

Great Marsden Residential Limited

Nelson Manor Care Home

Inspection report

247 Barkerhouse Road
Nelson
Lancashire
BB9 9NL
Tel: 01282 449000
Website: www.caring.uk.com

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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



Overall summary

We carried out an inspection of Nelson Manor Care Home on 10 and 11 February 2015. The first day was unannounced. We last inspected Nelson Manor 26 June 2014 and found the service was meeting the current regulations. However, during this inspection we found the provider was required to make improvements in the following areas: taking appropriate action following a safeguarding incident, plan and deliver care to ensure people's welfare and safety, the management of medication, arrangements around mealtimes on the Jubilee unit, and record keeping. We also made

recommendations about the development of suitable activities, the maintenance of cleanliness on Jubilee unit, the development of person centred care on Jubilee unit and the implementation of the Mental Capacity Act 2005.

Nelson Manor Care Home is registered to provide up to 70 people with personal and nursing care. There were 62 people accommodated at the time of the inspection. Accommodation is provided in 70 single bedrooms on three floors. The ground floor provides personal care for older people, the middle floor known as the Jubilee unit provides personal and nursing care for people with

Summary of findings

mental health needs and the second floor provides people with nursing care. All the bedrooms have an ensuite with a shower facility. The home is located in a residential area approximately one mile from Nelson town centre.

The service had a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living in the home made positive comments about the home and told us they felt safe and looked after. All staff spoken with were aware of the procedures in place to safeguard people from harm. However, a recent incident in the home that required medical treatment had not been reported to the local authority under safeguarding procedures and staff had failed to complete the necessary records and inform the registered manager. This meant there was a delay in seeking medical treatment. As soon as the registered manager was made aware appropriate action was taken. An alert to the local authority was made following our inspection.

Whilst there were policies and procedures in place to handle medication in the home we found improvements were needed in the management of medicines on Jubilee unit.

We found the ground floor and second floor were clean in all areas seen and steps had been taken to improve the level of cleanliness on Jubilee unit. However, we found staff had failed to clean a bath after use and laundry staff told us care staff did not always dispose of clinical waste in a hygienic manner.

During our visit, people were provided with appetising, nutritious food and were offered a choice at each meal time. However, we found the support offered to people on Jubilee unit was inconsistent and staff were focussed on the tasks associated with serving and clearing away

after meals. Nutritional risks had been identified, but staff we noted staff had not totalled food and fluid charts and completed these records retrospectively on our second day.

Although staff had completed work booklets as part of their training we found they had limited knowledge about the implications and application of Mental Capacity Act 2005. Three staff spoken with on Jubilee unit were unaware a person had a Deprivation of Liberty Safeguard.

We found staff recruitment to be thorough and all relevant checks had been completed before a member of staff started to work in the home. Staff had on-going opportunities for training and there were systems in place to ensure staff completed the training in a timely manner. Staffing levels were determined according to the layout of the building, people's needs and level of dependency.

All people spoken with felt they were well cared for and were complimentary about the staff team. However, care practice on Jubilee unit needed be centred more on individuals. For example all people on this unit were given plastic cups and plates. We saw no risk assessments or documentation to support this blanket practice.

All people had a care plan which was supported by a series of risk assessments. However, we found information in one person's file was conflicting and one person's plan was not fully completed. There were limited activities provided and the activity advertised to take place on the first day of inspection did not happen.

We found there were systems in place to assess and monitor the quality of the service, which included feedback from people living in the home and their relatives.

Our findings demonstrated a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. Whilst all staff spoken with had an understanding of safeguarding, we found at the time of the inspection, an appropriate response had not been made to a safeguarding incident in the home.

Although people told us they felt safe, our findings demonstrated people were not adequately protected against the risks associated with the unsafe management of medicines. Whilst steps had been taken to improve the standards of hygiene on the Jubilee unit, further action was recommended.

The way staff were recruited was safe as thorough pre-employment checks were carried out before they started work.

