

Avery Homes Nuneaton Limited

Acorn Lodge 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

About the service:

Acorn Lodge is a care home, providing personal care and accommodation for up to 60 people. It provides care to older people, some of whom are living with dementia. Care is provided over two floors. Each floor has communal lounges, dining areas and a kitchenette. The home has secure gardens that people can access. At the time of our inspection visit 54 people lived at the home.

What life is like for people using this service:

Risks were not consistently well managed. Medicines were not always stored safely, which posed risks of harm to people. Where people had identified risks of harm, or posed potential risks to others, risk management plans were not always in place to guide staff on actions to take to mitigate those risks. Staff did not always know how to protect people from identified risks of harm. For example, when dietary guidance had been given and was not followed by staff.

Overall, there were sufficient staff on shift. However, at times staff deployment meant people's needs were not always met, such as during mealtimes on the first floor. Night staff felt there were sufficient staff on shift. Staff received an induction, training and support from within the staff team, the provider's trainer and managers. Staff were trained in how to protect people from the risks of abuse. Further training was planned for staff where the registered manager had identified knowledge needed to be refreshed, this included skin care.

Overall, people had their prescribed medicines available to them and were supported with these by trained staff. The home was clean and tidy, and staff understood how to prevent risks of cross infection.

People had their needs assessed before they moved into the home. Whilst people had plans of care relevant to most of their needs, staff could often not find information. People's care notes and care plans were not well organised, and some contained conflicting information. The registered manager and regional manager told us about their plans to improve care records and review people's care plans before the end of July 2019.

Overall, people had opportunities to engage in group activities, however, there was limited opportunity on the day of our inspection visit because the activities staff member had taken four people out, which left limited opportunities for people at the home.

People had access to healthcare when required. On the day of our inspection we saw people were offered enough food and drink to meet their dietary requirements. However, important records related to people's fluid intake reflected their needs were not always met.

Overall, positive caring interactions took place between people and staff, and people felt well cared for.

Overall, staff followed the provider's policies, however, a few staff did not. One staff member told us they knew the dress code policy but had not followed it, another staff member told us they had forgotten to lock a door to secure medicines.

People made day to day decisions about their care and were supported by staff who worked within the principles of the Mental Capacity Act 2005. Mental capacity assessments had not always been completed for people.

Systems were in place for people to give their feedback on the service. Overall, people and relatives were happy with the services. A few people shared some concerns they had, such as about the quality of the food.

The provider had recognised they had gone through a period of instability when the previous manager had left. A new manager, who had registered with us, had started during January 2019 and was making improvements to the services provided. These needed to be embedded and sustained and some further improvements were required.

The provider had identified improvements were required to people's care records. However, they had not taken timely action to implement those to ensure staff had the information they needed so people received a safe service.

Overall, the provider's quality assurance system identified where improvements were needed, and a service improvement plan was shared with us detailing the provider's timescale for implementing the improvements.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These were:

Regulation 12 Regulated Activities Regulations 2014 – Safe care and treatment

Regulation 17 Good governance

Rating at last inspection: The service was rated Good. (The last report was published on 26 January 2017).

Why we inspected: This was a planned inspection based on the rating of the last inspection. The service is now rated as 'Requires Improvement' overall.

Enforcement: Action provider needs to take (refer to end of report).

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Details can be found in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Details are in our Well Led findings below.

Requires Improvement ●

Acorn Lodge Care Home

Detailed findings

Background to this inspection

The 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.

Inspection Team: Three inspectors and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Acorn Lodge is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission (CQC). A registered manager, as well as the owner and provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection visit took place on 8 July 2019 and was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority and professionals who work with the service. We had received some concerning information about the service. This included feedback shared with us in April 2019 from the Local Government Ombudsman (LGO). The LGO had upheld a complaint, made to the provider in 2018, and found there was fault by the care provider. We had also had some concerns shared with us by West Midlands Ambulance Service and 'whistle-blowing' concerns from care staff at the home about injuries people sustained from falls and the high turnover in staff during 2018.

We assessed the information we require providers to send us at least once annually to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection we spoke with nine people and two relatives. We spent time with people, who due to living with dementia could not give us their feedback, to see how staff supported them. We spoke with seven care staff, the activities staff member, one volunteer worker, the cook, the deputy manager, registered manager and the regional manager. We gave night staff the opportunity to give us feedback by email, which they did.

