Wetley Manor Residential Care Home Limited

Wetley Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 26 and 27 April 2018. At the previous inspection in February 2016, the service was rated Good. However, at this inspection we found the provider had not sustained this rating and received an overall rating of 'Requires Improvement.

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

Wetley Manor Care Home provides accommodation and personal care for up to 22 older people, some of whom were living with dementia, others had mental health needs and a physical disability. At the time of the inspection the home was fully occupied. The home is situated on one floor and was accessible to wheelchair users.

The home had a registered manager who was present on both days of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not have any governance systems in place to assess and monitor the quality of service provided to people. Medication practices were unsafe and people did not always receive their treatment as directed by the prescriber. Equality, diversity and human rights were not included in the assessment of people's care and support needs to ensure they were not discriminated against. The provider's recruitment practices were not entirely robust to ensure the suitability of people who worked in the home. There was a lack of emphasis focused on staff development and training to ensure staff had the skills to care and support people safely.

People confirmed there were sufficient staff to meet their needs. People felt safe living in the home and staff knew how to safeguard them from the risk of potential abuse. Staff had access to risk assessments that supported their understanding about how to reduce the risk of harm to people. Staff were provided with personal, protective equipment to help reduce the risk of cross infection.

People's consent to care and treatment was always obtained by staff. People were provided with a choice of meals and drinks were available at all times. Staff supported people when needed to access relevant healthcare services. People were provided with relevant aids and adaptations to promote their independence.

People described staff as nice and caring and confirmed their right to privacy and dignity was respected. People's involvement in their care planning ensured they received a service the way they liked.

People were supported by staff to pursue their social interests. People could be confident their complaints would be listened to, taken seriously and acted on. At the time of our inspection visit no one was receiving end of life care.

The registered manager was experienced and was supported in their role by the provider. People who used the service and staff described the registered manager as approachable and supportive. The provider worked in partnership with other relevant agencies to assist in meeting people's needs.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were required with the management of medicines to ensure people received their prescribed medicines as directed by the prescriber. The staff recruitment process was not entirely safe to ensure suitable people worked in the home. Sufficient staffing levels were in place to meet people's needs. People felt safe living in the home and staff knew how to safeguard them from the risk of potential abuse. The risk of harm to people was managed appropriately. Staff's practices reduced the risk of cross infection.

Is the service effective?

Requires Improvement

The service was not consistently effective.

There was a lack of focus on staff development and training which could compromise the quality of service provided to people. People's human rights may not be respected because not all staff were aware of the principles of the Deprivation of Liberty Safeguards. People were provided with a choice of meals and had access to drinks at all times. People's involvement in their care assessment ensured their specific needs were met. Staff worked with other healthcare professionals to ensure people's health needs were met. People had access to essential aids and adaptations to promote their independence.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were not always attentive to people's needs. People described staff as kind and friendly and confirmed they respected their right to privacy and dignity. People's involvement in their care planning ensured staff were aware of their preference.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The assessment of people's needs did not include equality, diversity and human rights to ensure people were not discriminated against. People had access to various pastimes to keep them stimulated. People could be assured their complaints would be listened to and acted on.

At the time of our inspection visit the registered manager confirmed no one was receiving end of life care.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider did not have systems in place to assess, review and monitor the quality of service provided to people. Hence, there were no systems in place to learn, improve or ensure the sustainability of the service. Regular practices were not in place to enable people to have a say in how the home was run. The registered manager was experienced and was supported in their role by the provider. The provider had maintained links with the local community and other agencies to assist in meeting people's needs.

Wetley Manor Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 27 April 2018 and was unannounced. The inspection team comprised of one inspector.

Inspection site visit activity started on 26 April 2018 and ended on 27 April 2018. It included talking with five people who used the service, two care staff, four relatives, the registered manager and the provider. We looked at one care record, medicine administration records and risk assessments. We also looked at staff files and training records. We observed care practices and how staff interacted with people.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

Requires Improvement

Is the service safe?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. At this inspection we found the provider had not taken sufficient action to improve the management of medicines and this key question remains 'Requires Improvement.'