Requires Improvement



Is the service effective?

The service was not effective. Whilst people liked the food provided, we observed the mealtime arrangements on Jubilee unit required improvement to meet people's needs and preferences.

Staff working on Jubilee unit had limited knowledge of the Mental Capacity Act 2005 and were unaware one person had an authorised Deprivation of Liberty Safeguard in place. This person was at risk of inconsistent care.

Staff received appropriate training to enable them to carry out their role and were provided with regular one to one supervision with their line manager. This meant the staff were provided with opportunities to discuss their work in the home.

Requires Improvement



Is the service caring?

The service was not consistently caring. Whilst we observed staff having a caring approach to people, some practices were not person centred, for instance all people living on Jubilee unit were given plastic cups and plates. We also found people's personal histories had not always been completed, which meant staff had limited information about people's past experiences.

There were no restrictions on visiting and relatives confirmed they were made welcome in the home.

Requires Improvement



Is the service responsive?

The service was not consistently responsive. Whilst all people had a care plan, we found the plans contained limited information about people's preferences. This is important so staff are aware of how people wish their care to be delivered.

Improvements were needed to make sure people had the opportunity to take part in meaningful social activities.

Requires Improvement



Summary of findings

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

The service was not consistently well led. We found there were shortfalls in record keeping. This meant it was not always possible to determine if people had received appropriate care.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff. Appropriate action plans had been devised to address any shortfalls and areas of development.

Requires Improvement



Nelson Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 10 and 11 February 2015 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience on the first day and one inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including notifications. A statutory notification is information about important events which the provider is required to send to us by law. We also asked for feedback from the local authority contracts unit and spoke with the local authority safeguarding team.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with 15 people who used the service and eight relatives. We spoke with the registered manager, seven members of the care team, the chef, the maintenance officer and three ancillary staff.

We looked at a sample of records including six people's care plans and other associated documentation, 20 people's medication records, two recruitment files and staff records, policies and procedures and audits.

Throughout the inspection we spent time on all floors observing the interaction between people living in the home and staff. Some people could not verbally communicate their view to us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people using the service who could not talk to us.

Is the service safe?

Our findings

We looked at how the service managed people's medicines. All people spoken with told us they received their medicines when they needed them and were given pain relief medication when necessary. One person told us, "Medication is all done for me, if I need pain relief, they'll give you paracetamol." Some people had their medicines stored in a locked cupboard in their rooms and appropriate support was given to people who wished to self-administer their own drugs. One person told us, "They keep my medicines locked in the cupboard in my room, and make sure I take them when I have to."

Staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. We saw records of the staff training and competency tests during the inspection. Staff had access to a set of policies and procedures which were readily available for reference.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines on Jubilee unit. We noted the medication records were well presented and included a photograph of each person. This meant staff could carry out an additional identity check when administering medication. However, we found prescribed creams; food supplements and thickening powders were not well managed. Whilst topical cream (cream applied to body surfaces) charts had recently been placed in people's rooms these had not been consistently signed by staff. This meant it was not possible to tell whether creams were being used correctly. We noted many of the food supplements stored in the kitchen were not labelled. This meant it was not possible to determine who the supplements had been prescribed for. We also noted two people were prescribed thickening powder for drinks. There were no written instructions to guide staff on how to use the powder and when we asked three members of staff how they used it they gave conflicting information. Failure to use thickening powder as prescribed puts people's health and well-being at risk.

On looking at the medication administration records we found they had not been signed on the morning of our visit. This meant it was difficult to determine if people had been given their medication as prescribed.

Our findings demonstrated the provider's arrangements for managing medication did not fully protect people against the risks associated with medicines. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with told us they had received regular safeguarding training and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff also had access to internal policies and procedures and information leaflets published by the local authority.

