked on line during the inspection and confirmed that the nurse had a current registration. However suitable checks were not in place prior to them commencing work.

The provider had not always checked with recruitment agencies when they employed agency staff that the necessary checks on staff had been completed to ensure they were of good character or if they had the necessary skills and experience. The administration manager confirmed to us that the bogus nurse had not undergone full criminal records for their suitability to work. Since the incident the manager had introduced checks for all agency staff including obtaining copies of identity and police checks as well as training certificates from the agencies. However the bogus nurse had worked a shift in the home without these checks in place.

We were shown an agency induction booklet that the acting manager told us they had introduced in January 2015 to evidence that agency staff had sufficient skills to undertake the work to meet people's needs safely. However they told us there was no completed booklet for the bogus nurse who had worked at the service on 1 February 2015.

These issues are a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds with regulation 19(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will make sure action is taken. We will report on this when this is complete.

We looked at what action the provider had taken in respect of the previous enforcement notice issued by CQC in relation to medicines. Although action had been taken to address aspects of the enforcement notice we found breaches in respect of other parts of this legal requirement.

There were no competency checks carried out in respect of the bogus agency nurse who had administered medicines less than three hours after they had started on the shift on 01 February 2015. This bogus nurse reported a medicines error to the nurse on duty at 10.30am. There were also no recorded competency checks for the nurse who had been

on duty on the same day and in post for two weeks to ensure they were competent to administer medicines. This is contrary to NICE Guidelines Managing Medicines in Care Homes March 2014 SC1 1.17.

There was a delay in the reporting of the medicines errors which occurred. The errors were not reported to the acting manager for the service until 7.30pm on 01 February 2015. No report was made or medical advice was sought that day either by the nurse in charge or the acting manager when they were informed. Medical advice was first sought on 02 February 2015 in respect of someone given the wrong medicines and not in respect of the person who missed their medicines. It was not until 03 February 2015 when at the inspection the inspectors discussed the incident that it became clear to the acting manager and the administration manager that the missed medicines had not been regarded as a medicines error. People were not therefore always protected from risk as arrangements for the prompt reporting of medicines errors were not always followed.

A medicine allergy for one person was not recorded on their MAR chart, although other records confirmed they had this allergy. Therefore there was a risk that medicine would not be administered safely. Another person had an allergy that was handwritten on the MAR chart and therefore there was a risk this information would not be refreshed once the new MAR was produced. Five other MAR charts we checked contained correct information about people's allergies

At the inspection of 11 and 12 November we had found there was no written procedure of action to take if the temperature of the medicines fridge was outside the normal range. At this inspection we found that there was a written procedure for action should the medicines fridge cease working, which was to "transfer the medicines to other fridge in [an Admin office] and report it to the pharmacist." However the acting manager told us that this second back up fridge was not operational. Therefore safe arrangements for the storage of medicines were not in place.

Although protocols for as required medicines (PRN) were in place we found two were missing, one for an anti-bacterial cream and another for an inhaler. There was a risk that staff would not be aware of the indications for their use. There were also some inappropriate protocols for example for a



## Is the service safe?

type of medical tape used for wound dressings, which were not required. Staff did not therefore always have a clear understanding of why and when PRN protocols were required.

The above issues were a further breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds with regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As we have identified a continued breach of legal requirements we will make sure action is taken. We will report on this when this is complete.

We asked to see the policy on medicines errors which was referred to in a separate new medicines policy. This was sent to us following the inspection. The acting manager confirmed this policy had not been available to staff on 01 February 2015 as it had been waiting approval and checking before being distributed to nursing staff. NICE Guidelines state 'Providers of health or social care services should ensure that a robust process is in place for identifying, reporting, reviewing and learning from medicines errors involving residents.' Staff did not have a guide to refer to about medicines errors at the time of the incident on 01 February and at the inspection and people were exposed to risk.

People we spoke with told us they received their medicines on time. One person told us "there's never a problem with that and the GP comes to see me too." We observed a nurse administer medicines and they were respectful and friendly and followed safe guidelines for administering medicines. Other issues identified at the last inspection had been acted on. Medicines were now stored appropriately. The medicines refrigerator was being monitored on a daily basis including minimum and maximum temperature checks. All cupboards that contained medicines in the medicines storage room were locked. The storage room was also locked. Controlled drugs (CD's) were now all being stored safely and recorded in the CD register. The register was being checked on a weekly basis and all balances of medicines were checked and correct.

Body maps, showing where medicines had to be applied, were available in people's rooms with a guide to staff on how to administer prescribed creams. Internal and external use medicines were now kept separately. Medicine Administration Records (MAR) we checked now showed that variable doses were recorded.

We looked at what action the provider had taken in respect of the previous enforcement notice issued by CQC in relation to staffing. Our previous inspection in November 2014 had identified concerns about staffing levels. We looked at what action the provider had taken in respect of staffing at the service. We looked at the staff rosters from 31 December 2014 to 05 February 2015. There were four occasions in this period when rosters and time sheets could not be produced to evidence that there were the correct numbers of staff according to agreed staffing levels to meet people's needs.