At our previous inspection we found that written protocols were not in place to support staff's understanding about how to manage 'when required' medicines safely. 'When required' medicines are prescribed to be given only when needed. For example, for the treatment of pain. At this inspection we observed a written protocol for the management of 'when required' medicines in the provider's policy folder. However, this protocol had not been implemented to ensure the safe management of 'when required' medicines. We spoke with the registered manager and a staff member who told us they supported people to take their medicines. We found that the registered manager and the staff member lacked understanding about the safe use of 'when required' medicines. This meant the written protocol was ineffective and people remained at risk of not receiving the appropriate support to take their prescribed medicines.

We observed that 'homely 'remedies were in use. These are medicines that had not been prescribed by the GP. However, there were no written protocols in place for the safe use of these medicines in conjunction with people's prescribed medicines. On the second day of our inspection visit the registered manager told us that all the 'homely' remedies had been taken out of use because of the complexity of managing them.

We found that medicines were not stored appropriately. For example, some medicines were required to be stored in the refrigerator. However, they were not stored at the recommended temperatures as identified on the medicine package. The temperature of the room where medicines were stored was also not monitored consistently. This meant people were at risk of receiving medicines that were unsuitable for use.

We observed that the keys to the medicines cabinets were stored in a key cabinet located in the office. However, the key was left in the cabinet and the office door was not always locked. This meant the keys to the medicine cabinets could be accessed by unauthorised persons. Hence, the provider was unable to demonstrate the safe custody of medicines.

Discussions with the registered manager confirmed there were no systems or practices in place to ensure people were able to share any concerns they may have about feeling unsafe. However, people told us they felt safe living in the home. One person said, "I feel safe here, it's better than living on your own. I can pull the cord [nurse call alarm] and that makes me feel safe." A different person said, "I feel safe because I am still able to keep in touch with my family." We spoke with a relative who told us, "[Person] has a diagnosis of dementia and having a secure system on the door makes me feel they are safe here." Another relative said, "I feel [Person] is safe here because staff are very responsive to changes in their health."

Staff were aware of their responsibility of protecting people from the risk of potential abuse. They told us if they had any suspicion of abuse they would share this information with the registered manager or the

provider. Staff were also aware of other external agencies they could share their concerns about abuse with to protect people from the risk of further harm. Discussions with the registered manager confirmed their awareness of sharing allegations of abuse with the local authority so further investigations could be carried out if necessary.

People could not be confident that the provider's recruitment process was robust to ensure the suitability of people who worked in the home. The registered manager said a Disclosure Barring Service [DBS] was carried out before staff were appointed. This was also confirmed by staff we spoke with. DBS helps the provider to make safe recruitment decisions. However, where concerns were identified on the DBS check the provider had not taken the appropriate action to ensure the safety of people who used the service. This placed people at risk of receiving care and support from staff who may be unsuitable to work in the home.

One person said there were always enough staff to care for them. A relative said, "There always seems to be enough staff on duty." Another relative said, "I think there are enough staff because the buzzer [nurse call alarm] are answered quickly." The registered manager informed us that additional staff were provided during peak times of the day. For example, during the evening to ensure people received the support required before retiring to bed. The registered manager said two night staff were provided to support and care for 22 people. They assured us that these staffing levels were sufficient to meet people's needs with regards to their dependency levels.

We looked at systems and practices in place that promoted hygiene standards within the home. Staff confirmed they had access to personal protective equipment [PPE] such as disposable gloves and aprons. The appropriate use of PPE assists in the prevention of cross infection. The registered manager informed us that they were the infection, prevention and control [IPC] lead. This meant they were responsible to ensure practices promoted good hygiene standards. Staff were aware of who the IPC lead was and their role and responsibility. We observed that hand wash areas were located throughout the home to promote regular hand washing. Information located on the notice board showed that environmental health had awarded the provider five stars for food hygiene in March 2017. People and relatives told us that the home was always clean and tidy and we also observed this. One relative said, "[Person's] bedroom and bathroom is always kept clean and tidy."

