

Keenrick Limited

# Audlem Country Nursing Home

## Inspection report

The Old Grammar School  
Audlem  
Crewe  
Cheshire  
CW3 0BA

Tel: 01270811514

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

On the last inspection we found multiple breaches of the regulations in Regulation 11 Consent, Regulation 12 Safe Care and Treatment, Regulation 17 Governance and 20A Failure to Display the rating on the website. On this inspection we found improvements had been made however, the provider remained in breach of Regulation 12 Safe Care and Treatment due to medicines not always being managed safely and we made a recommendation regarding Regulation 11 Consent of the Health and Social Care Act Regulations {Regulated Activities} 2014.

We asked the provider to send us an action plan following the last inspection on 12 and 13 October 2017. This had not been sent to us so we asked the provider when we met with them to provide us with their action plan which they then provided. Despite this the provider had implemented actions to drive improvements.

Audlem Country Nursing 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. The home is set within a rural area of the village of Audlem. There were 33 people living at the home at the time of our inspection. The original building dated back to 1640. There were self-contained flats within the grounds of the care home where people were receiving regulated activity.

Medicines management systems were reviewed. We found Pro Ra Nata [PRN "as and when prescribed medication"] protocols were not in place when they should have been. The provider therefore, did not meet the requirements of the Regulation 12 Safe Care and Treatment.

We checked if the service was safe and we found improvements had been made. Risks were being recorded and reviewed and the comments we had previously made that related to the safety of the premises had been mitigated by the provider.

Recruitment practices were safe with the appropriate checks undertaken by the provider.

The premises were clean and we could see a cleaning rota in place for all areas of the home. The flooring had been replaced and the fire safety concerns had been resolved since the last inspection.

Staff we spoke with were able to explain the different types of abuse and were clear about their responsibilities of reporting alleged abuse. Staff were aware of whistleblowing procedures.

We viewed rotas and made observations and found the staffing levels within the home were sufficient in meeting people's care needs.

Care plans were being reviewed. Not all care plans were in place or reflected the care being provided such as

for delivering one to one care.

Aspects of person centred care were evidenced in some care records but improvements were needed to ensure everyone who received a service had person centred care.

The provider demonstrated they were inclusive of people who had diverse or complex care needs in line with equality, diversity and human rights.

We found staff were caring and respected people's choices, preferences and independence. We found people's dignity was not always being upheld such as stained bed linen which had not been replaced.

Consent and the implementation of the Mental Capacity Act 2005 framework had improved and the provider was no longer in breach of Regulation 11 Consent.

People received enough to eat and drink but improvements were needed such as to ensure people received food in a timely manner when food was warm. Due to the design of the building and restricted access from the kitchen, food could not be transported on a heated trolley.

New systems had been implemented to ensure the provider was seeking people's views. We viewed questionnaires which people had completed and their relatives.

An activities coordinator worked within the home for two days each week. We received feedback this was not sufficient for people and more activities were needed to ensure people were receiving enough stimulation. We observed activities during our inspection and a trip out for two people living at the home.

There was a complaints process in place and we could see a system of dealing with them by the provider.

Policies were in place and some required review due to there being several policies for dealing with incidents and behaviours which were challenging. This meant it was unclear which policy was being followed when dealing with incidents.

Governance systems had improved with monthly audits now in place. Not all audits such as the medication audits had identified an issue we found on this inspection and these were therefore, not robust enough.

The provider had two website links at the time of our inspection, one of which did not clearly display the rating. This was raised on this inspection and the provider promptly corrected this.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medication administration protocols had not been completed for everyone who was prescribed pro ra nata [PRN] medications.

Risk assessments were being completed and reviewed.

It was unclear which policy staff should follow to know when to report an incident.

Staff were able to explain different types of abuse and how to report alleged abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's care was not always being assessed in a detailed way.

People were offered a range of foods to maintain a balanced diet.

The environment was not designed to always meet people's needs.

### Is the service caring?

**Good** ●

The service was caring.

Staff understood people who had complex behaviours which were challenging.

We observed positive interactions between people and staff.