People told us that staff were available to offer support and care during the day and at night but that they were often very busy. One person told us the response to call bells varied "it depends on if they are busy, they're not too bad at coming to me." Staff we spoke with told us they thought there were enough staff and the nurses both said one nurse at the weekend was sufficient to meet people's nursing needs. However one staff member said "there is not so much time with the service user; they need to have that time, it is good for them."

Sufficient numbers of suitably qualified staff were not in place at all times. There was no induction record for a recently appointed nurse who had been in charge of the shift on 01 February 2015 when the bogus nurse had arrived. Following the inspection we were sent details of a nurse induction booklet. We confirmed with the acting manager by phone that this had been introduced since the inspection and that the new nurse who had started work on 19 January 2015 had spent some time shadowing existing staff but there was no formal induction or checklist to establish that they had the necessary skills and experience before they started work.

At the last inspection we found there was no system in place to decide or review appropriate and safe staffing levels at the service. There was no dependency tool in use to establish service user's dependency needs as a basis to decide safe staffing levels at the service. We found this to remain the case at the inspection on 03 February 2015. There was no system to decide safe staffing levels for people at the service to ensure there were enough staff to safeguard people's health welfare and safety or that staffing levels changed according to the needs of people at the service.

The acting manager was a registered mental health nurse and advised us at the inspection that they would need

## Is the service safe?

training on pressure ulcer management before they could oversee this area of care. There was therefore no one available at the service that could provide clinical oversight and management of people's pressure areas on a daily basis. There were not enough suitably qualified skilled or experienced persons employed by the service.

These issues were a further breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010. This corresponds with a breach of regulation 18(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As we have identified a continued breach of legal requirements we will make sure action is taken. We will report on this when this is complete.

# Is the service effective?

## Our findings

### Findings from the comprehensive inspection of 11 and 12 November 2014

At the last inspection we had concerns that the manager of the service did not understand their responsibilities under the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards (DoLS). We found that people may have been deprived of their liberty unlawfully as we observed circumstances where an application for authorisation under the Deprivation of Liberty Safeguards (DoLS) should have been considered and it had not been made.

At this inspection we found that the manager had attended Mental Capacity and DoLS training. A DoLS authorisation had been applied for and granted. In cases where it had been assessed that some form of restraint, such as the use of a bed rail, might be useful to keep people safe, the consent of the person was recorded. If the person concerned lacked capacity to make this decision the manager had consulted with relatives and health professionals where appropriate in their best interests.

However the manager was unable to explain the implications of a Supreme Court ruling that had significantly changed what should be regarded as a deprivation of someone's liberty. He was also unaware of the Mental Capacity Act 2005 Code of practice that provides guidance on the responsibilities for professionals under the Mental Capacity Act. Some staff members confirmed they had received recent training on the Mental Capacity Act but two staff members were unable to explain how they would find out if someone had capacity to make a decision for themselves. There was therefore a risk that people may be deprived of their rights to make some decisions. While mental capacity assessments were in place for people's day to day care needs we found two examples of other decisions such as end of life Do not attempt Resuscitation Forms (DNAR) where separate capacity assessments had not been completed for this decision.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they thought staff had sufficient training to provide care to them. One person told us "They know what needs doing." The manager told us that when he started work at the service staff training had not been refreshed

regularly. He said now, "We do all the mandatory training and more besides." Staff told us they had received training across a range of areas in the last year. One staff member said, "We have loads of training. We have training on everything." We confirmed this from records we looked at.

Training had been given for what the provider considered essential training topics such as safeguarding training first aid, food hygiene and fire safety. Other training had also been provided such as dementia awareness, managing behaviour that challenges, medicines administration, catheter training and wound care. The registered manager told us staff were required to refresh training annually. We found that one of the nursing staff medicines training was last refreshed in 2012. This was not in line with the stated requirements to ensure that staff had sufficient training to carry out their work.

Staff had a two week induction of shadowing and training before they worked as a shift member. A newly recruited staff member told us that the induction period included shadowing support and there was advice and information given to help do the job safely. There was an induction checklist that we saw was completed by the mentor when they felt the new member of staff was competent at different tasks. However we noticed that the induction checklist did not include how to manage behaviour that challenges. We observed that new or agency staff were not always adequately supported to enable them to deliver care and treatment to an appropriate standard where they experienced behaviour that challenges. For example we saw some staff tried to engage on some occasions with people who used the service in an abrupt manner. Arrangements were not in place to support staff to ensure they could deliver care effectively and to an appropriate standard.

We asked the manager about staff appraisal and he told us he had not had time to begin these since he had arrived. Staff were therefore not currently provided with an opportunity for a formal review of their development and training needs. Staff were therefore not adequately supported in relation their responsibilities to deliver effective care and support to people.

This was a breach of Regulation 23 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010.

Staff told us they had regular supervision. The manager told us that he had decided to introduce group supervision



## Is the service effective?

as a way to shift the cultural change at the service. Staff told us they found the supervision supportive and that they felt able to raise issues with the manager at these sessions or individually if they needed to discuss something privately.

At the last inspection on 05 August 2014 people's food and fluid monitoring charts were not regularly completed. At this inspection people who were identified as being at high risk, for example because of rapid weight loss, were referred for a review with the GP or dietician. They were placed on a fortified diet. People who were at risk of malnutrition or dehydration had food and fluid charts completed throughout the day and their weight was monitored regularly. There were detailed instructions in people's rooms and in their care plans where they had specialised dietary needs. We observed people had good access to drinks throughout the day including water and/or juice in their rooms.