People spoken with told us they felt safe in the home. One person said, "Yes, I feel safe here. I'm looked after very well. I get all the help I need. If I ask for help, it's there immediately." A relative of a person living on the ground floor also told us their family member was "Safe and well looked after. They're a good team here." However, one relative of a person living on the Jubilee unit expressed concern about the way staff had managed a recent incident in the home. We looked further into the incident, which required medical treatment and found that staff had failed to take appropriate action and had not informed the registered manager of the incident for several days. Whilst the registered manager took immediate action, the incident was not raised as a safeguarding alert with the local authority until after our inspection. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. We noted from looking at people's support plans that the risks had been identified for all aspects of people's needs. Examples of risk assessments relating to personal care included, behaviours which challenged the service, moving and handling, nutrition and hydration and falls. Other areas of risk included fire safety and the use of equipment. There was documentary evidence of control measures being in place

Is the service safe?

and any shortfalls had been identified and addressed. This meant staff were provided with information about how to manage individual and service level risks in a safe and consistent manner.

We looked at how the provider managed the safety of the premises. We found regular health and safety checks had been carried out on the environment. For instance, water temperatures, emergency lighting and the fire systems. The provider had arrangements in place for the on-going maintenance and repairs.

Prior to the inspection we received concerns about the level of cleanliness on Jubilee unit, particularly in relation to the dining areas, toilets and bathrooms. Three relatives told us cups and plates were not washed properly and not always taken down to the kitchen. We found the dining areas had a satisfactory standard of cleanliness and the plates were taken to the kitchen. The staff and registered manager explained that infection control champions and cleaning schedule had been implemented since the concerns had been raised. We saw the new schedules during the visit. However, on looking round the unit, we found staff had not properly cleaned a bath and three members of the ancillary staff told us they frequently found staff had mixed used incontinence pads with people's washing. The latter was also discussed at a staff meeting which we attended during the visit. We were aware the local authority safeguarding team was continuing to monitor this matter.

People and their relatives spoken with on the other two units were complimentary about the level of hygiene. One relative told us, "The cleaners are always out and about. They seem to be doing a good job." Throughout our visit these two floors were kept clear and looked clean.

We looked at two new staff member's files to assess how the provider managed staff recruitment. We found the staff had completed an application form and had attended the home for a face to face interview. Appropriate checks had been carried out before staff commenced working in the home. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work vulnerable adults, to help employers make safer recruitment decisions. New staff completed a six month probationary period during which their work performance was reviewed at regular intervals.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. We discussed the staffing levels with people living in the home, staff and the registered manager. Two members of staff told us they did not always have sufficient time to spend with people. The registered manager told us the staffing levels were based on the number of people accommodated on each floor and their level of dependency. We found there were sufficient staff on duty on the days of our visit and noted dependency assessments had been completed on people's personal files.

We recommend that the service seek advice and guidance from a reputable source, about improving, maintaining and monitoring the level of cleanliness and hygiene.

Is the service effective?

Our findings

We looked at how people were supported with eating and drinking. The majority of people spoken with made complimentary comments about the food provided. One person told us, "It's very nice, you always get a choice" and another person said, "On the whole it's pretty good. There's a good variety and you get to choose and there's plenty of it. If there's nothing you fancy they will make an omelette for you." The chef and the registered manager explained the menus had recently changed to incorporate more choices for people at teatime.

We observed the arrangements over breakfast, lunch and tea on the second floor and Jubilee unit and lunch on the ground floor. We noted all the food looked appetising and was well presented. People who required blended diets were presented with food which had been pureed in separate portions, to ensure they experienced different tastes. People had been asked to make their choice of food the day before and staff served meals according to this choice. However, we noted people were not asked for confirmation of this choice or if they had changed their minds, when their meal was served the following day.

During the lunchtime meal on Jubilee unit people were offered support to eat their meals, however, at tea time this support was not consistent. We noted staff stood over people to help them eat their food and there were long periods without support, which meant food was getting cold. Whilst there was plenty of food delivered from the kitchen, some people were given small portions. This concern had been raised with us before the inspection. We also noted staff were task focused, initiated little conversation and concentrated on serving the food and then clearing away after the meal. This meant the mealtime was not a social occasion.