The provider encouraged and respected people's independence.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Aspects of person centred care were being provided for some

people but not for everyone.

Complaints were recorded and being dealt with appropriately.

The service had an end of life policy and pathway in place.

**Is the service well-led?**

The service was not always well-led.

Governance systems were not always robust enough.

The culture within the home was open in seeking people's views.

Not all statutory notifications had been sent to CQC as required.

**Requires Improvement** 

# Audlem Country Nursing 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 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.

The inspection took place on 14 and 17 May 2018 and was unannounced. The inspection team included one adult social care inspector, two assistant inspectors, a specialist nurse advisor 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.

We reviewed all the information we held about the service including statutory notifications which are notifications of events the provider is required to tell us about by law. We reviewed information from stakeholders and Commissioners about the service.

We spoke with five people who were living at the home, three relatives/friends, six staff, we case tracked four people which is where we review all of the records for a person living at the home, a short observational framework {SOFI} was undertaken which is a tool used to make observations when people have difficulty talking with us, we made other observations, checked two staff files and reviewed other records. We visited one person in their self contained flat which was in the grounds of the home. The person was receiving a service and was being supported by staff from the home.

The provider confirmed they had sent letter to inform everyone who lived at the home that they were closing Audlem Country Nursing Home in September 2018 and were moving premises.

# Is the service safe?

## Our findings

We last inspected the home on 12 and 13 October 2017 and the home was rated inadequate for this domain due to risks not being managed and the premises not always being safe. They were in breach of regulation 12 Safe Care and Treatment of the Health and Social Care Act Regulations [Regulated Activities] 2014. On this inspection we found the provider remained in breach of Regulation 12 Safe Care and Treatment as we found medicines were not always being managed safely.

We asked people who were living at the home if they felt safe. Two people told us they did feel safe and a third person told us they felt "safe enough".

We gained consent to visit one person who was living in a self-contained flat in the grounds of the care home who received support. We asked them if they felt safe. They told us their front door could not be locked. We looked into this and found the person had removed the lock from the inside. This was unsafe and we asked the provider to secure the front door which the provider did that day. The provider explained they were unsure if the person's needs could be continued to be met at Audlem Country Nursing Home and they were going to request a review of this.

The home had requested reviews for people who displayed behaviours which were challenging or who were a risk to others. One person whose behaviours could not be managed within the home had received a review of their risks and transferred to another provider who could best meet their needs. This meant risk was being managed within the home. Risk assessments were seen in people's care files for staff to know how to manage the risks such as choking, falls, pressure areas, ability to use a call bell and behaviours which were challenging.

We checked the incidents log and the system within the home of recording incidents. We found an incidents tracker/log in place however, it was unclear how staff determined whether typical behaviours people displayed were an incident to be logged on the tracker or not. This was discussed with the home manager and the provider who agreed to review all their policies regarding how staff are to manage behaviours which are challenging and incidents.

We observed staff dealing with an emergency during our inspection and found staff responded immediately, remained calm, acted promptly and provided reassurance to the person who was affected. A nurse assessed the person and took their observations. A first aid kit was located immediately as the nurse knew where it was located. A personal emergency evacuation plan {Peep} was seen at the entrance of the home and in the person's care plan.

We observed a medication administration round and found all medication administration sheets {MAR} had been correctly signed, dated and coded. Each MAR sheet had an up to date photograph of the person and corresponded to a photograph at the front of each medicines container in the medicines trolley. Individual medicine containers we checked within the medicines trolley revealed medicines to be both within their use by date and had the opened date on each box. This is good practice to ensure medicines are only used

when they are in date.

The clinic room had limited space but contained both medicines trolley that were seen to be secured to the wall by locked chain when not in use. Additional cupboards held minimum but adequate stocks of creams and lotions which were labelled so staff knew who they were prescribed for. Equipment such as catheters and syringes were all seen to be in date. We checked the controlled medicines stock and found nightly stock checks were being undertaken and handed over to the nurse. The stock amounts of controlled drugs we checked tallied correctly. The clinic fridge was also in order and evidence seen of daily temperature checks for the clinic room and fridge that showed they were within appropriate temperature ranges.

