Avery Homes (Nelson) Limited

Rowan Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 6 and 7 August 2018. At our previous inspection in May 2017 we had found three continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the service was not safe, effective, caring, responsive and well led. At this inspection we found some improvement in areas however there were still two continued breaches and the home remains rated as requires improvement, overall. You can see what action we asked the provider to take at the back of the full version of this report.

Rowan Court Care Home 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. Rowan Court Care Home is registered to provide personal care and accommodate up to 76 people, based in one building. There were four 'units'. There were 68 people using the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Quality assurance systems in place to monitor the service were not always effective at identifying concerns and prompt action was not always taken to ensure people's care improved.

Medicines were not always managed safely and we could not be sure people were always getting them as prescribed. Risks were not always assessed and managed appropriately as some plans were not always being followed. However, people felt safe and we saw that action was taken if there was a suspicion that someone was being abused. Staff understood their responsibilities and were safely recruited to help keep people safe. There were also sufficient amounts of staff to support people. We saw people were supported to move safely and people were protected from possible infection by measures in place. The building was also appropriately maintained and emergency plans were in place as a precaution.

People had access to a range of health professionals. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. We have made a recommendation about ensuring decisions made in people's best interests are documented. Appropriate Deprivation of Liberty Safeguarding (DoLS) referrals had been made. Staff received training and were supported in their role to care for people. People had access to sufficient amounts of food and drinks of their choice and were assisted when necessary. The building was suitably adapted for the people living there.

People found that staff were kind and caring and they were encouraged to be independent and to be involved in decisions about their care and support. People could personalise their bedrooms and there were

no restrictions on visiting times for relatives.

People had their preferences catered for and people's diverse needs were considered. If someone was nearing the end of their life, plans were put in place and we were told people were supported to have a dignified death. People were supported to partake in a wide range of activities and trips and to engage with staff. People could complain if they needed to and these were recorded, investigated and action taken to improve people's experience of care.

People, relatives and staff were all positive about the registered manager. They were encouraged to offer feedback and staff felt supported. Notifications were submitted as required and the previous CQC rating was being appropriately displayed.

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 consistently safe.

Medicines were not always managed safely.

Risks to people were not always planned and managed sufficiently.

People felt safe and were protected from potential abuse.

There were sufficient numbers of safely recruited staff to support people.

People were protected from the risk of infection and the building was being appropriately maintained.

Is the service effective?

Good

The service was effective.

People had their capacity assessed and had their consent checked by staff. A recommendation has been made about some documentation.

People had access to other healthcare professionals.

People were supported to eat and drink sufficient amounts to help keep them healthy.

Staff received training and felt supported in their roles to be able to care for people effectively.

The home was suitably adapted for people using the service.

Is the service caring?

Good

The service was caring.

People were treated with respect and told us staff were kind.

People were supported to be independent and makes choices about their care.

People could personalise their bedrooms and there were no restrictions on visiting times.

Is the service responsive?

Good

The service was responsive.

People felt supported in a way they preferred.

People were supported to plan for and experience a dignified death.

People were supported to partake in a range of activities and engage in hobbies.

There was an appropriate complaints policy in place and people felt able to complain.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance systems in place did not always identify areas for improvement and timely action to remedy concerns was not always taken.

People, relatives and staff felt positively about the registered manager.

People and relatives were asked for their opinion about their care.

Rowan Court 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 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 6 and 7 August 2018 and was unannounced. The inspection was carried out by one inspector and one assistant inspector. There was also one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also asked Healthwatch and local commissioners if they had any information they wanted to share with us about the service. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. We used this information to help plan our inspection.

We spoke with six people who used the service and four relatives. We also spoke with eight members of staff and three health and social care professionals. In addition to this we spoke with the registered manager, deputy manager, the head housekeeper and an activity coordinator. We made observations in communal areas. We reviewed the care plans for five people who used the service, as well as medicine records for nine people. We looked at management records such as quality audits and the ways in which the provider monitored the home. We also looked at recruitment files for three members of staff.

Requires Improvement

Is the service safe?

Our findings

At our previous three inspections we found that the provider was in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as care and treatment being delivered was not always safe. This was because the risks to people's safety were not always being assessed and managed.

Despite previous improvements regarding how people received their medicine, at this inspection we could not be sure that people were always getting their medicines as prescribed and risks to people's health and well-being were not always managed appropriately. Therefore, there was a continued breach of regulation.