Care records included information about the risks associated with people's nutritional needs. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. Food and fluid intake charts had been established for people identified at risk; however, the records had consistently not been totalled. This meant it was not possible to determine if people had received appropriate food and fluids, placing them at risk from weight loss and dehydration. We also noted there were no entries on the charts at 10.20 am on the second day of our visit and they

were filled in retrospectively later in the morning. This meant we could not be confident about their accuracy. We discussed this issue with the registered manager during the inspection, who acknowledged our concerns and undertook to address this matter with the staff.

Our findings demonstrated the provider's arrangements for meeting nutritional needs did not protect people from the risks of inadequate nutrition and dehydration. This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. We spoke with a health care professional during the visit, who provided us with positive feedback about the service. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. People were given support to attend hospital appointments. From discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. However, we noted from discussions with a relative, a person using the service and the registered manager that staff had failed to obtain timely medical advice and treatment following an incident in the home. The registered manager took immediate action as soon as they were made aware of the situation, but we would expect systems to be in place to ensure people's healthcare needs were fully met. The registered manager was investigating this matter at the time of the visit. Our findings demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in

Is the service effective?

people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Whilst staff told us they had completed work booklets and the training records confirmed this. We found the staff had very limited knowledge of the MCA. There was one person with a DoLS authorisation living on Jubilee unit, however, three members of staff working on this unit were unaware of the safeguard. We also we found mental capacity assessments had not been carried out for all people who may have lacked capacity to make informed decisions and consideration had not been given to the potential restriction of liberty posed by the internal locks and the use of bedrails.

We looked at how the service trained and supported their staff. We found that staff were trained to help them meet people's needs effectively. All staff had under gone an induction programme when they started work in the home and received regular training, defined by the provider as mandatory. From the training records seen we noted staff received regular training in areas such as moving and handling, fire safety, food hygiene, safe handling of medication, health and safety and safeguarding. Staff also

completed specialist training on a particular medical condition. The staff training was delivered face to face and the completion of work booklets. The registered manager had systems in place to ensure staff completed their training in a timely manner. All staff spoken with told us the training was useful and beneficial to their role.

The induction training took account of recognised standards from Skills for Care and was relevant to the staffs' workplace and role. Staff new to the home were supernumerary for a minimum of 12 hours and shadowed more experienced staff to enable them to learn and develop their role.

Staff spoken with told us they were provided with regular formal one to one supervision and received an annual appraisal of their work performance. This provided staff with the opportunity to discuss their responsibilities and the care of people in the home. We saw records of supervision that staff had received during the inspection and noted a variety of topics had been discussed.

We recommend the service consider the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005.

Is the service caring?

Our findings

All people spoken with felt they were well cared for, one person living on the ground floor told us, “All the staff are very kind to me. I feel like part of a family, they all know me” and another person living on the second floor commented, “They are great; I never have to wait long for anything.” A person living on Jubilee unit, told us, “It’s a lovely place, they’re really good to us.” Relatives spoken with were mostly complimentary about the care provided for example, one relative with a family member living on the second floor told us, “Overall, I’m quite impressed with the place”, however a relative with a family member living on Jubilee unit said “I discuss things with the staff, but they don’t always get done.” All relatives spoken with confirmed there were no restrictions on visiting and they were made welcome in the home.

All people living on the Jubilee unit were given plastic plates and cups. We saw no risk assessments or documentation in people’s care files to support this practice. One person using the service told us they didn’t like using the plastic tableware and one relative told us they felt it was undignified and unnecessary for their family member to use the plastic utensils. One member of staff, outside the dining room, referred to people requiring assistance with eating their meals as “the feeds.” This is derogatory terminology and demonstrates a lack of respect. At the end of the meal another member of staff said, “Right, I’m going to take them back to the lounge.” This gave the impression that people were seen as a group rather than as individuals with individual needs and wishes.

