Care Enterprises (Temple Ewell) Limited

Temple Ewell Nursing 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?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was carried out on 26 and 27 October 2017 and was unannounced on the first day and announced on the second day.

Temple Ewell Nursing Home is a privately owned care home providing nursing care and support to up to 44 adults who have nursing needs and who may also be living with dementia. The rooms are located on two floors, the main entrance is on the first floor accessed by a lift. There are private gardens with seating, patio areas and parking. During the inspection there were 33 people living at the service.

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 28 February 2017 and Temple Ewell was rated 'Requires Improvement' and 'Inadequate' in the 'Safe' domain. There were breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. We issued a warning notice relating to safe care and treatment. We issued requirement notices relating to good governance, staffing, person centred care and consent. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan to confirm that they now met legal requirements. The provider had met three of the previous breaches, however, there were two continued breaches of regulations. The provider had met the legal requirements of the warning notice.

Previously, risks related to people's health, care and support had not always been assessed or mitigated. Improvements had been made, there were detailed risk assessments in place for people's health care needs such as epilepsy. However, there were not personalised risk assessments to provide staff with guidance to keep people's skin healthy, or how to move people safely.

Previously, care plans had not contained details of people's choices and preferences. Care plans now contained information about people's preferences for example, when people liked to get up and go to bed. Each person's care plan had been reviewed but changes had not always been made to reflect the support being given to the person. Some people's records were not accurate and there was a risk that staff would not have all the information needed to support people in a person centred way. Staff knew people well and provided support when people needed it.

Medicines had not been consistently ordered, recorded and managed safely at the last inspection. Some improvements had been made, however, there were still shortfalls with the recording of medicines. People had not always received their medicines as prescribed. People's health was monitored and staff had referred people to healthcare professionals. This had improved since the last inspection. People were

supported to eat a balanced diet to remain as healthy as possible.

Improvements to the training and supervision of staff had been made since the last inspection. Staff had received supervision, appraisals and training appropriate to their role including specialist health care training such as diabetes. Staff told us that they felt supported by the provider and management team and they were visible within the service. Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

At the last inspection, the provider had not been working within the principles of the Mental Capacity Act 2005, improvements had been made. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made in line with guidelines. Mental capacity assessments had been completed and reviewed to consider any changes in people's capacity.

When people were unable to make decisions for themselves, relatives, doctors and other specialists were involved in making decisions in their best interest. Previously, this had not been recorded, improvements had been made and best interest decisions were recorded.

Staff knew people well and provided support when people needed it. However, people had mixed views about the attitude of some staff and this was observed during the inspection. People were not always respected by some staff. Staff were familiar with people's routines and preferences. Visitors told us they were always made to feel welcome.

At the last inspection, the quality assurance systems in place had not been effective in identifying shortfalls. At this inspection, some improvements had been made. Additional audits had been completed and shortfalls had been identified. Action plans had been put in place but these had not always been met or been effective. The shortfalls identified by independent quality monitoring had not been rectified and the actions taken following medicines audits had not been effective.

Accidents and incidents were recorded and analysed to identify any patterns or trends and action had been taken to prevent further incidents. Checks had been completed on the environment and equipment used by staff to keep people safe. There were detailed personal emergency evacuation plans (PEEP) in place, to ensure people could be evacuated safely in an emergency.

Staff knew how to recognise signs of abuse and how to protect people from harm and abuse. They were aware of the whistle blowing policy and were confident that any concerns raised would be dealt with appropriately. The registered manager had raised safeguarding alerts when appropriate.

People, staff, relatives and stakeholders were given the opportunity to give their views and suggestions about the service. The quality assurance surveys had been analysed and an action plan put in place to address concerns that were raised.

The provider had a complaints policy and this was available to people and relatives. Complaints had been received since the last inspection and the policy had been followed. The complaints had been used as a learning process for staff and management.

There were planned activities available and people who stayed in their room received one to one time. The provider had employed additional staff to increase the activities available to people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall.

We found a number of continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Risks to people had been assessed. However, there was not always clear guidance in the care plans for staff to follow to help keep people safe.

Medicines records were not always completed. People had not always received their medicines when prescribed.

Staff were recruited safely. There were sufficient staff on duty to meet people's needs.

Staff knew how to keep people safe from abuse and harm.

Is the service effective?

Good

The service was effective.

Staff had received supervision, appraisals and training appropriate to their role.