We checked as required [PRN] medications and found protocols for when staff are required to consider administering PRN medications were not always in place. We raised this issue with the home manager and the provider. By the second day of the inspection all 28 PRN protocols for people who were prescribed PRN medication had been written by a nurse and were seen in place at the home.

This is a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act Regulations [Regulated Activities] 2014.

We undertook a tour of the home and made observations. The home was clean and had a fresh odour when walking around the building. Carpets had been removed since our last inspection and new flooring had been fitted. We observed staff were using personal protective equipment and there were domestic staff seen in the home throughout the inspection. We observed the kitchen area was clean with a cleaning rota and fridge/freezer temperatures were clearly recorded. We viewed the maintenance checks being undertaken within the home including fire safety checks and call bell checks.

We looked into the safeguarding systems within the home and found safeguarding concerns were being logged and analysed with actions and the outcome. Staff were able to articulate the different types of abuse and were able to explain how they would report alleged abuse.

We checked there were enough staff to provide care for people and viewed the rotas. We observed there were enough staff around during the inspection and call bells were being responded to promptly.

We viewed two staff recruitment files which both contained the appropriate checks including the Disclosure barring service check which highlights if there were any previous convictions. We could see in the records the staff did not begin working in the home until this check had been completed. The provider had improved their recruitment system by including an interview sheet. We could see staff had been asked important questions about their knowledge and how they demonstrated they were skilled enough for the role.



## Is the service effective?

### Our findings

During the last inspection on 12 and 13 October 2017 we found a breach of Regulation 11 Consent due to consent not always being sought in line with the Mental Capacity Act 2005. On this inspection we found some improvements had been made and the provider was no longer in breach of this regulation. However, not all conditions as part of a DoLS had been applied for so we made a recommendation about this.

All the five people we spoke with told us their needs were being met at Audlem Country Nursing Home. We found people's care needs and choices were being recorded and acted upon. We saw this within the care records but also within the resident's meeting minutes where people had voiced what their choices were.

We found not all care plans we viewed provided a clear picture about how the person was being cared for. We found one person who had been receiving one to one support did not have the required care plan in place for staff to follow regarding how to deliver one to one care. This meant a staff member was with the person at all times to support their needs but the provider had not provided staff with a care plan for them to know how to manage delivering the one to one care in the best way for the person.

Another person's care plan described how to support the person with their diabetes. We found the care plan did not reflect the support offered by staff with the person's diabetes management. The care plan stated "I need my blood sugars to be monitored regularly to ensure my condition is managed effectively". The nurse in charge told us the person's blood sugars could not be checked regularly due to the person frequently walking and reluctance to sit for staff to take their blood sugar reading. We asked the provider to ensure the care plan clearly describes how staff are to manage the person's Diabetes in view of this.

Other care plans were clearly documenting pressure area care and other physical wounds requiring treatment. Photographic evidence of wound care was seen.

We looked into how the home was applying the Mental Capacity Act 2005 legislation. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 are called the Deprivation of Liberty Safeguards (DoLS).

The people we reviewed who were unable to provide consent for care and treatment had a DoLS application/authorisation in place. The provider had a DoLS tracker which included a list of people who required a DoLS application. Consent was being included as part of a pre-admission assessment seen within a new pre admission document.

Staff we spoke with that included an agency worker told us they had received an induction. We checked two

staff files and found an induction had taken place. Training certificates were seen that included the Care Certificate which is a nationally agreed set of standards for care workers. There was a training matrix and a separate Care Certificate matrix in place to ensure it was recorded which staff had completed the Care Certificate. Each qualified nurse had their own training record which listed training they had undertaken. Additional training such as Dementia Care training, End of Life Care training were being offered to staff. At the time of our inspection we found 16 staff members had completed End of Life Care training. This meant staff received appropriate training to support them to undertake their role.

Staff told us they received supervisions and an annual appraisal. Competencies in staff knowledge of safeguarding and mental capacity were being checked in supervisions. Staff told us they received regular supervision sessions undertaken by the manager.