We observed staff interactions with people living in the home on all three floors. We found staff were kind and caring and responded positively when people asked for assistance. We noted staff also reassured people living on Jubilee unit in a sensitive way.

Before people moved into the home, the management team carried out an assessment of their needs and risks, which included gaining information about their preferences. This then informed the care planning process. However, we noted one pre admission assessment for a person living on Jubilee unit had not been fully completed and lacked information about the person’s social needs. This section of the person’s care plan had also not been completed. This meant there was an increased risk of this

person’s needs not being met. We noted personal profiles had been completed for some people and these were available in display boxes in people’s rooms, however, some of the display boxes were empty and none of the care files looked at contained information about people’s past life experiences. This meant staff had limited information about people’s personal histories. These details can be important when initiating meaningful conversation for people with a dementia and to help staff’s understanding of people’s needs and behaviours.

People had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

People’s privacy was respected. Each person had a single room which was fitted with appropriate locks and an ensuite with shower facility. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about the operation of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in the care setting. A person told us they liked to spend time in their room and this was respected by staff.

People were allocated a keyworker, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Details of people’s keyworker were displayed in their bedrooms. However, two relatives of people living on the Jubilee unit were not aware why certain staff had been allocated to their family member and they were unsure of their role. A good relationship between people, their family and keyworker is important to promote consistent coordinated care.

There was information about advocacy services available in the entrance hall. This service could be used when people wanted support and advice from someone other than staff, friends or family members. People were given appropriate information about their care and support. Before people moved into the home they were provided with a service user’s guide and a brochure, which included information about the services and facilities available in the home. Copy of this information was available in the

Is the service caring?

entrance hall along with the statement of purpose, which included the provider's aims and objectives. This meant people had access to the documentation for reference purposes.

People were encouraged to express their views as part of daily conversations, residents' meetings, and customer satisfaction surveys. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed.

We recommend that the service seek advice and guidance from a reputable source, about the development of person-centred care in respect of the people living on Jubilee unit.

Is the service responsive?

Our findings

People were satisfied with the care provided, one person living on the ground floor told us, “The staff have been excellent” and a person living on Jubilee unit commented, “The staff are very pleasant, so far I have found everything delightful.”

We looked at six people’s care files and found each person had an individual care plan. They included risk assessments on the specific areas of need often associated with older people. The care plans were divided into sections according to people’s needs and were structured around the activities for daily living. However, we noted in the care files looked at on the Jubilee unit, there was limited information about people’s preferences and how they wished their care to be delivered. We also found one person’s care plan had conflicting information about their medical condition and another person’s care plan had not been fully completed.

We saw documentary evidence to demonstrate people’s care plans had been reviewed and updated on a monthly basis. Two relatives spoken with on Jubilee unit confirmed they had been involved in the review of their family member’s care plan. Both relatives were confident they were kept up to date in the event of any concerns about their family member’s care. Similarly a relative of a person living on the ground floor told us, “I always ask them about her care and they do explain what’s happening and what they’re doing. I feel quite well informed.” However, one relative also expressed concern they had not been informed about an accident which impacted on the health of their family member. We discussed this matter with the registered manager who confirmed they had made contact with the person’s relatives the day after the inspection.

People were supported to maintain their relationships with their friends and family. Visitors were made welcome into the home at any time and could make arrangements to have a meal with people living in the home. One relative told us they had recently been away on holiday and the staff had sent email messages every day about their family member’s welfare.

We discussed activities with people living on all floors and looked at the records of activities provided in the home. The service employed two activity organisers who worked across the home. We observed some people took part in a visual quiz on Jubilee unit on the first morning of our visit. We noted forthcoming activities were displayed on a board on each unit; however, a tea dance advertised to take place on the first day of our visit did not happen. People spoken with told us there were few activities apart from the television and it often felt like a “long day.” A relative also told us, “The activities are poor, I’ve never seen anything going on.” We looked at the activity records and noted there were gaps of many days where nothing had been recorded. It is important people are offered the opportunity to participate in meaningful activities in order to promote their health and mental well-being.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the nurse, registered manager or senior care worker in the event of a concern. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner. We noted the complaints procedure was included in the service user’s guide and the statement of purpose, this included the timeframe for a response and appropriate contact details.