We reviewed a range of records. This included a full review of five people's care plans, multiple medication records, air-flow mattress checks, and people's food and drink records. We also looked at records relating to the management of the home. These included systems for managing complaints, checks undertaken on the health and safety of the home, the provider's audits and staff training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection we rated this key question as Requires Improvement. This meant people were not always safe and were at potential risk from avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Overall medicines were stored safely. For example, prescribed powder used to thicken drinks was stored safely. However, there were two incidents of a staff member leaving medicines accessible to people which posed potential risks of harm to people. We found the door of a medication room had been left unlocked and unattended by staff. The staff member was unaware they had left it accessible to anyone in the building. Inside the medication room there was a vast quantity of accessible medicines because the monthly stock had arrived the day before. When we informed the staff member about this, they walked away from the medicine trolley they had with them, leaving it open. We called to the staff member to ask them to lock the trolley, which they did.
- A referral was made to speech and language therapists when staff identified concerns about people eating and drinking safely. However, staff did not always follow the guidance given because this had not been made available to them. We saw one occasion when a new staff member was not given the correct information about the consistency of a meal they were supporting a person to eat.
- Risks were not always well managed. For example, one person's GP had given specific instructions related to a health need, but there was no risk management plan around this. Another person showed behaviours that challenged but had no risk management plan to outline actions taken to mitigate risks to themselves or others.
- Staff did not always complete the provider's 'clinical risk indicator tool' with accurate information. For example, staff had entered 'No' next to the question about whether one person had a lowered fluid intake. However, this person was on restricted fluids due to their healthcare condition. There was no guidance in the person's care records or on their fluid monitoring record. We pointed this out to the registered manager and immediate action was taken to implement guidance.
- Some people were identified as having or developing sore skin. People had special equipment, such as airflow mattresses on their beds, to reduce risks of developing or deteriorating sore skin. However, care staff told us they had not received any training in how to check the mattresses were working correctly and were not aware that air flow pump settings should be set according to the person's body weight. Staff told us daily checks ensured only that the airflow pump was working. Of the three airflow pump settings we checked, two were incorrect. This meant people did not always receive the desired pressure relief from equipment. The registered manager told us they had plans to refresh staff's knowledge about skin care and prevention of skin damage.

The above concerns demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and regional manager told us they had identified care records needed reviewing so staff had all the information to refer to when needed, to maintain people's safety. Following our inspection, we were sent a copy of the service's improvement action plan which gave a time frame for this work to be completed before the end of July 2019.

- Learning had taken place to reduce risks of reoccurrence of falls. One staff member told us, "We have worked hard to reduce falls. We use alert mats and laser sensors, so we know if someone is moving about." During April 2019 there were nine recorded falls and eight recorded falls for May 2019. The registered manager undertook an analysis of reported falls and actions were taken to minimise risks of reoccurrence.

- There was a maintained fire alarm system and people had personal emergency evacuation plans (PEEPS). Staff understood their responsibilities to people in the event of an emergency.

Using medicines safely

- Overall, people had their prescribed medicines available to them. Where people had 'when required' medicines, protocols were available to staff to guide them when to give which ensured a consistent approach was taken. Some people had prescribed topical preparations such as creams and body maps informed staff where on the skin creams should be applied.

- We identified one person had been prescribed a new medicine for a health issue on 1 July 2019. However, this had not been followed up with the person's GP practice which meant a delay in them starting their medicine. Immediate action was taken on the day of our visit and the medicine was made available.

- Staff supported people to take their medicines in an unrushed way. For example, a senior carer asked one person if they were ready to take their medicines, when the person said 'yes', they were patiently supported and offered a drink.

Staffing and recruitment

- There was a full allocation of staffing. The registered manager told us when they had started their employment in January 2019, they and the provider, had recognised the need to prioritise staff recruitment. This was due to numerous staffing changes and a heavy dependence on agency care staff, which had impacted on the quality and consistency of care provided. Since May 2019, the provider's staff team had stabilised, and the registered manager was now supporting staff to work in ways that met the provider's vision and expectations of good care.

- Staffing levels met people's physical needs. Staff told us "most of the time" they had the full allocation of staff on shift, but there were occasional shifts when they were a staff member short.

- However, staff felt impacted by the care record paperwork delegated to senior care staff which meant they were unable to contribute as much time to the hands-on care needs of people. One staff member told us, "More and more gets delegated to the seniors, so they can't help on the shift."

- The provider's system for recruiting staff ensured staff's suitability to work there.

Preventing and controlling infection

- Staff understood the importance of infection prevention and used Personal Protective Equipment (PPE) such as plastic aprons and gloves when needed.