Two people told us they thought there was enough to eat, the food was 'pretty good' and there was sufficient choice. Other people who ate some meals in their rooms told us the food could be cold at times. For those people who changed their mind on the day we saw an alternative meal was always available. We spent time observing people having their lunch in the downstairs dining room and lounge. We saw people were supported to eat where this need was identified. They were given fortified drinks and foods of differing consistencies, such as puree, if this was appropriate to meet their needs. People were protected from a risk of insufficient food or drink. However, there was insufficient information available to remind people about the food choices they had made or that were available. Some people commented they were unsure what they were having and we saw there were no menus on the table to guide people about the food choices on offer each day.

We saw that people's health care needs were promptly responded to. For example where someone's diabetes had become poorly controlled a review had been requested with the GP. We spoke with the visiting GP who told us they attended once a week so there was continuity and consistency of care. Staff referred any concerns to the GP who would arrange to come in addition to the weekly visit if needed. The GP told us that nursing staff were always available and followed any advice he gave. We saw from

care records that the service worked with a number of health professionals including, tissue viability nurses, speech and language therapists, dieticians, Community Mental Health Team, optician, podiatrist and dentist.

### Findings from 03 04 and 06 February 2015 Focused inspection

Adequate care had not always been provided to minimise the risk of malnutrition. There was no food chart to monitor one person's nutritional intake for risk of malnutrition. This was despite a recorded weight loss of 13.8kg the previous month and written guidance from the provider's regional advisor stating there should be a food chart to monitor nutrition and the person required a fortified diet. Their nutritional plan had not been changed since 14 August 2014. Another person's risk assessment for nutrition had not been reviewed since December 2014 which was not in line with the provider's policy which stated monthly reviews of risk assessments were carried out. People did not always receive care that met their needs or ensured their welfare and safety.

Another person's nutritional plan said the dietician recommended pureed fruit as a snack between meals. There was no evidence in their food chart that this was being provided. Another person's nutritional plan dated 02 March 2015 stated that staff should monitor their weight monthly due to gradual weight loss. However when inspectors checked the observational charts which included monthly weights for both December 2014 and January 2015 they saw they had refused to be weighed on both months. It was unclear how staff were monitoring this person's weight as there was no guide for staff about what to do to monitor should they continue to refuse. Another person's nutritional care plan said they were at risk of choking but there was no guidance for staff about that risk.

The issues found above were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds with regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities 2014). We will make sure action is taken. We will report on this when this is complete.

We found gaps in the eating and drinking records, people's eating and drinking levels were not accurately recorded or monitored and they could be at risk of malnutrition or dehydration. Where there was a record that people had refused food, there was not always evidence of any action

## Is the service effective?

to address this such as the offer of food later or fortified food. Food and fluid charts to monitor risk for five people were not always being added up or added up correctly or signed off by a nurse to confirm that people received sufficient food or fluids throughout the day. For five people there were occasions when their daily intake recorded did not reach minimum recommended guidance and did not show any action taken by staff recorded to address this risk.

The issues found above were breaches of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We will make sure action is taken. We will report on this when this is complete. This corresponds with a breach of 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service caring?

## Our findings

### Findings from the comprehensive inspection of 11 and 12 November 2014

At the last inspection on 05 August 2014 we found that people were not always consulted about their care and preferences for support and the focus at the service had been task orientated rather than person centred. People had not been involved in planning for their care or consulted about when they wanted to get up or go to bed. Some people had told us they were being supported to go to bed in the afternoon and everyone went back to their rooms by 5pm for the evening meal. We took enforcement action following the inspection of 05 August 2014 in respect of the breach of regulations.

The local authority commissioning service had been working with the service since March 2014, particularly around person-centred practice and treating people with dignity. We had been sent an action plan following the 05 August 2014 inspection that detailed what the provider and manager would do to improve people's experiences. They had met with the local authority to discuss the concerns and the action they planned or had taken to improve care.

At this inspection we found information about people's life history and preferences was now available to staff in people's rooms. People told us they were now consulted about their preferences and we saw that they or their relatives, where applicable, had signed their care plans to show their involvement. Relatives we spoke with confirmed they had been consulted about a family member's preferences where needed.

Staff asked people about their preferences for their daily care, such as what time they wanted to go to bed and where they preferred to eat. However we noticed that people's records had not always been completed accurately to reflect people's choice. For example one record showed the answer 'No' to the question 'where do you prefer to eat your meals?' The person concerned was able to tell us exactly what their preferences were when we asked them. Therefore the record did not accurately reflect their preferences. Another preference record stated someone liked to go to bed at 4pm each day. When we asked the person about this they told us that they chose to go to bed at 6pm. They told us that previously they had been put to bed at 4pm but things had improved and they

were going to bed at 6pm to 6.30pm, in line with their preference. The records were not accurate and service users were therefore at risk of inappropriate care or treatment.

This was a breach of Regulation 20 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010. As we have identified a continued breach of regulation we will make sure action is taken. We will report on this when this is complete.