Staff were working within the principles of the Mental Capacity Act 2005.

People were referred to healthcare professionals when needed.

People were supported to eat and drink to remain as healthy as possible.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us and we observed that some staff were not always respectful to people.

People and their relatives were able to discuss their concerns with staff.

People's wishes about end of life care were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff knew people well but care plans did not always reflect the care that was being given.

Care plans had details of people's preferences and choices.

Complaints were investigated and used as a learning process.

There were activities provided and these were going to be increased.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audits and checks were completed and identified shortfalls, however, action was not always taken or was not effective.

Records were not always accurate.

Staff told us they were supported by the registered manager and provider.

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

The inspection took place on 26 and 27 October 2017 and was unannounced on the first day and announced on the second. It was carried out by one inspector and an expert by experience who spoke with people, families and relatives. Our expert by experience had knowledge, and understanding of residential services or caring for someone who uses this type of care services.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including previous inspections. We looked at notifications received by the Care Quality Commission. A notification is information about an important event which the provider is required to tell us about by law, like a death or serious injury.

We looked around the service and talked to 15 people who lived at the service. Conversations took place in people's rooms and in the lounge. We observed the lunchtime meal and observed how staff spoke and interacted with people. We would usually use the Short Observational Framework for inspections (SOFI) to understand the experiences of people who may not be able to tell us. On this occasion we did not use a SOFI because most people were in their rooms and not in the communal areas.

We reviewed records including five care plans and risk assessments. We looked at a range of other records including staff files, staff training and supervision records, staff rotas, medicines records and audits.

We talked with three relatives who were visiting people, the provider, registered manager, administrator,

care plan administrator, clinical manager, non-clinical deputy manager and five care staff. We spoke with a health professional before the inspection.

The previous inspection was carried out in February 2017 when five breaches of regulation were identified.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the service. People told us, "Yes, I feel safe, I have this button to call for help when I need it," and "I am confident as I can be that I am safe here. I have my call bell close by."

At the last inspection in March 2017, risks to people had not been consistently assessed and guidance to reduce risks was not detailed or clear. Risks around people's health care needs had not been identified. The provider had failed to assess and reduce environmental and other risks including the risk to people of fire. At this inspection some improvements had been made, however, there were continued breaches of regulations.

Previously, risk assessments to support people with their mobility lacked detail. Improvements had been made, however, not all of the mobility risk assessments reviewed contained detailed guidance to keep people safe. For example, one person required use of the hoist to transfer, the risk assessment gave information about the size of sling required and that two staff should be present. The risk assessment did not guide staff how to position the sling or how to move people with physical disabilities such as fixed joints. Staff explained how they moved the person safely using the hoist and this was observed but without clear guidance new staff or temporary staff may not move people safely.

Some people had been identified as being at risk of developing sore skin. There were risk assessments in place, however, these were not personalised to meet each person's needs. For example, one risk assessment contained information that was contradictory. The actions that staff were guided to take included turning the person on their side every two hours, further information stated that the person did not lie on their side. The risk assessment and guidelines for staff were not relevant to that person. Other risk assessments contained exactly the same guidelines for maintaining people's skin integrity. The guidelines had not been personalised to meet people's needs to maintain their skin integrity. Staff explained to us how they moved people to maintain their skin integrity.

Some people had a catheter in place. A catheter is a tube that is inserted into the bladder so that urine can drain freely. Guidance for staff about how to support people had improved. However, some information needed to contain more detail, for example, one care plan said 'give washout when necessary', washouts are given to keep the catheter tube clear, there was no detail to guide staff when a washout would be needed. Another care plan stated 'The catheter should stay in position for three months'; the catheter had been changed more frequently because it had become blocked.

Risks assessments around people's health care needs such as epilepsy had improved at this inspection. Staff had guidance about how seizures could present, how to support the person and when to call for medical assistance. Guidance had also been placed in people's bedrooms so that staff were able to refer to the guidance quickly. Staff told us how they would support people if they were experiencing a seizure.

Previously, people had been at risk of unsafe medicines management and people had not received their medicines as prescribed. At this inspection some improvements had been made, however, there were

shortfalls identified.

Some instructions on the medicines administration records (MAR) charts had been handwritten by staff. These instructions should have been signed by two staff to confirm the instruction was correct. Staff had not transcribed the instructions from the prescriber correctly, for example the handwritten instruction for one person's Co-Codamol, the dosage of the tablet had not been written and there are different dosages that can be prescribed. There was only one dosage available for the person. The instruction had not been checked and signed by staff.