We looked at how the risks to people's safety were managed. One person told us about the equipment they required to enable them to walk safely. We observed that the information they shared with us was contained in their risk assessment and staff were aware of the level of support they required. With reference to the same person there was a risk assessment in place that identified the risk of dehydration. The assessment showed the person should always have access to drinks. This person confirmed they always had a jug of water in their bedroom and we observed this. This showed that action had been taken to reduce the risk of harm to them.

We observed that the provider had maintained the servicing and safety checks of equipment. For example, records showed that lifting appliances had been serviced to ensure they were safe for use. A fire risk assessment was in place to ensure appliances and systems would be effective in the event of a fire.

Accidents and incidents were recorded and showed what action had been taken to avoid it happening again. For example, records showed one person had fallen out of their bed on two occasions. Padding had been placed by the wall to reduce the risk of injury. Records showed another person had sustained a fall and immediate medical intervention was obtained for them. The registered manager said accidents were monitored for trends. This enabled them to identify that one person had sustained several falls. This person was referred to their GP for further investigations to be carried out. The registered manager confirmed they

had not had any near misses.

Requires Improvement

Is the service effective?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection we found that areas of improvement were required and this key question was rated 'Requires Improvement.'

People could not be assured that staff would have the appropriate skills to care for them. This was because there was a lack of emphasis focused on staff development and training. For example, a staff member informed us that they started to work at the home in November 2017, and had not received any training relevant to their role. They informed us of their past care experience and confirmed they had received some training with their previous employer. However, the registered manager could not provide evidence of this staff member's previous training. For example, the staff member said they had received moving and handling training with their previous employer approximately 12 months ago. The registered manager had not seen evidence of this training certificate. The staff member had not been provided with up to date moving and handling training but confirmed they supported people with their mobility. They confirmed the registered manager had not carried out an assessment to ensure they had the skills to support people with moving and handling. The lack of training could compromise the quality of care provided to people and put them at risk of receiving unsafe care.

During our inspection we identified shortfalls with the management of medicines. The registered manager initially informed us that staff who were responsible for the management of medicines had received training. One staff member whose role included the management of medicines told us they had not received medicine training within the last five years. We looked at their training record which showed they had undertaken a level three diploma in August 2015. This training included 'administer medication to individuals.' The registered manager confirmed that this staff member and others had not received the necessary training for their role and responsibility. The lack of up to date training placed people at risk of receiving inadequate support to take their prescribed medicines.

The registered manager informed us they were the infection, prevention and control [IPC] lead. However, they confirmed they had not received any recent IPC training. This meant they may not have the up to date skills to promote safe hygiene practices. We asked the registered manager if they had any recent infectious out breaks. They confirmed an outbreak of the Norovirus late last year. This is also known as the 'winter vomiting bug,' it is a stomach bug that causes vomiting and diarrhoea. The registered manager was able to tell us what action they had taken to reduce the spread of the Norovirus. We did not identify any concerns relating to hygiene standards within the home.

Discussions with staff and the registered manager identified that not all staff were provided with regular one to one [supervision] sessions. A staff member confirmed they had been in post five months and not received supervision. We shared this information with the registered manager, they told us that this staff member had received a supervision session. However, we observed that the supervision document had not been signed by the staff member to evidence their involvement. The registered manager confirmed they had recently recruited a new night staff who also had not received any supervision. This meant that some staff were not always supported in their role to provide a safe and effective service.

We looked at how the provider supported new staff into their role. One staff member said they had been provided with an induction. Induction is a process of supporting new staff to understand their role and responsibility. The staff member said during their induction they shadowed an experience staff member before they worked alone. They said, "My induction was a positive experience, I was able to ask questions and had the opportunity to get to know people." Another staff member said, "During my induction I was shown around the home and made aware of the fire safety systems."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The people we spoke with confirmed staff always asked for their consent before they supported them. Discussions with staff confirmed their understanding of enabling people to make decisions about their care and treatment.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager said one person had an authorised DoLS in place. This was to ensure they received the appropriate care and treatment. However, the staff we spoke with were unaware of who had an authorised DoLS in place. We found that one staff member was unaware of the principles of DoLS and this lack of knowledge could compromise people's human rights. With regards to the person who had a DoLS in place we saw evidence of the undertaking of a MCA assessment to determine whether the person had capacity to make a decision and to ensure the DoLS was appropriate.

