

Abbotsford Care Home Limited

Abbotsford Nursing Home - Manchester

Inspection report

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Manchester
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Date of inspection visit:

22 October 2019

23 October 2019

29 October 2019

Date of publication:

29 November 2019

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

Abbotsford Nursing Home – Manchester is a 'care home' that provides both residential and nursing care. The home can accommodate up to 44 people in one adapted building. Accommodation is spread across four floors, with communal areas including a dining room, two lounges and activity room situated on the ground floor. At the time of this inspection there were 37 people living at the service.

People's experience of using this service and what we found

The systems in place to monitor the quality of the service and auditing systems were not always effective and had not identified the issues we found during this inspection.

We found management of medicines at the home continued to be inconsistent and unsafe. Auditing systems in respect of medicines continued to be ineffective and had failed to address key concerns regarding the safe management of medicines.

We found shortfalls in the homes approach to safety. We found boxes were being stored in a bathroom on the second floor, this posed as a potential trip hazard. We were also able to access an unlocked laundry room on the basement floor. This placed people at a risk of harm through unintentional touching of electrical equipment.

We found the mealtime experience differed on both days of our inspection. We observed people were left waiting in the dining room for a long time before the meals were served. Improvements were made on the second day.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found there was variable information to show if the person had given consent. We found consent forms had not always been completed.

People living in the home had a comprehensive risk assessments and care plans in place, however we identified one person's care plan had not been reviewed in a timely manner when we identified potential concerns.

End of life care plans were not always in place for people. We recommend the provider develops end of life care planning for people.

We observed many caring and positive interactions between staff and people throughout the inspection. However, on the first day we observed one person shouting out on a number of occasions and staff were not always responsive to their needs.

Staff received training and had the skills and knowledge needed to perform their roles effectively.

People were enabled to have choice and control of their lives and staff supported people in the least restrictive way possible.

Complaints were dealt with in accordance with the organisation's complaints procedure, people said they knew how to complain. People were supported to engage in activities in the home and in the community.

Incident and accidents were analysed for patterns and trends. Risks to people were assessed and referrals were made to other professionals in a timely way when people living in the home were in need.

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

Rating at last inspection

The last rating for this service was requires improvement (26 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Enforcement

At this inspection we identified breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe management of medicines, safe recruitment, safeguarding processes, failure to maintain the premises and ineffective auditing systems. The last rating for this service was requires improvement. The service remains rated requires improvement.

Why we inspected

This was a scheduled inspection based on the rating at the last inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Abbotsford Nursing Home - Manchester

Detailed findings

Background to this inspection

The inspection

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

The inspection team consisted of two inspectors, an assistant inspector, an Expert-by-Experience and an interpreter. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The interpreter was fluent in Cantonese and so able to translate and speak with people living at the home who spoke Cantonese as a first language

Service and service type

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

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

Notice of inspection

This unannounced inspection took place on 22, 23 and 29 October 2019 and was unannounced. On the 29 October we returned to the home unannounced at 9pm to review the night staffing arrangements

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning teams. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight people who used the service and five relatives about their experience of the care provided. In addition, we spoke with the registered manager, clinical lead/deputy manager, nominated individual, a nurse in charge, one senior care worker, two care workers, the chef and the activities coordinator.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional audits and the nursing staff competencies.

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

Using medicines safely

At the last inspection in August 2018 we found medicines were not always managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some, but not all required improvements had been made and the provider continued to be in breach of regulation 12.