One person was prescribed medicines that should be given at set times of the day. This helped to manage their health condition and help them to feel well. On the second day of our inspection we found that the person had not had one of their doses at the set time. When we raised this with staff they told us they had been with a GP to discuss another person's health needs which meant they were unavailable to deliver the person's medicine at the set time. However no alternative arrangements had been made to ensure the person still received their medicine on time. Other trained staff were available in the home at the time the medicine was required. After we raised this the medicine was given but it was two hours and 38 minutes later than prescribed. This meant the person was at risk of experiencing symptoms of their condition. When medicine is administered a record of this is made on a Medication Administration Record (MAR). We looked at the person's MAR charts and found they had also not received a dose of the same time-specific medicine as it had been missing from the packaging. No investigation had taken place at the time the medicine was found to be missing. There had been no action taken to ensure the person was consistently having their medicines as prescribed and this had not been reported by staff as the registered manager was unaware of the incident. This meant the person was at risk of experiencing symptoms of their health condition as they did not always receive their medicine as prescribed. Following our feedback, the registered manager supported staff to refresh their understanding of procedures.

Another person was prescribed a topical patch to wear on their skin to help manage their pain. The manufacturers guidance says the pain relief patch should not be applied within the same area of skin again for a period of three to four weeks. When we spoke with staff they said they swapped the sides the patch was applied at the top of the person's back or arms each week. The records confirmed the patches were being alternated each week on their back. This meant there was a risk the place the patch was applied to was only being changed only two-weekly. Therefore, the person was at risk of experiencing side effects such as irritation and the patch was not being applied as per the guidelines from the manufacturer. Following our feedback, the registered manager implemented a new document which made it easier for staff to record where they applied the patch to reduce the risk of it being applied in the same place.

We found that where people needed topical medicines applying, the Topical Medication Administration Records (TMAR) contained multiple gaps for some people and some records stated the medicines were unavailable. Therefore, we could not be sure people were receiving these topical medicines as prescribed. This left people at risk of experiencing symptoms associated with their skin conditions.

Risks to people were not always assessed, planned for and managed appropriately. One person had a Percutaneous endoscopic gastrostomy (PEG). PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into the person's stomach through the abdominal wall, most commonly to provide means of feeding when oral intake is not possible. A dietician had been to review the person's PEG in January 2018 and advised staff to rotated and advance the tube on a daily basis. The dietician visited again in July 2018 and also advised to rotate and advance the tube on a daily basis. To 'advance' the tube means to push it slightly into the abdominal wall and then pulling it back out into its original position again. When we spoke with staff about this, they told us they had only ever rotated and advanced the tube on a weekly basis. There were also no records to confirm this had been done on a weekly basis. This left the person at risk of infection and risk of part of the PEG becoming buried which can lead to complications in their condition. Following our feedback, the registered manager and staff took immediate action to implement a new care plan and put records in place to document the support the person was getting in line with the health professional's advice.

We saw one person had an inflatable air mattress to help keep their skin healthy and the correct setting for the person's weight had been calculated. We found the mattress had been put on a different setting that did not match that calculation. We were told the mattress setting was changed as a member of staff thought the mattress looked deflated so staff had not followed the person's plan. This meant the person was at risk of their skin becoming damaged as the mattress was on the incorrect setting.

Some people needed regular checks to ensure they were safe as they may not always be able to summon help if they needed it. We saw examples for one person, where the checks in the day time were not always recorded so there was no evidence this was always being done. This left the person at risk as staff might not realise they required assistance. It was explained that hourly checks were being recorded on two different documents. Following our feedback, the registered manager implemented a system to ensure hourly checks were consistently recorded in one place.

Many improvements had been made since the previous inspection, such as improvements to how safeguarding allegations were recognised and referred. Some improvements had also been sustained, such as staffing levels and the safe recruitment of staff. However, some lessons had not been learned or learning not sustained as some people were at risk of experiencing inconsistent care and care which may put their health and well-being at risk. For example, medicines not always been given as prescribed, guidance to support a person with their PEG not being followed and risk assessments not always being followed.

These issues constituted a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection there was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as action was not always taken to protect people, following potential abuse being identified. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

People told us they felt safe and they were protected from the risk of potential abuse. One person said, "I feel safe, I love it…the people are fantastic and I never hear any fights." Another person commented, "I feel safe." A relative said, "Yes I feel my relative is safe. My relative is able to tell me. We've offered for my relative to move and they don't want to." People were protected from potential abuse. Staff were all able to tell us about the different types of abuse, the signs to look out for and what action they would take if they were concerned for people. We saw that appropriate referrals had been made, investigations took place from the registered manager and action was taken.