People told us that staff were caring and kind and they were happy with the care they were receiving at Jansondean. One person told us, "Yes staff are very kind and caring; I have a bit of a joke and a chat with them. They're a good bunch." another said, "It is great, I've got no complaints." A third person commented, "The staff are fabulous, they are busy but they are very kind." Relatives also told us they were happy with the care provided. One relative said, "They are very friendly, especially the carers. We know the team very well." Another relative commented, "This is lovely. [My family member] was at another place which was terrible. I can't believe the difference."

At this inspection we saw there had been improvements to people's care. People were clean and looked tidy and well cared for. They had a service user guide in their bedrooms that gave them information about the service.

We observed examples of good care with people being reassured if they were distressed and some staff engaging people in activities that were stimulating or gently encouraging people to participate. Training records showed that most staff had received training on dignity in care following the previous inspection in September 2014. We observed that staff consulted people before they were offered support. For example they were asked where they would prefer to sit and offered assistance. One person told us, "They're pretty good, they always help if you ask." Staff were observed to knock on people's doors before entering and be sensitive to the need for privacy. One person said, "Staff are lovely, they show me respect and dignity and they come straight away." Some care workers clearly knew people's needs well, for example they knew where the most suitable place for someone to sit in the lounge with a hearing problem to ensure that they could hear well. We saw that people's preferences regarding the gender of their

## Is the service caring?

care worker were recorded and observed. They were also visible in the nurses' station for any staff unfamiliar with people's wishes. Experienced staff were observed to engage with people and understood their needs.

We observed people were reassured during transfers while using a hoist and told what was happening although we noticed that no screens were used to protect people's dignity when they were transferred with a hoist in the communal area. However, some improvements were needed. We saw agency or new staff members did not always identify a need for extra reassurance for people whilst being hoisted.

Bedrooms were personalised, but there was no memory enhancing decoration or signage to help orientate people either in their bedrooms or in the communal areas.

We saw two occasions when a staff member was on their mobile phone rather than engaged in interaction with people at the service. This was contrary to the provider's

expectations of care workers. We discussed these issues with the manager who told us they would look into this and ensure staff were reminded about good practice and the rules about phones.

### **Inspection of 03, 04 and 06 February 2015**

At the November 2014 inspection there had been breach in legal requirements as people's preferences were not always recorded accurately and people were at risk of inappropriate treatment. At this inspection we checked people's personal preference records in their rooms. Most of them had been updated to provide a more accurate picture of their needs. People told us their preferences were respected. One person said "I can choose to get up out of bed when I want to. Staff are very good like that."

However we found the same record described in the November 2014 inspection as not reflecting a person's preferences still in this person's room. The acting manager found an updated version that that showed their preferences more accurately. This was placed in the person's room so that staff had an up to date guide.

# Is the service responsive?

## Our findings

### Findings from the comprehensive inspection of 11 and 12 November 2014

At the last inspection we had found that some people did not have access to call bells or they were broken so that they could not summon help. People's care plans were not reviewed regularly. People had spent much of the day in their rooms with very little meaningful activity.

At this inspection people told us that staff did respond when they needed them. A relative told us, "When [my family member] first came in alarm bells were going off all the time but it's much better now." We observed throughout the inspection that call bells rang infrequently and when they did ring, they were answered promptly. The atmosphere was calmer. There were very few call bells going off and those that did were responded to quickly. We saw that people who were in their rooms had access to a call bell. A 'snap shot' overview of residents with particular needs was clearly visible for staff in their nurses' station office. This served as a reminder to staff about people's individual health and care needs.

However we found accurate records were not always maintained. Documentation in two people's care plans was contradictory. Care need summaries for two people stated they did not have capacity but their mental capacity assessment records stated that they did for day to day decisions. We observed staff were unable to read a menu choice for one person due to the staff member's handwriting. One person's care plan was reviewed on 29 October 2014 and referred to the need for a bowel chart to monitor the risk of constipation. We were told that this was no longer required but this change had not been recorded in the care plan. There was no guidance available to new staff in another care plan on the use of suction equipment or a mouth care plan to guide new nurses in the provision of care.

Where people displayed behaviour that challenged, this guidance was not always detailed enough for staff to deliver appropriate care. Information about how to respond to behaviour that challenges to reduce the likelihood of the behaviour was not available. One care plan contained a reference to restraint being used. Staff and the manager all confirmed when asked that restraint was not used at the service and were able to describe the

distraction and diversion techniques they did use if needed but these were not detailed in the care records. The manager had systems in place to record this behaviour and any perceived triggers to try and reduce them from occurring in the future. However, there were very few such incidents entered on this record. We found at least three incidents of such behaviour for October 2014 in a person's daily notes but because these incidents were not recorded on the manager's system. There was a risk that triggers to the behaviour would not be identified and as a result how the staff interacted and supported with people may not have been changed to potentially reduce the triggers.

People were not therefore protected from the risks of unsafe or inappropriate care as accurate records were not being maintained this was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The complaints policy was displayed in people's rooms and in the entrance hall. We saw that it contained guidance on how to complain and what to do if they were unhappy with the response. People and relatives we spoke with told us that if there were any problems they would speak to the manager. The manager told us they had not received any complaints since they had been at the service. However we found one complaint on record from February 2014 for which no response had been recorded.