- The home was clean and tidy. However, some bins were not foot pedal operated and others did not have lids which posed risks of odour and potential cross infection. The regional manager took immediate action to order replacement bins.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and understood how to protect people from abuse and when concerns should be raised

with the registered manager and the provider. One staff member told us, "I know the manager deals with issues because I raised a concern with them and it was dealt with."

- The registered manager and provider understood their responsibilities in reporting specific incidents to us (CQC) and the local authority.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection we rated this key question as Requires Improvement. This meant people's outcomes were not consistently good and their feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff followed the principles of the MCA. Staff sought consent, for example, when asking a person if they would like to be supported with personal care.
- Mental capacity assessments had not always been completed or did not always contain the detail needed. For example, one person's care notes recorded they were living with dementia, however, there was no care plan around this or mental capacity assessment. Another person had a mental capacity assessment which stated they had "variable capacity" but there was no further information about what decisions this person may require support with.

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

- People's nutritional and hydration needs were met. Their weight was monitored and overall, records showed people maintained a stable weight.
- Some people identified as at risk of malnourishment and / or dehydration had been referred to a dietician. The cook told us they added butter and cream when they prepared, for example, mashed potato. Biscuits and bite-size sandwiches were offered to people mid-morning, however, no high calorie snacks were prepared for people with identified needs for additional calories. The registered manager told us they planned to do 'themed meetings' with staff which would include refreshing their knowledge on how to include additional calories in people's foods.
- Important records related to people's nutritional and fluid intake, did not reflect staff had met people's needs. One person's fluid chart recorded they had drunk less than 1,000mls for four consecutive days. On 30 June 2019, when the outside temperature was recorded at 31 degrees Celsius, the person had a recorded fluid intake of 750mls. Action taken about their low intake had not been recorded despite the chart being checked and signed by a senior carer. This person was also required to be supported with nourishing drinks

to provide additional calories, but there was no record of them having these on the charts reviewed. We discussed our concerns about this, with the registered manager and regional manager. They assured us action would be taken to provide guidance to staff.

- People's mealtime experience was mixed. Staff lacked organisation on the first floor and were not able to provide the support people needed. For example, one person's meal was placed in front of them and was left for twenty minutes before staff were available to assist them. This person's care record stated they needed full assistance with eating. Staff did not notice another person had dropped food on the floor and was picking up and eating it.

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

- People were supported to access healthcare professionals such as GPs, dentists and opticians. One relative told us, "My family member has had a chiropodist visit recently, a doctor comes every Monday, and an optician has visited. They have also offered hearing tests here for people."
- Some people received visits from district nurses. We received feedback from the district nurse team who felt improvements were being made by staff promoting skin care.

Staff support: induction, training, skills and experience

- Staff received an induction, during which the provider's trainer informed staff about workplace policies. One new staff member told us, "I have had one of my two weeks of shadowing (an experienced staff member) and feel I am learning."
- Staff received training and meetings took place to support staff.
- People and relatives described staff as 'good' and felt they had the training they needed. We saw some positive examples of staff putting skills into practice. For example, when one person became upset, a staff member knelt beside them and asked if they could help. However, some staff did not always take opportunities to engage with people. For example, staff put a meal in front of people and walked away without telling them what the food was or engaging with them in any way.

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

- The home was purpose built and well maintained. The provider had a maintenance staff member who was able to respond to any urgent repair needs.
- Spacious communal lounge and dining areas gave people choice of where to spend their time. People living on the ground floor had access to an enclosed garden and people living on the first floor had a flower balcony area which they could access with relatives or staff.

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

- People had a pre-assessment before they came to live at the home to ensure their individual needs could be met. These assessments were used to formulate care plans for staff to follow.
- People living on the ground floor told us they were given choices about where they wished to spend their time. One person told us, "I can sit anywhere, but like to sit in the same chair with my friends I chat to." Some people living with dementia on the first floor liked to walk about and had the freedom to do this.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection we rated this key question as Requires Improvement. This meant people were not consistently supported or treated with dignity and respect or involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Overall, staff understood the importance of respecting and ensuring people's privacy and dignity was maintained. Staff were discrete when asking people in communal areas if they needed personal care assistance and they closed doors before assisting people with personal care in their bedrooms.
- However, people's dignity was not consistently maintained by staff. For example, staff used a hoist to transfer one lady, and their dress had caught around her upper thighs, revealing their continence pad. When we asked staff whether a 'dignity blanket' was available to protect the person's dignity, we were told the blanket was "too thick so not used" and both staff told us, "they could not see anything anyway" and continued to transfer the person. The regional manager assured us their expectation was for available 'dignity blankets' to be used.
- Staff understood the importance of keeping people's personal information confidential. For example, staff stored care plans in a locked room.
- The regional manager told us when photographs or video clips of people living at the home were posted on social media, they ensured people, and / or their relatives, had consented to this.