Some medicines had specific procedures such as two staff to witness and sign the required book when giving these medicines, this had not been completed consistently. There were four signatures missing. The majority of these medicines were prescribed for pain relief and had instructions that the medicine should be given every 12 hours to remain effective in keeping people free from pain. Records showed that some medicines had been given up to 14 hours apart, there was a risk that people may experience pain and discomfort. Some people were prescribed analgesic patches to relieve pain, that needed to be changed every seven days, patches had not always been changed as prescribed. For example, one patch was changed on 14/10/2017 and again on 22/10/2017, this was eight days later, there was a possibility the person had experienced pain as the patch had not been effective on the eighth day.

The provider had not ensured that medicines were managed safely. People were not receiving their medicines in line with the prescriber's instructions. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the previous inspection, weekly audits of medicines had been completed to identify shortfalls. Audits had been completed and any shortfalls were identified and rectified immediately. However, the clinical manager had not completed an audit the week before the inspection. The shortfalls we found were from the period that had not been audited. The clinical manager told us that the audit had not covered the medicines with specific procedures; following the inspection the provider sent us an updated audit to include these records.

Improvements had been made in the ordering and storage of medicines. Staff had signed MAR charts when medicines were given, staff had ordered medicines when required so that people had a continuous supply. Medicines were disposed of when they when no longer effective, staff recorded when liquid medicines were opened so they could be discarded after so many days of being opened. Medicines were stored at the recommended temperature to ensure they remained effective. Some medicines were prescribed on an 'as and when' basis, such as pain relief, there were protocols in place for staff to follow when giving these medicines.

At the inspection in March 2017, there were no environmental risk assessments available. Fire drills had not been completed consistently. People's personal emergency evacuation plans (PEEP) were not detailed enough to guide staff how to evacuate people safely and the emergency plan was out of date. Accidents and incident reports had not been analysed to identify trends and patterns to reduce the risk of them happening again.

At this inspection improvements had been made. The provider had completed environmental and fire risk assessments, there were certificates available for equipment to show that it had been checked to ensure it was safe to use. Staff had taken part in weekly fire drills and any shortfalls had been recorded and an action plan completed. Equipment that required repair had been recorded and there was a log to confirm what action had been taken.

Accidents and incidents had been recorded, investigated and analysed. There were action plans put in place to reduce the risk of them happening again. The provider had a maintenance plan in place to refurbish the building and replace equipment.

Previously, the registered manager did not have a formalised way to calculate staffing levels to meet people's needs and at busy times there were issues with the deployment of staff. The registered manager now had a dependency tool which was used to calculate staffing levels. Staffing levels matched those on the duty rota at the time of the inspection. Staff told us there were enough staff to meet people's needs and that they were able to spend more time with people and worked together as a team. During the inspection we observed that there were sufficient staff on duty, people were supported when required.

At the last inspection, registered nurses were being supported by associate nurses, who had not received additional specialist training to give them the skills they needed for this role. Improvements had been made. The provider had employed overseas nurses as associate nurses who were required to complete training before being able to register with the Nursing and Midwifery Council (NMC). The associate nurses had received the same training as the registered nurses and their competencies had been checked. When they had completed their training the associate nurses would register with the NMC and continue to work at the service as registered nurses.

New staff had been recruited safely. Checks had been completed to make sure people were honest, trustworthy and reliable to work with people. These checks included a full employment history and written references. Interview questions were recorded and any gaps in employment were discussed. Disclosure and Barring Service (DBS) criminal records checks had been completed before staff began work at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People were protected from abuse and discrimination. Staff told us how they would recognise and report abuse. Records confirmed that staff had received training on keeping people safe. Staff told us they were confident that any concerns they may raise would be dealt with appropriately and people would be protected from harm. Staff were aware of the whistle blowing policy and said that they would not hesitate to tell the management team if the saw poor practice.

Good

Is the service effective?

Our findings

At our inspection in March 2017, the provider had not ensured that all staff received appropriate training to enable them to carry out their duties. Staff had not received supervision or appraisals to discuss their training and development. At this inspection improvements had been made.