We observed the lunch time experience in the home to check if people were receiving enough to eat and drink and determined improvements were needed. We found a menu displayed as pictures on the wall and also on chalk boards on each table in the dining room. The main choice was cottage pie and the alternative was cheese slice. We observed one person had a chicken and mushroom pie as they did not like mince so alternatives were seen for people. We visited the kitchen and spoke with the chef who clarified that the food was served onto a plate in the kitchen and then carried out of the kitchen by a staff member. The chef told us that in view of the design of the building a heated food trolley could not be transported out of the kitchen. We observed plates of food left on the side throughout the lunch time period as meals were being delivered to other people who were eating in other rooms. One person asked for their food to be re heated by the time their food was served to them. The dessert choice was cheese cake and the alternative was a soft version of cheese cake. One person requested a different dessert. Further improvements were therefore required to improve the meal time experience for people.

Separate records in people's rooms were checked with detailed information such as fluid balance, food intake, position changing, safety checks and other physiological parameters. These were completed in line with specific care planning and were up to date. People were receiving enough to eat and drink according to the charts we viewed. We observed diet and fluid intake charts for those people at risk of poor nutritional intake with evidence of monitoring of people's intake. This meant people were being supported to have their nutrition and hydration needs met.

We spoke with a visiting healthcare professional who confirmed the referrals received were appropriate and timely. They told us they found the staff approachable and had no concerns regarding the care being provided at the home. We spoke with another professional person who had input into the home on a weekly basis who told us "They [staff] are excellent in how they engage with us, I have nothing but respect and admiration for the manager and team".

The environment was fresher due to the refurbishment that had been undertaken since our last inspection but the design and lack of memorabilia for people living with dementia had not improved on this inspection. We found the surroundings of the home was meeting some people's needs. One person said "I have always liked it here. I was brought up in the country."

# Is the service caring?

## Our findings

We asked people if they felt cared for. One relative told us "Staff are always friendly and welcoming", a second relative said "The staff make great efforts and are very supportive". We viewed compliments in the home and read in a card dated March 2018 "We were surprised how [service user] settled in the home, we are sure it was due to your care. I would like to say a very big thank you to [staff member] who he seemed to bond with".

We undertook a SOFI on the second day of our inspection for 30 minutes. This is a short observational framework we use to make observations when people have difficulty expressing their views about their care. During the SOFI we observed staff providing care and support for people who required considerable reassurance in view of their mental health or behaviours which were challenging. From our observations we could see how staff understood the people well who they supported and were able to respond in a manner appropriate for the person. We observed one person who became agitated and a staff member responded by sitting next to them. Each time the person made a comment in a loud voice the staff member responded in a calm and reassuring voice which calmed the person. The staff member demonstrated confidence in knowing how to calm the person which provided other people around them with reassurance. We observed another staff member who was encouraging people to take part in an activity going on in the lounge. They respectfully acknowledged people when they entered the lounge to include them in the activity. People were seen freely moving in and out of the lounge when they wished.

Staff we spoke with described a caring approach to care. For example, one staff member told us they had built up such a rapport with two people living at the home that they were committed to supporting them to move and settle into their new home. The two people who had behaviours which were challenging required a consistent approach. The staff member was able to describe what worked for the two people and knew them well. They explained the difficulties the people may have in settling into a new environment and they wished to support them through the process by providing consistency of staff.

We observed two dignity issues during this inspection both of which were rectified quickly. One was where we had observed a person that had a dried blood stain on their bed linen. The second dignity concern was one person was eating with their fingers with food down their clothing and across the table. When a staff member noticed this they did promptly supported the person to change into clean clothes.

People's independence was being respected. People told us they were free to walk around the home and in the grounds and to the local shops. One person told us they enjoyed walking to the local newsagents.

The home were supporting people who had a diverse range of care needs related to their mental health, behaviours and physical conditions. At the time of the inspection we observed a communion service being held for people who wished to take part.