Ensuring people are well treated and supported; equality and diversity

- Some people were able to tell us about their experiences of being cared for at the home. One person said, "Staff are very caring." We observed some positive interactions where staff showed respect toward people. For example, one person living with dementia held a doll which gave them security and comfort. Staff showed respect toward this person's doll, gently sitting the doll on a chair when they supported the person with their drink.
- Relatives made positive comments to us about the staff and described them as "caring" and "kind" to their family member.
- Some people were living with dementia and were unable to share their experiences or give their feedback to us. We observed how they were treated and supported by staff and found this was not consistently caring. For example, one staff member spoke to one person using a harsh tone. We informed the registered manager about this who assured us this would be investigated.
- Some staff took care in their own actions to make sure their approach was caring toward people. We saw the housekeeper ensured their cleaning trolley was 'parked' safely out of people's way as they cleaned bedrooms. However, staff did not consistently take this approach. During our inspection visit, we found examples where staff had not taken care to follow the provider's dress code policy. For example, a staff member with long artificial nails confirmed to us they knew these presented a risk to people, such as those with fragile skin, and they should not be wearing them at work. Another staff member was serving lunch and

had not tied back their long hair, which fell forward over the food. Such incidents posed potential risks to people and did not demonstrate staff consistently had a caring attitude. When we gave feedback to the regional manager about staff not always following their dress code policy, they told us they had not observed this. However, the regional manager assured us if they had observed staff were not following the dress code policy, they would address this.

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

- People gave us examples of how staff involved them in making decisions about their day to day care. One person told us, "They always ask me what time I want to go to bed."
- People's care reviews did not record their involvement or whether staff had offered to involve them or their relatives. The registered manager told us this was an area they had identified for improvement and as they reviewed care plans, they were recording how people were involved.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection we rated this key question as Requires Improvement. This meant people's needs were not consistently met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed, and they had individual plans of care. However, staff found information hard to find in care plans, and information was conflicting. For example, one person's behaviour support plan stated staff should avoid saying 'no' to the person, but another section of the care plan referred to staff saying 'no' when certain behaviours were shown.
- Staff did not always respond to people's needs. We observed one person was bending down trying to pick something up off the floor, two staff members walked past them and offered no assistance. We alerted a different staff member because the person appeared unsteady and at potential risk of falling over. The staff member alerted gave support, which the person accepted, and told us the person had an identified 'falls risk'.
- Some people experienced positive outcomes. For example, one person told us, "[Staff] went the extra mile helping me get started with my knitting again. They even took knitted pieces home to sew together for me. They were very kind and helpful doing that for me."
- Activities were planned for and took place. However, on the day of our visit these were limited. Four people were supported to go out for lunch, and the only activity offered to people was a bowling session during the afternoon which four people joined in with and enjoyed. We observed those people with higher levels of care needs experienced less opportunity to engage with staff or activities. For example, during our visit, some people living with dementia spent the day just staring ahead of where they were sitting.
- The regional manager acknowledged activities had not been well planned for during the day of our visit. However, they assured us people were offered and engaged in various activities. For example, the next day was a planned 'Sherrie and Cherry' event which relatives had also been invited to. The registered manager told us, "We've invited a celebrity to open our re-named 'Cherry' Unit and will have cakes to celebrate."
- The provider worked in partnership with a garden project to offer horticultural therapy and one relative told us, "Staff involve my family member in the gardening here."
- The regional manager shared details with us about a monthly non-denominational service monthly service at the home. This was offered to meet the pastoral needs of people who wished to practice their faith.

Complaints or concerns

- The provider displayed their complaints policy and people's relatives had the information they needed should they have cause to complain. When complaints were received these were recorded and investigated by the registered manager.
- However, information was not available in an accessible format to people. The regional manager told us they were aware of the 'Accessible Information Standard' (AIS) and acknowledged the provider's complaints policy was only available in a written format. The AIS aims to make sure that people who have a disability,

impairment or sensory loss get information that they can access and understand and any communication support they need.