Staff had completed a comprehensive training programme, all the staff had completed essential training, such as moving and handling, adult protection and mental capacity. Staff had attended training in specialist health needs such as diabetes and epilepsy. Staff were checked to ensure that they were competent and understood the training they had attended. Staff told us about the training they had attended, what they had learned and how they put the training into practice. Staff put their training into practice and were observed moving people using the equipment safely.

The registered nurses and associate nurses had attended additional training to maintain their clinical skills including supervision and wound care. Wound care records we reviewed had improved. The records had been fully completed and showed that different wound dressings had been used in line with best practice.

New staff completed an induction when they started work at the service, this was now linked to the Care Certificate. This is an identified set of standards that social care workers adhere to in their daily life. As part of the induction, staff shadowed established staff to get to know people and be aware of the care and support they needed.

Previously, staff had not received supervision and yearly appraisals and the registered manager was implementing an action plan. Staff were now receiving regular supervisions, records and staff confirmed this. Staff told us that the supervision they received had been useful and they had discussed their practice and training needs. There was a structure in place that ensured staff who had been trained in supervision were responsible for the supervision of a small number of staff. The registered manager told us this made the supervision process manageable. The registered nurses received clinical supervision from the registered manager. The registered manager kept their practice up to date by attending training and received clinical supervision from an outside clinical consultant.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). We checked the service was working within the principles of the MCA.

At the last inspection, the provider had not acted in accordance with the MCA. The principles of the MCA had not been consistently applied. The registered manager had not applied for DoLS for some people who were under constant supervision, as stated in current guidelines. People were now assessed using the current guidelines and DoLS applications had been made when needed.

Previously people's capacity to consent to care and treatment had been completed but had not been reviewed since 2015. At this inspection, people's capacity to consent to care and treatment had been assessed and reviewed when required. Staff respected people's decisions about their care, for example, people were asked about wanting bedrails and specialist mattresses. Staff had explained why the equipment would be used, if people refused to use the equipment these decisions were respected and documented. Staff understood their responsibilities to ensure that people were given choices about their care and support on a daily basis, for example how they wanted to spend their time.

When people were unable to make decisions for themselves, relatives, doctors and other specialists were involved in making decisions in their best interest. Previously, this had not been recorded, improvements had been made and best interest decisions were now recorded.

Staff monitored people's health and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People's weight was recorded and checked to identify any weight loss and when people needed to be referred to the dietician.

People had access to GP's and speech and language therapists. People had regular appointments with dentists, chiropodists and opticians. Some people had specialist mattresses to help protect their skin that needed to be set at the person's weight, previously this had not been recorded and checked. There were now checks and records in place to show the mattresses were set correctly.

At the last inspection, the main meal was served on cold plates and there was no way of keeping the meal hot once it had left the kitchen. At this inspection, the meal was served by staff from a hot trolley, ensuring that each person received a hot meal of their choice. The clinical manager told us that people were able to choose their meal at the time of eating and it was now hot. People had been eating more because of this, and staff had more time to support people with their meals when required, as they did not have to keep going back and forth to the kitchen.

The majority of people ate their meals in their rooms. People had mixed views about the food and the choice available. One person told us, "The food is really good and there is lots of it." Other people told us, "The food is not bad, it does fill one with enthusiasm", "The choice of food is very limited but I can just have a baked potato or an omelette if I don't like what is on offer." The meals during the inspection looked appetising, people were asked what size portion they would like and alternatives were available.

Requires Improvement

Is the service caring?

Our findings

People and relatives told us that the majority of staff were kind and caring but there were occasions when this was not the case. One person told us, "The staff are quite kind really but not that friendly all the time." A relative told us, "My relative is well cared for and treated with dignity and usually with compassion unless they are in a hurry or having a bad day."

At the last inspection, people were not always treated with dignity and respect. People had not always received care and support in a timely manner and were left in a soiled bed. At this inspection people's comfort was maintained and they received care when they needed it and did not have to wait. However, there were occasions when staff were not respectful to people. We observed three occasions that were of concern. We saw two staff sitting in a person's room. The person was receiving care in bed, one member of staff was sitting in a chair and another staff member was sitting at the end of the person's bed talking over the person. The staff members were talking to each other and not talking with or including the person.

We heard a staff member speak disrespectfully to a person. The person was in the lounge and staff told them that they 'would not listen' if they did not speak English as they were 'babbling'.