We looked into how the provider was listening to people. Questionnaires had been sent out to people living in the home which we viewed. We found people were being listened to with actions implemented. For

example, one person commented "I have little sight now and deafness confines my activities; therefore I am unaware of what is going on round me in the lounge". Actions seen included "Staff reminded to explain to people who have sensory impairment what is going on in the lounge/activities and food on their plate". Another action seen for one person was for them to have "Sweet chocolate mousse" as a dessert.

We heard people being offered choices and their wishes being adhered to. Staff asked what people would like to drink and eat during the inspection and where they would like to be.

The Herbert Protocol had been implemented within the care home which is good practice advised by the Cheshire Police. It contains important information about each person who may be at risk of absconding from the home.

The manager and provider were aware of advocacy and lasting power of attorney. We found details of this in some people's care files and the provider understood when it would be appropriate to seek advocacy for someone.

## Is the service responsive?

### Our findings

The provider was responsive to people's care needs and were aware of people's preferences, likes and dislikes. There were people who displayed behaviours which challenged who were being monitored and were regularly reviewed. When there was an unexpected change in the person's behaviour we could see the staff responded.

One person who had suddenly become very confused was identified as needing a medical review and this had been actioned. Another person who had been supported to live in a flat in the grounds of the home who was no longer able to live independently moved into the care home. The person had declined personal care when living on their own. When they moved into the home we found they had become more amenable to taking care of their personal care. We observed the person was dressed and had their hair washed on this inspection.

We viewed another person's care plan which demonstrated staff were being provided with important information to provide person centred care. For example, the person's care plan stated "It often helps if I can talk about my family, I like playing ball games as I used to be a keen golfer. Staff can use the activity to reduce my anxiety".

Aspects of person centred care were observed during our inspection. For example, we observed a person who was demanding of attention who realised the person was reciting poetry. The staff member joined in with them which the person enjoyed. We found not everyone was provided with person centred care and the care plans reflected this. We found the care plans written for people who displayed behaviours which were challenging and who were living with dementia contained information mainly about their behaviours. Additional information that related to people's likes and dislikes, routines and preferences were needed for staff to provide person centred care. We observed one person walking around the care home most of the time during our inspection who was living with dementia. We found they were not being offered opportunities for interactions or stimulation to meet their specific needs. We discussed with the provider and home manager different ways they could improve person centred care for the person and other people living at the home.

The service were reviewing people's care. Some people smoked in the smoking area outside the home and one person had been assessed to smoke in their room as this was their preference. The home supported the person by involving the fire service and had obtained the appropriate fire retardant equipment such as an ash tray to ensure the cigarette did not continue to burn when placed in the ash tray. During the inspection the person had placed their cigarette in their drawer and not in the ash tray. The provider acted immediately and confirmed they were installing a sprinkler system within the person's room which would activate in the event of smoke/fire. This demonstrated the provider was responsive in reviewing risks and implementing new methods to provide person centred care.

Another person's care plan clearly detailed the person's preferences regarding activities and stated "[Person] used to work on the farm and enjoys talking about farming, tractors, animals Person] is a private

person and prefers to participate in 1 to 1 activities".

Activities were provided over two days per week by an activities coordinator. We spoke with the activities coordinator who told us they provided a range of activities for everyone at the home. They described how they read to one person in their room and used the I-Pad for other people who wished to use it. A trip had been planned for some people on the first day of our inspection and on the second day we observed an external organisation visited the home with reptiles for those people who wished to see them.

The walls were filled with photographs of activity days and bunting was hung around ready to celebrate the Royal wedding on 19 May 2018. We were informed the home was planning a BBQ and a buffet for people to celebrate this event.

The hair dresser visited the home every Thursday and the optician regularly visited. One staff member and one person living at the home told us they wanted additional activities to be available for people.

We viewed the system of recording and dealing with complaints and found there had been four complaints since our last inspection in October 2017. We could see the complaints were dealt with by the provider with a letter of response to confirm what actions had been taken and the outcome.

People we spoke with told us they felt they could raise a concern or complaint to a staff member if they needed to.