The registered manager said the majority of people in their care had a lasting power of attorney [LPA] in place. This is a legal document that gives an individual the legal right to make decisions on a person's behalf. The registered manager was unable to provide evidence of documents of LPA. They told us that only the provider had access to this information who then informed them who had one in place. Therefore, the registered manager did not have access to this legal document to ensure they were aware of who had a legal right to make decisions on behalf of an individual.

The registered manager confirmed that an assessment of people's needs was carried out before they moved into the home and this was confirmed by the relatives we spoke with. One person told us about their care needs and the support they required to walk. We found this information was identified in their 'assessment summary.' This meant staff had access to relevant up to date information about the individual and the support they needed. A visitor confirmed the undertaking of an assessment before their relative was admitted to the home. This assessment helped the provider to find out if they would be equipped to meet the individual's needs before they moved into the home.

People were complimentary about the meals provided. One person said, "The food is good and we have a choice and we can have a drink when we like." A relative informed us, "The food always looks good." We observed that meal times were pleasant. Tables were laid nicely with the necessary condiments and music playing in the background. Staff were nearby to prompt and encourage people to eat their meals. The registered manager told us that one person required soft foods and another person was at risk of choking. The registered manager confirmed both these people had been referred to a speech and language therapist

[SaLT] to review their swallowing reflex. Access to SaLT would provide support and advice to people and staff about suitable meals. Two other people required a special diet due to their health condition and another person was a vegetarian. The registered manager said no one required a specific diet due to cultural or religious beliefs. The staff we spoke with were aware of suitable meals for people. We observed that one person's plate was fitted with a guard. This enabled them to eat their meal independently. The registered manager informed us that cutleries with thick handles were also available if and when needed to assist people to eat their meal independently.

Discussions with the registered manager and people who used the service identified relevant agencies were involved in their care to ensure their needs were met. People were supported to access healthcare services when needed. One person informed us, "When I am unwell the staff call the GP for me." They continued to say. "I have recently had my eyes tested and I am waiting for some new glasses." A relative informed us that the GP visited the home on a regular basis. They told us about the change in their relative's behaviour and said they would be seen by the GP about this. Discussions with the registered manager and information contained in the care record identified concerns about a person's mental health. The registered manager confirmed a referral had been made to a community psychiatric nurse. One person told us their relative was unwell during the night and staff had taken prompt action seeking medical advice. We observed that records were maintained of when a health professional visited an individual. This showed people were able to access healthcare services to promote their physical and mental health.

The environment was not entirely dementia friendly with patterned walls and furnishings and the registered manager acknowledged this. Dementia can impact on a person's vision and patterned furnishings and flooring can appear distorted and add to the person's confusion. However, the registered manager said they had not identified any negative impact with the environment. They assured us that action would be taken to provide a more dementia friendly environment if and when needed.

The home was a one storey building with wide corridors suitable for wheelchair users. People told us about the equipment they required to assist them to walk independently. We observed people using trolley walking frames. Raised toilet seats were in place to enable people to use the toilet independently. Grab rails were situated around the home to assist people with reduced mobility. We observed that people had access to a nurse call alarm within their bedroom to enable them to ask for help when needed. People's name was located on their bedroom door, this assisted people with memory loss to find their bedroom.

Requires Improvement

Is the service caring?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection we found that areas of improvement were required and this key question was rated 'Requires Improvement.'

On the second day of our inspection we observed all staff taking a break together; this also included the catering staff and the registered manager. This meant there were no care staff available to observe the wellbeing of people during this period. We shared our concerns with the registered manager. They said there was usually an additional staff member present to provide supervision and support when needed but this staff member was not at work. However, alternative arrangements had not been made to ensure staff were available to support people if and when needed.