We observed people being supported to move safely. We saw that if people were being moved in a wheelchair, they were helped safely as their feet were on footplates to avoid injury. If people were being hoisted this was done with two staff to keep people safe and people appeared relaxed and comfortable when being hoisted. Plans were in place for staff to follow to help keep people safe, for example plans detailed what equipment and instructions staff should follow.

People told us there were enough staff to support them. One person told us that when they pressed the buzzer in their room, "The staff come quickly." Another person said, "[The staffing is] usually adequate that there is always a carer on patrol." Another person told us they felt that staff came quickly when they rang their buzzer, or staff would at least let them know they would be on their way as soon as possible. A visiting social care professional said, "There seems to be plenty of staff about." One member of staff said, "There's always enough staff to look after people." We observed that staff were present in communal areas when people were there, although there were occasional times when the lounge in the nursing unit was unattended as many people were in their rooms. When we spoke with the registered manager and the deputy manager they told us they did not have a formal tool to assess staffing levels but they had a daily meeting to discuss issues and to discuss the rotas. They said, "The provider are quite flexible with staffing." The deputy manager explained to us that, "We determine staffing based on the need of the residents, the [layout of the] building, number of residents – we look at units separately." They explained they used bank staff to cover shifts and agency staff were not currently used. This meant staffing levels were being considered and people were supported with sufficient levels of suitable staff.

We saw that before staff started work they had checks to ensure they were of a suitable character to care for people who used the service. Pre-employment checks were carried out such as getting at least two references and verifying a staff members identity. Checks were also carried out with the Disclosure and Baring Service (DBS). If a member of staff had a criminal conviction then this was taken into account when deciding whether to employ them. This meant people were being protected by the recruitment systems in place.

People were protected from the risk of infection as systems and processes were in place to ensure the home was clean and tidy. One person said, "It's the cleanest place I've ever been to." We observed staff wearing personal protective equipment (PPE) when necessary. The head housekeeper told us, "I check rooms have been cleaned and check that [domestic staff] have signed to say they have cleaned things."

The building was appropriately maintained to help keep people safe. Checks took place on things such as the gas, electrical systems, fire detection and equipment and water hygiene checks. Personal emergency evacuations plans (PEEPs) were also in place in case of the need to evacuate the building to help staff and emergency services identify how to support people to leave the building.

Good

Is the service effective?

Our findings

At our last inspection we found there was a continuing breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some decisions were being made on behalf of people without involving the relevant people and restricting people unlawfully. At this inspection we found some improvements had been made so there was no longer a breach and the service was now rated as good in this area.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that decision-specific assessments about whether people could make decisions were carried out, such as the decision to use bedrails and decisions about their care. However, we found that whilst some decisions made in people's best interests were recorded, this was not always the case. This meant we could not always see who was involved in decisions about people's care and how decisions were made in people's best interests, in line with the MCA. When we spoke with the registered manager about this they told us of a new form which had been designed and they were further supporting staff to fully understand the MCA with easy-read guides being made available. Staff knew about how to support people to make a choice. One staff member said, "Everyone has choice and a voice and we listen to them." Another staff member explained, "You shouldn't use long words, simplify words so people can understand in their own way. Ask things in different ways, use prompts, pictures. For meals ask and show meals set out on a plate and show people clothing by taking them to the wardrobe." Staff helped people to make a choice where possible. We observed at lunch time that staff showed people the meals on plates to help them make a choice. This meant that staff were supporting people to make day to day decisions. We recommend evidence of best interest decisions be recorded and reviewed in line with guidance.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people had been referred for a Deprivation of Liberty authorisation as appropriate.

People had an assessment carried out before they came to live in the home to ensure their needs could be met and had access to other health professionals. One member of staff said, "If a new person comes in we [the staff] get together to get to know them." A weekly clinical governance meeting took place to discuss people's needs and a GP visited the home regularly to carry out checks on people and some people had a health plan from their GP identifying their health needs. One relative told us, "The GP does rounds once a week and comes in-between if needed." We saw records confirmed people had access to a range of other health professionals such as chiropodists, community psychiatric nurses, opticians and physiotherapists. This meant people had access to other health professionals to help maintain their health and well-being.