People had an assessed plan of their needs. These had been reviewed at regular intervals and changes made as required. Most provided clear guidelines to staff on how to meet people's needs and contained information on how to communicate with people who were not able to verbalise. The plans covered people's needs across all aspects of their care and were individualised to include their likes and dislikes and how they liked to spend their time. We saw people's spiritual needs were met through visiting religious representatives. We observed staff responses to three people and saw that the care they received was in line with their care plan.

Since the last inspection the manager told us they had worked to try and interest people in joining in activities on offer for socialisation, their stimulation and enjoyment. There was an activities organiser at the service throughout the week. We saw displays around the service of activities that people had participated in. Recent activities included harvest festival celebrations and Bonfire Night with associated displays of artwork. The activities organiser told

## Is the service responsive?

us, “I try and do things that everyone can take part in. Some of people helped make the guy... Other people like to have their hands massaged and their nails painted. There is something for everyone.” Relatives we spoke with told us there had been an improvement in activities for people and more opportunities to socialise, “Before they were always in their room all of the time. There’s stimulation down here. There’s always something going on.” We saw that people were encouraged to maintain links with the community where they could, such as attending a nearby day centre

We observed that the activities organiser knew people well and was aware of their interests and preferences for activities. They spent time with people in their rooms doing individual activities and then provided group activity. We observed people talking about their experiences of the war and a sensory experience that included the use of a foot spa, scented candles and blowing bubbles. The atmosphere was relaxed.

### Findings from 03 04 and 06 February 2015 Focused inspection

At the last inspection on 11 and 12 November we found people’s care plans were not always up to date and did not therefore reflect their needs accurately. At this inspection we found some but not all of the issues identified previously had been addressed. There were other breaches of legal requirements in the areas of records and care and welfare.

There was still no guidance for staff on how to respond where there was a Deprivation of Liberty Safeguard authorisation for someone’s protection when they tried to leave the premises. People were therefore at risk from inappropriate care as accurate records to guide staff were not maintained. However, information about how to respond to behaviour that challenges the service had been improved. There was no reference to restraint in these records as found previously.

We saw a health professional had made a recommendation about a person’s care on 16 January 2015. They had recommended a change to decaffeinated coffee for this person. While staff were aware and provided decaffeinated coffee the nutritional plan had not been updated to show this. The nutritional plan front sheet was also dated 02 March 2015 in error. People were not protected from the risk of inappropriate care as an accurate record of their needs was not available.

For three people with pressure ulcer areas there were also missing records such as regular body maps photographs to chart progress. For one person the most recent body map and photographs were dated 9 May 2014 and so may not record an up to date picture of the wound. There was not always sufficient guidance for staff in relation to pain management for wound care. For example one person’s care plan stated record any signs of pain but not what action staff could take.

We saw someone’s care record contained a body map dated 20 January 2015. This showed a skin tear injury to the arm. There was a wound care chart dated 20 January 2015 but no wound care plan, further body maps, wound care charts or photographs to show that the wound was being dressed and monitored. They had a clean dressing on their arm and the date 03 February had been written on the dressing itself rather than on an appropriate record.

A note on one person’s file recorded a urine test undertaken on 09 January 2015 and the GP being informed. There was no further record to show what action had followed. When we asked about the action taken about this the nurse pointed to a record dated 28 January 2015. There was no record to evidence what care had been provided to this person regarding a possible infection between 09 January 2015 and 28 January 2015.

People were at risk of unsafe care and treatment because of a lack of proper information and an accurate record about their care and treatment. This was a further breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds with a breach of regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As we have identified a continued breach of legal requirements we will make sure action is taken. We will report on this when this is complete.

People’s care plans still did not always reflect their needs accurately. A plan for personal care for a person at the service had last been changed on 14 August 2014 and although it had been reviewed there was no reference or guide for staff about what to do when they refused support with care. Staff members told inspectors about the on going difficulties faced in providing personal care at times and what steps they had tried to take to resolve this. However these were not recorded in the care plan to guide new and agency staff. People were therefore at risk of inappropriate care as staff would not be aware of what

## Is the service responsive?

techniques to use to provide support. These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This

corresponds with Regulation 12(1) (2)(a)(b) of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014. We will make sure action is taken. We will report on this when this is complete.



# Is the service well-led?

## Our findings

### Findings from the comprehensive inspection of 11 and 12 November 2014

At the inspection of 22 and 23 January 2013 we found the assessment of risk and management of the service was ineffective in relation to the identifying risks to people's care. Between July and November 2013 there had been no registered manager in place to account for the day to day management of the service provision. As a result, the services provided to people had not been consistently assessed and monitored to ensure they were protected against the risks associated with unsafe and inappropriate care. Following the August 2014 inspection in September 2014 the local authority suspended new placements at the service and there has been increased monitoring and support from the local authority throughout the year.