- During our visit, people raised a few concerns with us. One person told us, "I think the food is rubbish and I've reported it." A few people complained of their lunchtime meal not being hot at the point of receiving it. We saw their food was left standing on an unheated surface for over half an hour. The registered manager and regional manager assured us these issues would be addressed.

End of life care and support

- The home did not offer nursing care. However, the registered manager and provider aimed to support people's wishes to remain at the home for end of life whenever possible, with external healthcare professional support.

- The registered manager told us one person was receiving palliative care. However, there was no information about this in their care record.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection we rated this key question as Requires Improvement. The service was not consistently well managed and or well-led. Leaders and the culture created did not always promote high-quality, person-centred care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider did not maintain an accurate, complete or contemporaneous record for people. Care records contained conflicting information. For example, one person's care plan recorded in one section they had displayed behaviour that posed risks to a staff member, however their daily notes for the same day stated 'no concerns'. The person's behavioural care plan had not been reviewed following incidences. The provider's care plan audits had not identified, or taken timely action, to address issues we found within care records.
- Whilst the registered manager and regional manager acknowledged improvements were needed to ensure staff had the information they required to mitigate health, safety and welfare risks. They had not given this priority. For example, the regional manager told us one person had been assessed by a speech and language therapist (SALT) following concerns raised by staff about the person's eating. There was no guidance from SALT in this person's care plan. One staff member had recorded the person should have 'minced food' consistency and another staff member had recorded the person should have 'fork-mashable' consistency food. The provider's audits had not identified there was no clear guidance for staff to follow. Following our inspection visit, the regional manager told us they had requested a copy of the guidance, dated October 2018, from the SALT and guidance would be made available to staff.

The above concerns demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback the regional manager assured us everyone's care plan would be fully reviewed to ensure all the information contained was an accurate reflection of people's current care and support needs by the end of July 2019.

- The provider had identified improvements were needed. The regional manager told us there had been a period of instability at the home following the previous manager leaving in 2018, and numerous staffing changes. The provider had recognised this had impacted negatively on the overall quality of the care provided at the home.
- The regional manager described the home as now "stabilising" with a new manager having commenced in January 2019. Together they were working to embed improvements made, and implement further improvements needed as identified through their systems and processes of checks and audits.

- Overall, our findings during our inspection visit supported stakeholder feedback shared with us from the local authority, GP and the district nurse team that improvements were being made. For example, there had been a reduction in the number of falls people had because the registered manager and regional manager acted to analyse falls and reduce risks of reoccurrence. These improvements needed to be embedded and sustained within the staff team.
- The regional manager told us the registered manager would implement the provider's 'Falls Risk Assessment Tool' (FRAT) so staff could easily refer to actions they should take to mitigate risks. This planned improvement would be additional to the currently used 'Clinical Risk Indicator Tool' (CRIT) which did not list actions taken to mitigate risks and meant staff had to find an associated care plan in a person's care file. This planned improvement would enable staff to easily locate and refer to guidance when needed.
- Environmental checks ensured the home was safe for people to live in. For example, the provider had a system to ensure gas, electrical and lifting equipment was checked regularly.

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

- The registered manager had established a "Family and Friends Forum" where relatives and friends could be informed of improvements and changes made at the home and give their feedback.
- The registered manager had implemented a "Monthly Blog" where news was shared with relatives by email or post. The purpose of this was to share news about the home between dates of planned meetings.
- People living at the home had opportunities to give their feedback and "resident meetings" took place.
- Staff told us they had staff meetings, and these were used as an opportunity to share their thoughts and views whilst receiving feedback and updates about the service.
- The rating from the provider's last inspection was displayed, as required, in the entrance area of the home.

Working in partnership with others

- The provider worked in partnership with others. For example, staff worked with GPs and community psychiatric nurses to ensure people's health and wellbeing was promoted. However, people's care notes did not always record what had happened following, for example, a GP referring a person for a diabetes review. The registered manager told us as part of their drive toward improved records, staff would be reminded of the importance of detailed and accurate care notes.

Continuous learning and improving care

- The registered manager and regional manager shared their service improvement plan with us which had timescales for improvements to be implemented. Following our inspection feedback, a further action plan was sent to us detailing actions taken, for example, improvements in the guidance for staff about people's desired fluid intake.

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 Care and treatment was not always provided in a safe way. The provider had not always done all that was reasonably practicable to mitigate risks. Medicines were not always stored safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured an accurate, complete or contemporaneous record was maintained for service users. Staff did not always have the information available to them to mitigate risks to the health, safety and welfare of service users or others.