- Medicines were not ordered in a timely way which meant sometimes they ran out. One person could not have their prescribed laxative for 13 days and four people were unable to have pain relief for two days because there was no Paracetamol in the home for them.
- Records about the quantity of medicines in the home for people were not always accurate and did not show all medicines were accounted for or had been administered as prescribed.
- A system was in place to record blood sugar levels for diabetics, but there was no information as to what their safe blood sugar range should be. Insulin injections should be rotated round different sites of the body, but nurses did not always record the site used, so the sites could not be properly rotated.
- People were at risk of being given doses of Paracetamol too close together because staff did not always record the time doses were given. This meant it was not possible to determine a safe time to administer the next dose. Where records were made they demonstrated doses were sometimes given sooner than was deemed safe by the manufacturer.
- No system was in place to ensure medicines that must be given before food were given at the correct time. These medicines were given with medicines which must be given after food. This meant these medicines may not work properly putting people's health at risk.
- People did not always have written guidance in place for staff to follow when they were prescribed medicines to be given "when required". When guidance was in place it lacked detail. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.
- Records about the use of creams were not always completed and when they were they did not always show that creams were applied as prescribed.
- Thickener was prescribed for some people to make sure they could have drinks without choking. The records about the use of thickener lacked some information which meant they did not evidence the drinks were thickened safely.
- We observed poor and unsafe practice when staff were thickening drinks. The practice was discussed with the nurse on duty who told us the practice would cease.

The provider had failed to manage medicines safely. This was a continued breach of Regulation 12 (Safe

care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were some shortfalls in the provider's processes to help ensure staff were of good character.
- We saw the provider carried out a range of pre-employment checks. This included a pre-employment health questionnaire, criminal record check and an interview. However, satisfactory evidence of staff member's conduct in previous health and social care related employment had not been obtained for two recently recruited staff members.
- We found in one case the provider had not taken reasonable, timely actions where concerns had been raised in relation to a staff members good character.

The provider was not operating robust procedures to ensure staff employed were of good character. This was a breach of Regulation 19(Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were enough staff to provide people the support they needed in a timely way. Comments from people living at the home included, "Carers are quick and fast" and "They are quite good at answering call bells." During the inspection we saw staff responded to anyone needing support promptly.
- Most staff felt there were enough staff on duty to allow them to carry out their roles effectively, although some staff told us shifts were not always covered if a member of staff was unexpectedly absent. This was confirmed by our review of the rotas. The registered manager assured us in these cases, they would allocate staff who worked primarily as interpreters but were also trained in care to cover the shifts and would also help staff themselves.
- The registered manager used a dependency tool to help them work out how many staff were needed. This tool had led them to recognise that there was an increasing level of need in the home in relation to the support people needed to eat and drink. To try and address this, the registered manager told us they were in the final stages of recruiting staff to provide additional support over meal times.

Assessing risk, safety monitoring and management

- Reasonable steps were not always taken to ensure risks were not posed by the home environment or equipment used. For example, one person had an adjustable pressure relieving mattress to help reduce the likelihood of their skin breaking down. Staff were not able to assure us that this was set correctly or working properly. After raising this concern, the equipment was replaced and adjusted to the correct setting.
- On the first day of inspection we found boxes were being stored in a bathroom on the second floor. We brought this to the registered manager's attention. On the second day we found the boxes were still being stored in the bathroom. We raised this again during feedback with the registered manager and nominated individual. During our night visit on the 29 October we found the boxes were still being stored in the bathroom this was a potential trip hazard for people and blocked access to the toilet.
- During our night visit to the home we were able to access an unlocked laundry room on the basement floor. This placed people at a risk of harm through unintentional touching of electrical equipment. We raised this matter with the nurse on duty, who immediately locked the door. We also identified one person's bedroom door on the second floor was being propped open by a wooden block, this was a potential hazard in the event of a fire.

The provider had failed to maintain the premises to a satisfactory standard. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff assessed risks to people's health, safety and wellbeing. This included risk assessments that were completed in relation to malnutrition, falls, skin integrity and choking. In most cases there were clear plans

in place for staff to follow to help keep people safe.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to identify potential safeguarding concerns and these had been reported to the local authority and CQC as required. However, reasonable steps to prevent people from the risk of abuse were not always taken.
- Staff were aware one person regularly walked around the home at night, entered other people's bedrooms and had sustained a recent unexplained injury. The main measure identified to help staff manage the risks this person's behaviour presented was two hourly checks during the night. This was not sufficient to ensure the safety of that person or others living at the home.

This showed safeguarding processes were not robust enough to ensure reasonable actions were taken to help ensure people were protected from the risk of harm and abuse. This was a breach of Regulation 13(Safeguarding service users) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Most areas of the home were visibly clean. People told us both their bedrooms and communal areas were maintained to a good standard of cleanliness.
- The registered manager carried out a range of checks to help ensure there were effective measures in place to help prevent and control the spread of infection. For example, they carried out audits of staff hand hygiene practices.
- Hand sanitiser and personal protective equipment such as gloves and aprons were available throughout the home.