Another person was given peas at lunchtime and reminded the staff that they did not like peas. The staff member took the plate and scraped off the peas without speaking to the person or offering another vegetable.

The registered manager and provider told us that they would speak to staff and remind them how to treat and speak to people.

Staff told us how they maintained people's dignity. They told us and we observed them knocking on people's doors and waiting to be asked in to the room. Staff told us that they closed the door and curtains before providing personal care.

The registered manager owned a dog, which was being acclimatised to the environment, before starting its training as a Pets As Therapy (PAT) dog. The registered manager told us that one person became very anxious when they needed to have their blood taken. Staff had taken the dog with them and encouraged the person to stroke the dog, this relaxed the person enough for their blood to be taken.

People's rooms were personalised with their own belongings. People were able to decorate their rooms how they wanted. People had small pieces of their own furniture, pictures and photos of their family. People told us that they were encouraged to make their room homely, one person told us "My relative had the room decorated for me and these are my own curtains. I have all my own pictures and book shelves. It feels homely now."

Staff knew people well and responded to them in the way appropriate to them. One person was hard of hearing, the staff member took time to make sure the person could see them and that they spoke slowly.

The staff member used hand gestures when necessary to help the person understand what was being said.

Relatives said they were made to feel welcome at any time. They told us that they were always offered refreshments when they visited.

Staff had received training in providing end of life care and described how they would support people and their relatives during this time. People's wishes had been recorded in their care plan. Some people had made advanced decisions, such not going into hospital or 'do not attempt resuscitation' orders and these were recorded.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection, there had been occasions when staff had not responded quickly to people's needs and care plans lacked detail about people's preferences and care needs. At this inspection, some improvements had been made.

There was now guidance in place for staff to follow when supporting people with health care needs. Staff told us how they would support people if they experienced a fall, epileptic seizure or unstable diabetes. Social care professionals told us that improvements had been made and records confirmed that people had received appropriate care when they needed it.

People's needs were assessed before they moved into the service. The registered manager or clinical manager met with people to discuss their needs to check if the service was able to meet them. The pre assessment documentation of a person admitted to the service in September 2017, did not reflect the support the person needed when they were admitted. The registered manager told us that the person had been assessed in their own home and then admitted to hospital, where their needs had changed. However, the person's needs had not been reassessed before they left hospital to come to the service and what had happened since the initial assessment had not been documented. The registered manager had admitted the person without reassessing their needs to be sure they could meet their needs.

Previously, care plans had lacked detail about people's preferences and choices. This had improved, care plans contained details about when people liked to go to bed and get up. However, care plans did not always reflect the care that was being given. One person's care plan stated that the person's legs should be elevated and their heels positioned off the bed surface and they should only sit for short periods in the chair. During the inspection, the person was up for the majority of the day in a wheelchair. The registered manager and staff told us that if the person was up each day it had been agreed with the person, they would go to bed early and this had been happening for a period of time. The care plan had been reviewed in October 2017 and had not been altered to reflect the changed support for the person.

Care plans had been reviewed regularly but the reviews had not been effective. The equipment that one person used had changed; this had not been reflected in the care plan. The change of equipment affected how staff supported the person and this had not been altered. Staff knew people well, but there was a risk that staff would not have the relevant information needed when reading the care plan.

There were verbal handover meetings at the change of each shift. Staff told us this kept them up to date with any changes. Staff told us that the change of shift hours for an early shift meant that they did not receive the handover, "When we work an early the shift starts at 8.30am, handover has already finished, the other staff are good at letting us know what is happening." There was a written report, but staff told us they did not always have time to read it. There was a risk staff would not always have up to date information if they did not attend a handover.

There was a part time activities co-ordinator and another activities coordinator had been recruited. The

majority of people stayed in their rooms, the activities co-ordinators spent time with people on a one to one basis. The provider told us the time available for one to one would increase with the extra member of staff. In the afternoon, people were able to join in activities in the communal room. People were engaged and happy during these activities. There was an activity poster giving details of what would be happening for the week, including outside entertainment such as singers. The provider told us they were investing in new technology to improve access to activities for people living at the service.

There had been two complaints since that last inspection. The provider had a complaints procedure in place that had been followed. The complaints had been responded to and action had been taken to resolve the issues. The complaints procedure was available in the main reception area, in a format that people could access.

Requires Improvement

Is the service well-led?