At this inspection we found that a framework to monitor the quality of the service had been set up but it was not always being used effectively to identify potential risks. There were a number of different audits carried out such as a health and safety environment audits, kitchen audits, care plan audits, medicines audits. These had not picked up on risks to people's safety and welfare that we had identified during our visit. Infection control audits were carried out on a monthly basis but were not always completed accurately; equipment was ticked as clean and stored safely such as oxygen when there was no oxygen at the service. The manager told us that the nurses self-audited their administration of medicines daily but no records were made of these audits. We saw nine monthly audit forms, completed by the manager and all areas were ticked as correct with no issues noted. The last audit was conducted during August 2014. The health and safety audits had failed to identify the pile of disused furniture, equipment and building waste in the garden that posed a potential trip risk to service users' welfare and safety. Health and safety audits had not identified an unlocked cupboard that was used to store hazardous cleaning substances. This posed a potential risk to people at the service who may access the cupboard.

External professional guidance was not always promptly acted on. The provider had arranged for an external fire risk assessment carried out in July 2014 as required by the London Emergency Fire Planning Authority in an enforcement notice on 2 December 2013. The manager told

us the issue of safe evacuation of people from one of the upper floors had yet to be fully resolved. Food standards had visited the service on 24 February 2014 and given the home a score of one on their quality system because of concerns about food safety management. Although we understood from the manager the food safety management issue had been resolved, there remained outstanding issues about the ventilation and the structure of the kitchen, due in part to its basement location, had not been resolved.

Residents and relatives meetings were held on a regular basis, but actions to address issues identified did not always appear to be taken promptly. At a residents and relatives meeting on 29 April 2014, the issue of the food being cold when it was served in people's rooms had been raised. We observed the lunch serving on the first floor and found that it took 15 minutes to serve meals to seven people from an unheated trolley. Some people had told us the food was often barely warm. One person said, "It's pretty good here, my only complaint is the food is cold." Another person told us they had complained about cold food, "Yes. I send it back." We asked the manager what they had done to follow up on this issue. He told us the provider was looking into a hot plate but could not find one the right size. No other action appeared to have been taken to try and resolve this problem which had been on going since at least April 2014. Feedback from people at the service was not always being promptly acted upon. There was no record of any response as a result of the complaint received from a relative in February 2014 so we could not be sure that this relative's views were listened to, investigated and acted upon.

Identified problems with the maintenance of the premises were not swiftly acted upon. A leak in the administration office which had been identified during the inspection in January 2014 had not been rectified and water was being collected in a bucket. We could see this leak was spreading along part of the ceiling. While records were now in suitable filing cabinets the water was dripping onto the carpets and the bucket was a potential trip hazard for staff. The manager assured us that attempts had been made to repair the leak but we saw no documented evidence of this. This problem or any action taken was not identified in the health and safety audits. The manager told us he was not aware of any business plan in place for the service. In the



## Is the service well-led?

absence of a business plan that includes repairs equipment and a maintenance schedule, there was no evidence that any plans had been made to ensure the long term quality and safety of the premises.

Accidents and Incidents were not always being recorded and so were not analysed to provide information to try to reduce any reoccurrence or provide learning to the service. Four incidents had been recorded since January 2014 and none of these since August 2014. We came across incidents in the daily notes which we saw should have been recorded on an accident or incident record and had not been. Routine checks of the bed rails were not being carried out for people at the service which could mean a potential risk was not identified. A robust system to identify, assess and manage risks relating to the health, welfare and safety of service users was not in place.

These issues were a breach of Regulation 10 of the Health and Social care Act 2008(Regulated Activities) Regulations 2010.

At the last inspection we had found inaccurate staff rotas. The local authority commissioning service had carried out a monitoring visit on 01 September 2014 and we saw from their report that they had also found this to be a problem. At this inspection we found that the staff rota remained inaccurate as it did not always identify where agency staff were either needed or employed to fill any gaps in the rota. Shortfalls in the rota were also not always identified. There was therefore an inaccurate record of the numbers of staff working at the service.

This was a breach of Regulation 20 of the Health and Social care Act 2008(Regulated Activities) Regulations 2010.

At the inspection of 05 August 2014 we had found that the manager had not understood the requirements of a registered manager and had failed to notify us of significant events. Since that inspection the manager had notified us about relevant events according to requirements.

The manager told us that they had worked to improve the culture of the service and to encourage team work and more person centred care. The provider had advised us before the inspection they had appointed a clinical lead for the service who was due to start work in the next few weeks. At this inspection people we spoke with and their relatives told us they thought things had improved at Jansondean. They said staff appeared to work together and were approachable and that the care and support was

improving. We found there had been changes at the service with people enjoying more social interaction rather than spending much of their time isolated in their room. We heard a mixture of views about the manager at the service. One person said, "I personally haven't had much to do with him, he's at the bottom, he pops in occasionally, seems very nice." Another told us, "The Manager works very hard." A third person commented, "Nobody tells me what is going on. I don't know how to get hold of the management."

Staff told us they thought things were better than they had been before the last inspection. They said they had benefitted from training and support. One staff member said, "Everything is positive. Staff morale has changed for the better. There is more courtesy towards people." Other staff members identified improvements such as additional staff, the redecoration of the communal areas and some new equipment for the service. There was a regular handover process between shifts that highlighted those people with key health care risks. Staff told us they attended regular staff meetings to review the quality of the care. We saw notes from two staff meetings from July and October. A range of topics were discussed including: the quality of the working relationships between nurses and care staff, whistleblowing procedures, access to call bells and water jugs in people's rooms. Staff told us they found these meetings useful for discussing and addressing areas of concern. The minutes, of the meetings, however, did not evidence that a great deal of discussion took place between staff and the manager about the service.