Learning lessons when things go wrong

- Staff reported incidents and the immediate actions they had taken to help ensure people's safety.
- The registered manager monitored trends in accidents and incidents. This included monitoring the time, location, type of incident and day of the week that incidents occurred. They also checked whether anyone had had repeated falls and recorded the action taken, such as a referral to the GP.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- On the first day of the inspection the lunch service was haphazard and could have been better managed. We observed people were left waiting in the dining room for a long time before the meals were served. We fed this back to the registered manager, and on the second day of our inspection we saw the mealtime was better organised for people.
- Staff were available to assist people if they required help with their meal. Adapted plates, cups and cutlery were used to help promote people's independence. Some people liked the food more than others. One person told us, "[Food is] So, so, average." While another told us, "I think it's [food served] quite good."
- Kitchen staff prepared a range of meals that respected people's dietary requirements. A four-week rolling menu was in place with a range of culturally appropriate dishes provided every day. We spoke with the chef who had information about people's modified diets, preferences dislikes, allergies, and cultural dietary needs.
- Where people were at risk of malnutrition, meals were fortified to reduce risk. People nursed in bed had access to drinks throughout the day and, where there was an identified risk, people's fluid intake was monitored. We saw the staff had received positive feedback from a dietician about the support they had provided to one person living at the home, resulting in "a significant difference to improving the nutritional care and support" for that person.

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

- People said they were supported to attend health appointments, opticians and dental appointments, so they would remain well.
- People told us staff promptly helped them to see their GPs if they were unwell.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff we spoke with were knowledgeable about the MCA and were committed in ensuring people were involved in their care and support.
- Mental capacity assessments for specific decisions about people's health care and support needs had been completed. Where people lacked capacity to make decisions for themselves best interests' decisions were also recorded as to how to support them in the least restrictive way possible.
- We found certain care records did not always include evidence to show they had been consented to and who had been involved in the assessment undertaken before people moved into the home. We discussed this with the registered manager who told us they would strengthen their process for obtaining consent and ensure if people were unable to consent they would show who had been involved in the process, including any best interest decisions made on the person behalf.

Staff support: induction, training, skills and experience

- We saw an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects. During the inspection we observed a new staff member shadowing staff on duty
- The training matrix showed an extensive range of training delivered both annually and three yearly. Other more specialised courses had also been completed. We saw staff had mostly completed training where required and those who had not, had it scheduled.
- Staff received regular supervision, their competency in core tasks was tested and they received an annual appraisal.

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

- Prior to moving into the service, the registered manager met with the person to ensure their needs could be met at Abbotsford Nursing Home - Manchester.
- People had a comprehensive assessment of their needs before they went to live at the service. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs. The assessments process considered people's compatibility with other people using the service.

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

- The environment, although tired in places was undergoing some refurbishment at the time of our inspection. The provider had recognised the need for refurbishment and had begun taking some action such as replacing flooring and furniture.
- The environment was suitably maintained and adapted, where needed, to meet people's needs. There were accessible toilets and bathrooms throughout the home with handrails. There was appropriate dementia friendly signage and lift access to all floors.
- The accommodation was light and airy. There was a fresh atmosphere throughout the accommodation.
- People had been supported to personalise their bedrooms and these reflected people's tastes and preferences.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Whilst we observed many good interactions between staff and people, we saw occasions when staff did not always ensure people were supported to express their views. We observed one person to be distressed for long periods of time and staff did not always respond to assist them. There were no records in this person's care plan to inform staff how to respond and we had to intervene and ask staff to assist this person.
- We also saw staff did not always notice when people needed additional assistance to promote their wellbeing. After the lunch time meal, we observed a person slouched over in their wheelchair. They had remained in the dining room after the lunchtime meal, which meant they were in their wheelchair for up to two hours. We brought this to the registered managers attention who ensured staff supported the person to a comfortable chair.
- We observed some very caring and sensitive approaches were undertaken by some of the staff. Some people we spoke with told us they were well supported and that their needs were met. We observed one staff member quickly intervened when two people started to argue. The staff member knelt down and reassured the two people, who soon after were laughing.
- The registered manager told us the service had built links with a range of religious groups and one person had been supported to attend the local African Caribbean centre. However, there was limited evidence of how staff had assessed people's needs in relation areas such as culture, religion, gender and sexuality. We saw the pre-admission assessment included questions about people's religious and cultural needs, but this had not always been completed.