People were very complimentary about the staff and their approach. One person told us about the support they needed to maintain their personal hygiene. They said, "Staff help me to have a shower and get dressed. The staff are very good." Another person told us how kind staff were to them and said, "They will do anything for me and they talk to me nicely." A different person told us how valued they felt and said, "Staff make me feel they are happy to have me living in the home." A relative said, "The staff are very friendly, talkative and polite." Another relative informed us, "Staff interact well with people and engage in conservation with them." They continued to say, "[Person] likes chocolate but due to their dementia they forget they have this in the drawer but staff always leave them at little bit to eat." They said it was nice to see the provider took a great interest in people. During the course of the inspection we observed that staff were caring. For example, we observed a staff member gently encouraged a person to eat their meal.

People could not remember whether they were involved in developing their care plan. However, the information they shared with us about their health care needs and the support they required was contained within their care plan. The registered manager confirmed people's involvement in planning their care and where appropriate their relatives were also involved. Staff confirmed they had access to care plans that supported their understanding about the individual's specific needs. The registered manager informed us about 'I remember me.' This document was to be introduced to provide staff with a history of the person and also to identify their likes and dislikes.

People's right to privacy and dignity was respected by staff. One person told us, "Staff always knocks on my door even when it's open." Another person said, "I like private time in my bedroom to read my book and staff respect my choice to be alone." A relative said, "We know some of the people who live here. We do ask staff about people but they never tell us anything, they really do maintain confidentiality." A staff member told us they never share information with relatives about other people. One person told us they were fairly independent in managing their personal care. They said, "I need a little help to get in the bath, the staff will leave me but always check to see if I am safe."

People told us there were no restrictions on their friends and family visiting them. A staff member said, "People can have visitors at any time but we do ask visitors to avoid meal times." The relatives we spoke with confirmed they were always made to feel welcome by staff. The registered manager said people were

also supported to use skype to maintain contact with people. This meant efforts were made to enable people to keep in touch with people important to them.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection we found that areas of improvement were required and this key question was rated 'Requires Improvement.'

Talking with the registered manager and the care records we looked at identified people's involvement in planning their care. Other healthcare professionals such as a community psychiatric nurse and speech and language therapist also contributed to ensure people's specific needs were met. However, the assessment and care planning did not include equality, diversity and human rights [EDHR]. The registered manager confirmed this had not been explored. This meant the provider could not demonstrate that people who used the service and staff were not discriminated against due to their sexuality, race, culture and other protected characteristics. However, the people we spoke with and staff confirmed they were treated fairly. The registered manager assured us that EDHR would be explored further and included in future assessments and care planning.

We talked with people about their pastimes. One person told us they enjoyed going for walks, sitting in the conservatory and watching the television. Another person told us they never owned a car and enjoyed walking everywhere. They said, "I try to go for a little walk each day." Another person said, "Someone comes into the home and helps us to do exercises. I like to relax in the afternoon and watch the television." We observed that information was located in the home about forthcoming events. These included the celebration of people's birthday, services of people's faith and entertainment such as an organ player and animal therapy. A relative told us that events such as the festive season where celebrated. One person informed us about their relative being visually impaired. They said their relative enjoyed listening to music and when the organist visited the home they joined in with the singing. On the second day of our inspection visit we observed people partaking in a ball game that encouraged gentle exercise. The registered manager said plans were in place for people to celebrate the forthcoming royal wedding if they wished.

The people we spoke with confirmed they were able to personalise their bedroom the way they liked. For example, one person told us they liked cuddly toys and we observed these toys in their bedroom. In another bedroom we saw a symbolic item that reflected the person's faith. This demonstrated that people's choice and interests were respected by staff.

People who used the service and their relatives said they would be confident to share any concerns they had with the registered manager or the provider. One person told us they had shared concerns with the registered manager about a member of staff rushing them whilst they assisted them with their personal care. They said, "I told the registered manager and things are better now." A relative said, "Any problems we have we speak with the manager or the provider and they sort things out." The registered manager said they had not received any complaints since the last inspection visit. They informed us that all complaints would be recorded and acted on. This meant people could be assured their concerns would be listened to and acted on.

At the time of our inspection visit the registered manager confirmed no one was receiving end of life care.