One member of staff commented that the manager "was friendly, available and ready to assist." Another said, "There's so much been done but he's everywhere. He sees every resident as soon as he comes in to see if everyone's OK. He's always smiling and no matter what you need help with, he'll do it." Another told us, "He's a miracle. There's been so much change here this year, but he's always around to help and listen. He doesn't mind what he does or what you ask him to help with."

The manager had compiled a survey he had recently sent to relatives and people who used the service to understand people's views. Questions were asked about areas such as the quality of care, staffing, food and premises. The survey asked people to rate the areas of quality etc. from strongly disagree to agree. However the analysis of the questionnaire had produced ratings such as good and

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excellent and it was unclear how these ratings had been calculated from the questionnaire responses and therefore how useful the information was. Negative feedback did not appear to have been received about any area although we noticed no questions were asked about the temperature of food at the service.

### **Findings from 03 04 and 06 February 2015 Focused inspection**

We looked at what action the provider had taken in relation to monitoring the quality of the service. At the November 2014 inspection we found that a system to monitor the quality of the service had been set up but it was not always being used effectively to identify potential risks. There were a number of different audits but these did not identify the issues we found or any other issues to be addressed.

Prior to this inspection we had been notified by the provider that the previous registered manager was no longer employed at the service. At this inspection there was an acting manager in post. They told us that they had not yet decided what their system to monitor the quality of the service would be as they were in discussion with the regional manager about what kind of audits to carry out and how often these audits would be done. While we saw medicines audits had been carried out and some audits had been undertaken to monitor quality there was not an effective system to monitor quality across the service. Audits that had been carried out did not always identify issues that needed to be addressed.

We were shown an audit of two care plans both of which identified several issues that needed to be addressed. The acting manager told us that there was one further audit with a nurse for completion of changes to a care plan. However the issues identified in the two audits we saw had not yet been addressed. This was despite one audit having been completed on 21 January 2015. The acting manager was unsure how often care plan audits would be undertaken although they told us they were introducing a check to ensure any changes needed were carried out in seven days. However this was not in place at the time of our inspection.

The acting manager showed us two monthly health and safety audits: one completed on 21 January 2015 and one dated February 2015. We saw that these audits did not cover all aspects of the building. For example the bedrooms and communal areas were not included in this

audit, nor were the conditions of the fabric and furnishings such as carpets and flooring which could be the cause of potential trip hazards to people, visitors and staff. Staff and people using and visiting the service were not protected from risk as there was not an effective system to identify, assess and manage health and safety risks.

Random 'Room check forms' had been introduced by the acting manager to check on the records in some rooms. However the acting manager was unsure how often these checks needed to be carried out. We saw one form had identified that there were no food or fluid charts in a person's room. No action had been recorded on the form to show what had been done to rectify this. The acting manager told us he had checked with staff who had said these charts were not needed. However when we checked the person's care plan we saw guidance that staff should encourage as many fluids as possible before, with and in between meals. Staff were to report to the nurse if the person's food intake increased dramatically. Without food and fluid charts these aspects of the care plan would be difficult to monitor. The acting manager agreed that food and fluid charts were required to monitor this person's needs. This had not been identified by the audit or action taken to address the issue.

We were shown a 'Daily Audit' dated 26 January 2015 which the acting manager said had been completed once as it was time consuming and they were considering a replacement auditing system. No infection control audits had been completed since the October 2014 audit referred to at our last inspection. We asked the acting manager how often infection control audits would be carried out and they were unclear about how often this would be done. Other audits identified at our November 2014 inspection had not been completed. For example, there were no wound care or pressure areas audits to monitor progress with healing and to ensure records were well maintained

People's views had not always been responded to. At the inspection of 11 and 12 November 2014 we had found a long standing complaint about cold food had not been acted on by the provider. We had observed that the food was taken round on an unheated trolley and took some time to serve. At this inspection we were told a heated trolley was available but breakfast was served as we arrived at 08:30 on 3 February 2015 from an unheated service trolley and included cooked breakfasts. We could see the food was being served cold. We noticed there was still food

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being dispensed to people from the unheated trolley an hour later, at 09:30am. Staff told us they did not replenish the trolley during the breakfast period. There was cooked breakfast still on the trolley at this time. We poured a cup of tea and it was stewed and cold, but still being served to people. Action had not been taken to ensure that action taken to improve the quality of the service was consistently maintained. We observed the heated trolley was used later that day at lunch time.

At the November 2014 inspection we found there was no business plan or any record of a repairs, equipment and a maintenance schedule. There was no evidence that any plans had been made to ensure the long term quality and safety of the premises. At this inspection we were shown a business plan but this did not provide evidence of how the long term quality and safety of the premises were being monitored and addressed.

These issues were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds with a breach of regulation 17(1)(2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. As we have identified a continued breach of legal requirements we will make sure action is taken. We will report on this when this is complete.