Staff had received the training and support that they needed to work effectively in the home. People and

relatives told us staff were well trained and staff confirmed they received training and felt supported in their role. One member of staff told us about their induction, "I watched what other staff did and learned more." Another member of staff said their induction, "Covered all angles, I shadowed plenty of times to learn about people." Another member of staff said, "This has been some of the most in-depth training I've had" and went on to say, "The trainer is really good, really in-depth and breaks things down so they're easier to understand." We saw that training was a mixture of face to face and online training and there was a trainer available within the home every week to support staff. Training from other local health organisations was also being accessed. A training matrix was being used which helped to monitor when staff were due to complete their refresher training and we saw that staff were, overall, up to date with their training. We saw evidence that staff had regular supervisions to support them. One member of staff said, "Supervisions are about what to improve on and what I've done. All the carers are supportive and helpful. I was really nervous but got over it as I can go to them [staff] with questions." Another member of staff said, "Supervisions are useful. I get asked questions and it lets me give my ideas."

People were supported to have food and drinks of their choice, which were appropriate for their needs. One person said, "It's [the food] homemade and you can tell. I get a choice." Another person said, "There's a good choice; there's a side menu and there's always plenty of food." Another person told us, "It's [the food] nice… I always empty my plate." Other comments included, "brilliant" and, "It's lovely [the food]." We saw people had their weights monitored and people were generally maintaining their weight. One relative told us, "My relative's weight has been steady and they're gaining [weight] now." If people needed food of a certain consistency we saw this was in their plan, advice from a Speech and Language Therapist (SALT) was recorded and we saw staff following this guidance. We saw people were offered a choice of food and drinks and menus were on the table for people, as well as salt and pepper for people to use. Drinks were regularly offered throughout the day. If people needed support to eat we saw staff doing this in a patient manner and they spoke with the people they were supporting. People were also shown the food options on a plate to assist them in making a choice of their lunch. If someone did not want one of the options, then alternatives were offered.

The home was suitably adapted to cater for people who used the service. We saw that corridors were spacious and free of clutter to help keep people safe. There was equipment available for people if required, such as hoists, frames, padded mats next to their beds and sensors if necessary. Bathrooms were also spacious to allow people to access bathing facilities.

Good

Is the service caring?

Our findings

At our previous inspection we found that people's privacy was not always being maintained. At this inspection we found improvements had been made.

People and relatives told us the staff were kind and they were treated with respect. One person said, "I think it's lovely. I think I'm very lucky they [the staff] look after you and the staff are very nice you only have to ask and it's done… I can't fault it." Another person said, "Its brilliant here. I have a laugh with the staff." Another person also commented, "They're [the staff] pretty good. They're all nice, we have a laugh." A relative also said, "I praise the day my [relative] and I found this place. I like the staff… there's nothing I don't like." Another relative said staff were, "Warm and caring."

People were encouraged to be independent and make choices about their care. One relative said, "My relative was asked if they wanted to get up [in the morning] and they said to staff to ask them again after lunch. There's no pressure. The decision is made by the residents." We observed staff interacting with people in a patient and compassionate way. For example, we observed one person who was struggling to decide about what drink to have. The staff member did not rush them and patiently helped them to decide. People were also given different cutlery, for example, a staff member swapped a fork for a spoon which made it easier for the person, so they could try to eat independently. One member of staff said, "It's nice to make a difference." Another member of staff said, "I say 'Oh hello, good morning' and I'll ask people for their permission before I help them." Another staff member explained, "We talk to people and tell them what's happening so they don't feel scared." We were also told that people could get involved in the recruitment of potential staff members and people's feedback was used to help decide whether someone should be employed, so people could help choose who was involved in their care.

We were told by relatives that there were no restrictions on visiting times and relatives could visit when they chose to and that visitors were made to feel welcome by staff. One relative said, "I come regularly at a variety of times." We saw the home received many compliments and thank you cards. Feedback was sought from both people, relatives and staff. We saw that people could personalise their bedroom and had many personal effects to decorate their room. People's right to privacy was respected as we saw that people's care plans were stored securely so that only those who needed information about people could access it.

Good

Is the service responsive?

Our findings

At the previous inspection we found that people were not always receiving consistent care. At this inspection we found improvements had been made.

People's care was personalised and tailored to their individual needs. People told us they had their preferences catered for and were well supported. One relative said, "The staff definitely know my relative's likes and dislikes" and went on to say, "My relative didn't want young girls to support them and they [staff] have adhered to it." We saw people were asked about the gender of the staff they were supported by. One member of staff said, "A couple of the people might not want a male carer to help." This showed that staff were aware of people's preferences. People's other needs such as their religion were also recorded and whether they practiced their religion or not. We discussed with the registered manager and deputy manager about how the service ensured it supported people or staff who identified as Lesbian, Gay, Transgender or Bisexual (LGBT) and whilst they explained they did not ask people directly about their sexuality they felt the support people and staff received had "not been an issue." They were able to provide examples where people's choices and needs had been catered for in relation to their gender identity. We also saw an example where a person was supported to take a trip to experience the job they had done before they retired and they greatly enjoyed this. This meant people were supported in a way that catered for their preferences and care was personalised.