The registered manager said people's wishes relating to end of life care would be discussed with them during their care assessment.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection we found that areas of improvement were required and there was a breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This key question was rated 'Requires Improvement.'

We looked to see what systems the provider had in place to monitor and review the quality of service provided to people. The registered manager confirmed there were no governance systems in place to monitor the quality of service. At our previous inspection in February 2016, we identified there was no written protocol in place to support staff's understanding about the safe management of 'when required' medicines. At this inspection the registered manager confirmed they had not put any individual written protocols in place. We asked the registered manager if there were any systems in place to monitor and review the management of medicines and they confirmed they were not. This meant people could not be assured that medicine practices would be safe and effective.

We found a number of shortfalls with the management of medicines. For example, we looked at three medication administration records [MAR] that showed people had been prescribed 'when required' medicines. These people had been given the maximum dosage every day. This medicine had been prescribed to help them with their breathing. The registered manager informed us that these people had mental capacity and had requested their medicines every day. The registered manager said this medicine was given to people "even when there were not needed to keep their health condition at bay." However, this medicine was not a preventative treatment. The registered manager said the GP had not raised concerns about the frequent use of this medicine. However, they confirmed the GP very rarely looked at the MAR. Hence, they would be unaware of the frequent use of this medicine. The registered manager confirmed that the frequent use of the medicine had not been shared with the individual's GP. This would have enabled the GP to review whether people's prescribed treatment was still effective. The registered manager also confirmed they had not discussed with the individual the impact the frequent use of this medicine could have on their health to enable them to have an informed choice. One MAR showed the person had been prescribed pain relief treatment on a 'when required' basis. The MAR showed this medicine had been frequently administered. The registered manager told us they had not explored this with the GP to find out if the treatment was effective in managing the person's pain. This meant there were no monitoring systems in place to identify these inappropriate practices.

We observed a person had a prescribed gel and cream in their bedroom. They told us that staff applied this treatment for them every morning. One of these treatments was an anti-inflammatory and analgesic (pain-relieving) preparation. The other treatment was used to protect the skin. We looked at the person's MAR and these treatments were not listed. The registered manager informed us that the cream had been discontinued and should not have been administered. They were unable to explain how this discrepancy had occurred. This meant the person was receiving treatment that was no longer required. An audit of medicines and MAR would have identified the person was receiving the incorrect treatment. However, the registered manager confirmed there were no systems in place to check this.

We raised concerns with the registered manager about prescribed creams not being securely stored to reduce the risk of harm to other people who may enter the bedroom and asked whether a risk assessment was in place. The registered manager confirmed there were no risk assessments in place to promote the safe use of prescribed creams that were located in people's bedrooms. Therefore, people were at risk of obtaining treatment that had not been prescribed for them. However, the registered manager had not identified the potential risk to people until we had shared our concerns. The registered manager confirmed there were no systems in place to monitor the safe use of these creams. On the second day of our inspection the registered manager informed us that creams located in bedrooms were now securely stored to reduce the risk of harm.

Discussions with the registered manager confirmed competency assessments were not carried out to ensure staff had the appropriate skills to assist people to take their prescribed medicines safely. Discussions with a staff member who was responsible for the management of medicines identified their lack of understanding about the safe management of 'when required' medicines. Therefore, people were at risk of not receiving the appropriate support to take their prescribed treatment safely. The failure to have systems in place to review and monitor staff's skills compromised the care and support provided to people.

We found that some medicines were required to be stored in a refrigerator. Records were maintained of the refrigerator temperature. However, the correct temperatures were not maintained as recommended by the pharmaceutical manufactures. For example, temperatures should be maintained between two and eight degree Celsius. Records identified temperatures of 8.9 degree Celsius; therefore the provider could not demonstrate that medicines stored in the refrigerator were suitable for use. The registered manager was unable to tell us what action they would to take to ensure these medicines were stored at the correct temperature. On the day of the inspection the temperature in the room where medicines where stored was 25 degree Celsius. With regards to information contained on medicines packages temperature should not exceed this. The registered manager informed us that the room temperature was not monitored consistently. They were unable to assure us that medicines would be stored at the appropriate temperature. This meant people were at risk of receiving medicines that were unsuitable for use. This demonstrated that the monitoring of temperatures was ineffective to ensure the safe storage of medicines.