There were some improvements in quality assurance in areas identified by our November 2014 inspection. Accidents and Incidents were being recorded and the actions taken were also detailed. The pile of disused furniture, equipment and building waste in the garden that posed a potential trip risk to people's welfare and safety and been removed. The leak in the administration office had been fixed. The hazardous cleaning substances had been removed from the unlocked cupboard. Outstanding issues about the ventilation and the structure of the kitchen had been worked on and appeared to have been addressed; although a re-inspection by Food Standards had yet to take place. Checks on bed rails were being undertaken and recorded. However there was no guidance on file for staff as to how this should be done in the correct way to ensure the safety of the.

Records were not always accurate. We looked at the complaint records and saw that a request had been recorded on 22 January 2015 from a relative in relation to

their family member's diet. We saw that action had been recorded to relay the relatives request to the chef. However, there was no record of whether the staff had spoken with the person concerned to establish their views. We discussed this with the acting manager and they informed us that they had done this. However this action and the person's views were not recorded to show that they were in agreement with this.

At the last two previous inspections we had found inaccurate staff rotas. We looked at the rotas from 31 December 2014 to 05 February 2015. We found 13 shifts where the correct number of people did not appear to have been on duty according to the rosters. Time sheets were sent following the inspection that evidenced some of these were inaccuracies on the rotas and not staff shortfalls. The rotas did not therefore demonstrate an accurate record of the staff on duty.

This was a further breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds with a breach of regulation 17(1)(2)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. As we have identified a continued breach of legal requirements we will make sure action is taken. We will report on this when this is complete.

The provider had taken steps to collect more feedback about the service from people using the service and their relatives. We saw minutes of a recent "residents and relatives" meeting held on 23 January 2015 in which the provider has discussed the enforcement action taken by CQC following the November inspection. A staff meeting had been held on 29 January 2015 at which some of the concerns identified at the last inspection were discussed. We were shown feedback from a short quality assurance questionnaire which was available in the entrance hall. We found most feedback was positive about the service and comments included "we could not ask for more or any better care from staff." There was one comment from someone expressing some frustration at staff time keeping and another about someone's family member having food around their mouth when they visited. The acting manager told us they were collating more responses before they looked at what action they took to address the feedback.

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	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p><b>Inspection 11 and 12 November 2014</b></p> <p>The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.</p> <p>Regulation 18.</p> <p><b>Inspection 03,04 and 06 February 2015</b></p> <p>We did not inspect against this regulation at this inspection and will follow up this breach at a later inspection.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p><b>Inspection 11 and 12 November 2014</b></p> <p>The registered person must have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported to enable them to deliver care and treatment to service users safely and to an appropriate standard.</p> <p>Regulation 23(1) (a).</p> <p><b>Inspection 03,04 and 06 February 2015</b></p> <p>We did not inspect against this regulation at this inspection and will follow up this breach at a later inspection.</p>

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p><b>11 and 12 November 2014</b></p> <p>People who use services were not protected from unsafe or inappropriate care as the registered person did not regularly assess and monitor the quality of services provided. Or have regard to complaints, information in records or the analysis of incidents.</p> <p>Regulation 10(1)(a)(b) and (2)(b)(i)(iii)(iv)(c)(i)</p> <p><b>03 04 and 06 February 2015</b></p> <p>People who use services were not protected from unsafe or inappropriate care as the registered person did not regularly assess and monitor the quality of services provided.</p> <p>Regulation 10(1)(a)(b) and(2)(b)(v)</p> <p>This corresponds with a breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p><b>11 and 12 November 2014</b></p> <p>The registered person was not protecting service users against the risks associated with the unsafe use and management of medicines.</p> <p>Regulation 13</p> <p><b>03 04 and 06 February 2015</b></p> <p>The registered person was not protecting service users against the risks associated with the unsafe use and management of medicines.</p> <p>Regulation 13</p>

This section is primarily information for the provider

## Enforcement actions

This corresponds with regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

**11 and 12 November 2014**

The registered person did not take appropriate steps to ensure sufficient numbers of suitably qualified, skilled and experienced persons were employed to carry on the regulated activity.

Regulation 22

**03 04 and 06 February 2015**

The registered person did not take appropriate steps to ensure sufficient numbers of suitably qualified, skilled and experienced persons were employed to carry on the regulated activity.

Regulation 22

This corresponds with a breach of regulation 18(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

**11 and 12 November 2014**

The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by the maintenance of an accurate record in respect of each service user and records appropriate to persons employed.

Regulation 20(1)(a)(b)(i)(ii)

**03 04 and 06 February 2015**

## Enforcement actions

The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by the maintenance of an accurate record in respect of each service user and records appropriate to persons employed.

Regulation 20(1)(a)(b)(i)(ii)

This corresponds with regulation 17(2)(c)(d)(i)(ii)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### 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 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

#### **Inspection 03,04 and 06 February 2015**

The planning and delivery of care did not always meet people's needs or ensure their welfare and safety.

Regulation 9(1) (b) (i) (ii)

This now corresponds with Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

#### **Inspection 03 ,04 and 06 February 2015**

Effective recruitment procedures were not in place to ensure people were of good character or had the qualifications skills and experience to carry out the work. Checks were not always made to ensure the information in Schedule 3 was available or that people were registered with appropriate professional bodies before they commenced work.

Regulation 21 (a) (i) (ii) (b) (c)



This section is primarily information for the provider

## Enforcement actions

This corresponds with regulation 19(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014