Our findings

We last inspected Temple Ewell Nursing Home in March 2017 when five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We identified breaches relating to safe care and treatment, good governance, staffing, person centred care and consent. At this inspection there were two continued breaches.

Since the last inspection some improvements had been made with regard to the audits and checks carried out on the service, however, action had not always been taken to rectify the shortfalls found. There was a quality monitoring audit undertaken by an independent consultant in July 2017. The audit identified shortfalls in care planning and medicines management, an action plan was put in place. At this inspection, we reviewed the same care plans and the same shortfalls were identified. The shortfalls in medicines management were the same, action had been taken but this had not been effective as the shortfalls were continued each month. Action had not been taken to rectify the shortfalls or the action taken had not been effective.

The audits and checks completed by staff varied in their detail, effectiveness and planning when shortfalls had been identified. Audits of medicines, infection control, the kitchen and falls, had identified shortfalls and action had been taken to rectify the shortfalls. Audits for wounds and catheters were a list and did not contain any detail of what the audit was being completed for, and what it was assessing. The wound audit did not identify if the wound was improving or not and if any additional action needed to be taken. For example change the type of dressing or wound swab to identify an infection. The catheter audit did not assess if the catheter care had been effective in preventing infection and keeping the catheter patent. The audits did not identify shortfalls or analysis that could be used to improve the quality of care.

Records were not all up to date for all people living at the service. Risks relating to some people's care and support had not been consistently assessed and documented. Risk assessments for maintaining people's skin integrity and moving people safely did not consistently contain information relevant to the person. Risk assessments had not been developed to include each person's physical needs and preferences. For example, a person's fixed joints and not being able to lie on their side. There was not always guidance for staff about how to mitigate risks to people.

Care plans had been reviewed but not updated to reflect the care given and people's changing needs. Staff were supporting people to meet their needs in the way they preferred but this was not reflected in the care plans. For example, how people spent their days and that this had been agreed between the person and staff. The care plans had not been updated, when reviewed, and were not accurate.

The provider failed to maintain accurate records in respect of each service user. The provider had failed to act on quality monitoring audits for the continuous improvement of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and management team completed walkabouts of the service, any shortfalls identified were

dealt with immediately and the action taken was recorded. Accidents and incidents were recorded, analysed to identify any patterns or trends, action had been taken to mitigate the risk of them happening again. For example, one person was falling regularly and this was linked to their need to use the toilet. A plan was but in place to ensure that the commode was close to the person and they were checked by staff hourly. This had reduced the falls.

Previously, the provider had sent people quality assurance surveys but the results had not been analysed. The surveys had not been sent to staff, relatives and visiting professionals. Quality assurance surveys had been completed in July 2017 and had been sent to staff, relatives, people and visiting professionals. The provider had analysed the results and produced an action plan, the results were available in the main reception. Results of the survey showed that people and relatives were not happy about the up keep of the gardens; there was now a plan in place to improve the gardens.

There were regular general staff meetings, and separate meetings for the registered nurses, care staff, housekeeping and kitchen staff. These meetings informed staff of changes within the service, best practice and gave them the opportunity to express any views or suggestions for the service. People and their relatives had been invited to meetings to make any suggestions about the service. Only a few relatives and people had attended the meetings. Relatives had raised concerns about the previous report. The provider had informed people of the action they were taking to improve the service, including the introduction of hot trolleys for meals.

Staff told us that they felt supported by the management team and that everyone was working better as a team. Staff member told us, "I have gone to the management with things and this has been listened to and action taken." The management team and provider were visible within the service, staff knew who to approach if they had any concerns and felt that the concerns would be dealt with. Since the last inspection, staff told us that there was better team work between staff, and that staff now helped each other during the day.

Staff understood their roles and responsibilities. The provider had policies and procedures in place to guide staff in their role and the standard of work required. Staff understood the vision of the service, they said that the staff treated people the way they would like to be treated.

The registered manager attended training to maintain their clinical skills and keep updated with current practice. The registered manager attended local manager forums run by the local clinical commissioning group for learning and to share ideas with other managers. The service had links with a local university and student nurses completed clinical placements at the service.

All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action to prevent people from harm. The registered manager notified CQC in line with guidance. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall of the service, the service does not have a website.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that medicines were managed safely. People were not receiving their medicines in line with the prescriber's instructions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to maintain accurate records in respect of each service user. The provider had failed to act on quality monitoring audits for the continuous improvement of the service.