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

- Not all people and relatives we spoke with knew how they had been involved in decisions about their care. Care plans reflected people's views and wishes about their care and treatment and had been updated when people's views or decisions changed.
- People's friends and family were welcomed to the service. During the inspection visitors were greeted with warmth by staff.
- People's religious and cultural needs were considered and respected. For example, the service took steps to ensure people's cultural dietary requirements were offered at mealtimes.

Respecting and promoting people's privacy, dignity and independence

- All people we spoke with confirmed that staff would always knock before asking to enter their rooms. A number of people also expressed gratitude for the dignified approach followed by staff when assisting them to get washed and dressed every day.

- During our mealtime observation we found staff supported people in a caring and unhurried manner. However, we noted people were provided blue disposable aprons during mealtimes. Although this protected people's clothing it did not promote people's dignity. We discussed this with the management team and commented that material tabards would be better suited for people.
- People's independence was promoted. Care plans detailed people's abilities and strengths and staff practices reflected these.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

End of life care and support

- The service offered end of life care. When people were nearing the end of their lives, care plans were put into place for supporting people. However, we found the service was not proactively discussing people's future wishes to ensure their end of life care preferences were considered.

We recommend the provider seek advice and guidance on developing meaningful end of life care plans and supporting staff to deliver care during this time.

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

- On the first day of inspection, we saw there were limited activities taking place due to the activity coordinator not being on duty. We passed on our feedback to the management team. During the second day activities were better organised due to the activity coordinator being on duty to ensure people received social stimulation.
- We found the atmosphere in the lounges was much improved on the second day and we observed people smiling and laughing. We observed the activity coordinator reading with to people and playing with a balloon that raised plenty of smiles.
- We spoke with the activity coordinator who told us activities included singing, exercises, arts and crafts, games and bingo. The activity coordinator was enthusiastic about their role and had recently decorated corridors in the home for Halloween.
- People were supported to take part in group activities and given time to spend for one to one activity with the activity coordinator. The activity coordinator informed us they had taken time to get to know everyone in the home and also got an interpreter to communicate with Cantonese speakers about their interests.
- The planned activities board was updated daily by the activity coordinator.
- People told us that activities were available to them and had improved. One person said, "There is normally something going on the keep you occupied here." A second person said, "I like when we do exercise."

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

- Care plans were personalised, detailed and had been regularly updated. However, we found the involvement of people and relatives in reviewing their care was not clear.
- Care plans contained information about people's life histories, their interests and hobbies and things that were important to them.
- We viewed 10 care plans on inspection and noted they contained good person-centred information with clear guidance for staff on how people wanted their needs met.

- However, we found one person's care plan had not been updated in a timely manner. During the inspection we became aware one person would often become confused and enter people's bedrooms during the night. The registered manager confirmed this person's care plan would be reviewed to reflect how staff needed to safely support the person. However, when we returned on 29 October 2019 we found the care plan had not been updated. This risk was however minimised as staff provided us with details of how they were keeping the person safe, with the introduction of 30 minutes observations and a sensor alarm being installed in the persons bedroom.

Meeting people's communication needs

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

- The service continued to employ Cantonese speaking staff to act as interpreters during the day. This helped care staff communicate effectively with people living at the home who had Cantonese as their first or only language. We saw evidence that interpreters had been used to help the staff assess and understand people's needs and support them to make decisions about their care.
- At our last inspection we noted that there were usually Cantonese speaking staff on duty during the 8pm to 8am night shifts on four nights per week. At the start of this inspection, the registered manager told us there were currently no Cantonese speaking staff regularly on night shifts. However, they said they were continuing to try and recruit Cantonese speaking staff, and when we carried out our night-time visit, there was a Cantonese speaking member of staff on shift.
- The registered manager told us staff who did not speak Cantonese would make use of flash cards to help them communicate effectively with people if the person did not understand English.