The registered manager confirmed there were no systems in place to review and monitor staff's training. The registered manager was unable to demonstrate that one staff member had received up to date moving and handling training. This placed both people who used the service and the staff member at risk of harm. The registered manager acknowledged that a staff member who was responsible for the management of medicines had not received the necessary training. We found this staff member lacked understanding of the appropriate management of medicines. Discussions with the registered manager and the records we looked at confirmed staff did not have regular access to training to ensure they had the appropriate skills to carry out their role.

Discussions with the registered manager identified that staff had not received the necessary training to develop their skills and drive improvements. As a result the registered manager confirmed tasks were not always delegated to individual staff because of their lack of skill. Due to the absence of a governance there were no systems in place to identify where improvements where needed or to sustain a safe and effective service.

There were no monitoring systems in place to ensure the safe recruitment of staff. For example, where it was identified that a person had a criminal conviction, there were no risk assessment in place or evidence of supervision for this person. The registered manager was unable to explain why these systems were not in place. This compromised the safety of people who used the service.

The registered manager told us that a number of people had a lasting power of attorney in place. The registered manager said they did not have access to this legal document. This meant the registered manager could not be entirely sure that some people had the legal right to make decisions on people's behalf.

The registered manager informed us that meetings were carried out with people who used the service. The undertaking of meetings would give people the opportunity to tell the provider about their experience of using the service. However, the people we spoke with were unaware of these meetings. Further discussions with the registered manager and the records we looked at confirmed the last meeting was carried out in April 2015. This meant people were unable to express their views on a frequent basis.

This is a breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said quality assurance questionnaires were given out and people confirmed receiving these. Information collated from these forms were analysed and showed what action had been carried out with regards to any comments. For example, people wanted frequent delivery of newspapers and the registered manager confirmed this was now happening. We also observed people had access to newspapers. People said they wanted to access the garden more often and people told us they were supported by staff to go into the garden when they wanted to.

The registered manager informed us that meetings were carried out with the staff team and staff confirmed this. A staff member told us that during these meetings discussions related to operational issues. For example, concerns about the laundry service and forthcoming events. They told us that meetings kept them up to date with any changes to the service.

The registered manager told us they had worked in the home for several years and confirmed they were supported in their role by the provider. They said they had access to regular supervision and that the provider was always available when needed. The registered manager acknowledged the shortfalls we had identified with regards to the management of medicines. They said their vision for the future was to "sort out medicine practices and staff training."

We spoke with a relative about the culture of the home who described the home as, "Very nice, friendly atmosphere, really caring and the home is well run." A staff member said, "There's a homely feel here, it's calm and relaxed. The residents always come first and I would be happy to live here." Another staff member said, "It's home from home and I would be happy to live here or have my parents living here."

People and staff were complimentary about the support provided by the registered manager and the provider. One person who used the service said, "The manager is very nice." Another person told us, "The manager is a very sensible person and runs the home well." A relative told us, "The registered manager is lovely, approachable, informative and very organised." They continued to say, "They interact with people and will assist people with their meals." A staff member said the management support was very good and the provider was often present.

Discussions with the registered manager confirmed people were supported to maintain links with their local community. For example, people had access to a local magazine that provided information about events in the area. People had access to a computer to enable them to keep up to date with current affairs. Representatives from places of worship visited the home on a monthly basis to enable individuals to practice their faith. There were routine links with healthcare agencies to maintain people's wellbeing. The

provider also worked in partnership with the local authority safeguarding team to protect people from the risk of potential abuse. They also worked with the clinical commissioning group regarding infection, prevention and control to resolve the past outbreak of the Norovirus.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's governance was ineffective to assess, monitor and to improve the quality and safety of the service in carrying out the regulated activity. The management of medicines were unsafe and placed people's health at potential risk of harm.

The enforcement action we took:

We have issued the registered provider with a warning notice regarding the the breach of Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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