We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved within the time frame stated in the complaints procedure.

We recommend that the service seek advice and guidance from a reputable source, about the development of suitable meaningful activities for people living in the home.

Is the service well-led?

Our findings

We looked at how the provider managed record keeping and found there were some inconsistencies with the maintenance of records associated with people's care. For instance, we found staff had failed to complete the necessary documentation following an incident in the home. This meant the incident had not been brought to the attention of the registered manager for several days so it could be investigated in a timely manner. Staff had also not recorded a total on people's fluid intake charts to indicate the amount of fluids they had taken in over a 24 hour period and had completed the records retrospectively on the second day of our visit. This measurement is important to evaluate the person's fluid balance and to provide information about their condition. The medication records had not been signed following the administration of medication on the morning of the second day and there were gaps in the cream charts. We further noted one person's care plan had not been completed and another person's plan contained conflicting information.

The problems we found with record keeping breached Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service was led by a manager who is registered with the Care Quality Commission. The registered manager told us she was committed to on-going improvement of the home and was able to describe the key challenges. These included the development of personalised care for people living on Jubilee unit and the development of activities throughout the home. When discussing concerns found during the inspection, the registered manager was open and responsive to our concerns.

The registered manager and management team used various ways to monitor the quality of the service. This included audits of the medication systems, care plans, catering, staff training and staff supervisions as well as checks on the environment, such as the fire systems and water temperatures. These were to ensure different aspects of the service were meeting the required standards. We noted the audits of the care plans and medication systems

on Jubilee unit had picked up the same shortfalls as our inspection, however, action had not been taken to resolve the deficits. The registered manager assured us the action plan would be monitored and actions taken to ensure the necessary improvements were made.

People and their relatives were given the opportunity to complete an annual satisfaction questionnaire. This enabled the home to monitor people's satisfaction with the service provided. The last survey distributed to people living in the home was dated January 2015. We looked at the collated results and noted all respondents had indicated they felt safe in the home. The last satisfaction survey of relatives was undertaken in April 2014. Whilst relatives had indicated their family member was well cared for, the registered manager informed us there had been no feedback to relatives about areas suggested for improvement. This is important so relatives know their views have been recognised and acted on as appropriate. Residents and relatives were also invited to attend meetings. The meetings were held separately on each floor approximately every two to three months. People were able to add items to the agenda to ensure they had the opportunity to discuss their views in a formal setting.

Staff received regular supervision with their line manager, however, three staff told us feedback was often negative and their achievements were not always recognised. Members of staff spoken with demonstrated a good understanding of their role and knew what was expected of them. However, they felt teamwork across the home could be improved as some staff were reluctant to work in certain areas. We noted this issue was discussed at a staff meeting we attended in order to find a resolution.

The home was subject to quality monitoring checks by the Quality Audit Manager who undertook monthly provider visits. As part of the visit, audits and action plans were checked and feedback was sought from people living in the home, relatives and visiting professionals. We saw the Quality Audit Manager had compiled detailed reports of their visits to the home. This meant shortfalls could be identified and continual improvements made.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	The arrangements for managing medication on Jubilee unit did not fully protect people against the risks associated with medicines. (Regulation 13)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
Diagnostic and screening procedures	The registered person failed to make an appropriate response to a safeguarding incident in the home. Regulation 11 (1) (b)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs
Diagnostic and screening procedures	People living on Jubilee unit were not fully protected from the risks of inadequate nutrition and dehydration. Regulation 14 (1) (a) and (c)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	The planning and delivery of care did not always ensure people's welfare and safety. Regulation 9 (1) (b) (i)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person had not ensured people were protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by means of accurate records. (Regulation 20 (1) (a) (b)).