There was no one receiving end of life care at the time of our inspection. The home had a policy and end of life care pathway in place for staff to follow when delivering end of life care.

## Is the service well-led?

### Our findings

On the last inspection on 12 and 13 October 2017 we found a breach of Regulation 17 Governance as systems in place were not robust enough. We also found a breach of Regulation 20A of the Health and Social Care Act 2008(Regulated activities) Regulations 2014 for failure to display their rating clearly on their website. On this inspection we found improvements had been made to meet the breach of Regulation 17 Governance and 20A Failure to display the rating but further improvements were required.

We looked into how the home was being managed. There was no registered manager but a manager was in post at the time of our inspection. The provider was also present for the inspection.

During our previous inspection we identified risks had not always been managed appropriately and the provider agreed to provide additional training for the home manager on risk management. We viewed a training certificate which evidenced this had taken place. Risks related to fire safety had been mitigated on this inspection and the fire service confirmed the home had met all their recommendations. The rating had not been clearly displayed on the provider's website and we found on this inspection there were two websites one of which did not clearly display the rating. This was rectified during our inspection by the provider. Following the previous inspection we requested an action plan from the registered provider. This had not been sent to us in a timely manner..

We viewed an audits file that contained monthly audits of care plans, service user choices, consent, National Institute for Health and Care Excellence [NICE], falls, environment, , infection control, weight loss, pressure care and wound management, bedrails as well as health and safety. There were also audits of behavioural charts taking place.. The audits completed had actions where we could see any problems identified had an action completed and signed off.

We identified that improvements were required to some of the governance systems. The medication audits undertaken had not highlighted that PRN protocols were absent from 28 people's medication care plans. The system for the recording and reporting of incidents was not robust. There were several policies in place for how to deal with behaviours and incidents. Staff required clarity regarding what policy and procedure they were to follow when recording and reporting of incidents particularly ones that related to behaviours that challenged.

The culture within the home was to be inclusive and respect people's views. The provider was seeking feedback from people who lived at Audlem Country Nursing Home and their relatives. We viewed the residents meeting minutes and found people's voice was being recorded with what people living at the home wished to change or happen. We viewed a summary of the actions to be taken forward by the manager. Questionnaires were being given out to people to complete and responses were seen being taken forward. The home had given a letter to people to let them and their relatives know the home was closing in September 2018 as a new home was opening. The provider explained they were supporting people who wished to move to the new premises and best interests meetings were being held for people who were unable to provide consent.

There was a business improvement/continuity plan in place which we viewed. We found a number of improvements had been made since the last inspection. These included; A new questionnaire had been devised to obtain views of people living at the home titled "Are We Doing It Right?", themed supervisions were seen to check staff member's understanding of topics such as safeguarding and mental capacity. Staff meeting minutes evidenced the manager was seeking continuous improvements and had implemented new risk assessment forms which staff were informed about in the meeting. Relatives and Residents meeting minutes were viewed for the months of March and April 2018. Positive comments were seen in the minutes about the care being provided for people.

Staff we spoke with provided positive feedback about the manager and how the home was being managed. [Manager] is very approachable. Another staff member told us how they had been supported by management and said "They've built up my confidence with people". A third staff member told us "They mean well, I like [Manager]". A fourth staff member said "If I have a problem I let them know, I'm listened to". The staff member went on to tell us they felt they could make suggestions of how they could improve and said "I like {manager}, they listen and ask for ideas, involve you, I feel I can talk to them about anything".

We looked into how the provider was leading the transition and closure of Audlem Country Nursing Home for people who lived there. We asked to view the plan in place for the transition across to the new premises. The provider sent this to us following our inspection which provided a timeline of how many people would be supported to move and when. We asked for a more detailed person centred plan for how those people would be supported who were likely to be impacted the most on moving. The provider confirmed they had not yet devised this for people but intended to prior to the transition.

The manager had sent in statutory notifications appropriately however, we found one incident which was reportable to the Commission which had not been sent in as a statutory notification.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Medicines were not always being managed safely with protocols not always in place.
Treatment of disease, disorder or injury	