Improving care quality in response to complaints or concerns

- At the last inspection we recommend the provider considers ways they can encourage and facilitate people to raise concerns when English is not their first language. We found the complaints policy had been transcribed in Cantonese to assist people at the home. However, during the inspection our Cantonese speaking interpreter commented that the complaints policy also needed to be transcribed in simplified Chinese. We passed this feedback on to the management team, who acknowledged this request.
- People had access to information on how to make a complaint. They told us when they mentioned anything they weren't happy with to staff they received a response and that the service was improving.
- There was a complaints log in place which showed that concerns had been responded to in line with the providers policy. Where required, investigations were completed, and responses provided to the complainant.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a registered manager in post since July 2019.
- At our last inspection of this service had made vast improvements. However, at this inspection we found a lapse in the quality of auditing and governance at the home and improvements were required to the overall governance systems.
- Although there were some effective audits in place we found the safe management of medicines and aspects of the environment were not well managed.
- Audits connected to the medicines at the home were not robust at identifying the shortfalls we identified on this inspection. The last internal medicines audit was undertaken on the 2 October 2019 by the registered manager, who scored the medicines at 98% compliant. The previous audit to this was undertaken on the 12 September 2019, which scored the homes medicines 100% compliant. We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines were safely being managed.
- Recruitment checks were not always carried out to ensure the information provided by candidates was accurate.
- The poor mealtime experience we observed on the first day of inspection had not been observed by any senior staff or management. We told the registered manager about our observations during the lunchtime period and found the evening meal was still poorly managed as people continued to wait for long periods. On the second day the lunchtime meal had improved, and we were provided with positive mealtime audits, however fundamentally we found the management team were not proactive at ensuring the mealtime experience was well managed.
- The provider had made some improvements since our last inspection and had ongoing refurbishment plans in place to ensure the premises was homely. However, we found the provider was not always proactive at taking action to minimise potential concerns. For example, we found the provider had not ensured the hazards identified in the bathroom were resolved and one person's care plan had not been updated in a timely manner.
- The nominated individual continued to conduct regular visits to the home and undertook health and safety audits. Although we found these audits were thorough at identifying potential shortfalls, the management and oversight of the service was not always effective.

This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were knowledgeable about their working roles and responsibilities. They said the service was well managed. This meant people were supported by staff who knew them well.
- The registered manager felt supported in their role by the provider and had the resources they needed whenever they requested them.
- The ratings from the previous inspection were displayed as required under legislation.

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

- The registered manager told us there had not been any incidents since our last inspection that fell within the legal requirement to provide an apology under the duty of candour.
- Staff told us they felt able to approach the registered manager and raise any concerns they might have.

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

- People and their relatives had been offered the opportunity to comment on their experience of using the service. There were regular residents' and relatives' meetings at which people had been invited to suggest improvements to the service.
- Regular staff meetings took place to discuss any concerns they had or raise useful suggestions to make improvements. Staff told us that these meetings had improved, and staff felt listened to.
- At the time of the inspection, the service was in the process of sending out a survey during the inspection to relatives to capture their views on the service. The registered manager told us the service was looking at methods of getting feedback from people who use the service.

Working in partnership with others

- The home had been visited by Healthwatch in January 2019 who carried out an 'enter and view' visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The registered manager was aware of the report's findings and we saw recommendations made by Healthwatch had been acted upon.
- The service engaged with other agencies such as the local authority quality and contracts monitoring team and safeguarding. However, the provider had not always carried out agreed actions following safeguarding meetings.

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
Treatment of disease, disorder or injury	The provider had failed to manage medicines safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Safeguarding processes were not robust enough to ensure reasonable actions were taken to help ensure people were protected from the risk of harm and abuse

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Reasonable steps were not always taken to ensure risks were not posed by the home environment or equipment used.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider was not operating robust procedures to ensure staff employed were of good character.

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
Treatment of disease, disorder or injury	We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines were safely being managed.

The enforcement action we took:

Warning Notice