If people were nearing the end of their life, they were supported to have a dignified death. One relative said, "When my relative passed away they had 24-hour one to one care [from staff], they were never left alone. There was music in the room and calm lighting. They [the staff] couldn't do any more for my relative." Plans were in place so staff knew how people wanted to be supported at the end of their life. We were told of a machine that could be placed into a person's room that would provide a sensory experience with lighting and sound effects to provide a calming atmosphere for people.

People were supported to engage in hobbies and activities. One person told us they liked to watch TV, knitting, exercise sessions catching a ball and listening to the entertainment. Another person told they enjoyed learning some hairdressing techniques on a model. One relative said, "There are all sorts of things going on" and that they had visited and seen their relative, "Marching around with a tambourine to the music." One relative said, "My relative goes and listens to singers and has done an art class. Now they do art every day." They went on to say, "There's more and more things going on for people, lots of diverse things like flower arranging, afternoon tea party, trips on the minibus." A member of staff told us, "I make sure everyone's got equal opportunities to join in." We observed a member of staff based on activities spend time with a person to do some painting and looking through a reminiscence box with items to provoke memories and different materials. The person was sometimes laughing and enjoying the experience. We observed people having their nails painted. There was a page on a social media website which posted photos and videos of people, with their consent, partaking in activities so that relatives could see what activities were taking place within the home. Multiple external organisations visited the home to offer a variety of experiences for people to engage with. We saw that a local youth group had been spending time in the home with people and partaking in activities. Regular trips out to local events or amenities were also

arranged, as well as city and seaside trips. We were told about a planned event to a local pottery factory to see some artwork which people were looking forward to. This showed that people were offered a range of opportunities to engage in activities that were meaningful and enjoyable.

People and relatives were able to raise complaints if necessary. One relative said, "I feel my feedback is listened to and dealt with. I still do go to the office sometimes but it's sorted by the next day and they give me feedback." Another relative commented, "I feel very confident that they'd address it [my concerns]." A health professional involved in supporting the people in the home told us, "I feel that any complaints or issues highlighted have been dealt with to a reasonable level on return and some issues dealt with on the day." We saw that complaints were recorded and reviewed monthly to ensure action was taken. The registered manager showed us evidence that complaints had been addressed. The provider had an appropriate complaints policy in place.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection there were continuing concerns regarding the provider's systems to identify required improvements and there was a continuing breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we could see many improvements had been made however we still had concerns about the quality assurance systems in place and the provider was still in breach of this regulation.

This is the fourth consecutive inspection where the home has failed to achieve an overall good rating. Although a number of improvements had been made since our previous inspection and three key questions had their rating improved from requires improvement to good, the provider's systems to monitor, assess and improve the quality of care people received were still not operating effectively.

There were four units within the home. Each unit had a senior member of staff on each shift responsible for the oversight of the unit. Senior staff members would undertake audits for their unit. The registered manager would review these audits as part of their oversight of the home. The registered manager became registered with the CQC in July 2017 and had been involved in implementing some improvements to the home since the last inspection. However, quality assurance systems were not always effective at identifying where improvements were needed. A 'Resident of the day' system was in place so that every person in the home would have all aspects of their care and support reviewed, this included their care plans, medicines, their nutrition, the maintenance of their room and ensuring that their room would have a thorough clean. Whilst this did identify omissions or some changes in people's needs, some areas were not identified or timely action taken. For example, one person had a PEG fitted and the dietician's advice had not been incorporated into the person's plan and the guidance was not being followed. This plan had been reviewed monthly and this had not been identified for a number of months. Another person was prescribed time-specific medicine and their care file and care records had been reviewed as part of the 'Resident of the day' scheme. This review did not check the times the person was having their medicine so the provider could not assure themselves they were always receiving them on time. This review also identified there were two extra tablets in stock for one medicine and one extra tablet in stock for another medicine in comparison to records. This meant there was the potential that the person had missed three doses of their medicine. The audit had been carried out by a senior member of staff. No action had been taken at the time this had been identified and the registered manager had not been aware of it at the time of the error. It was explained to us after the inspection that this stock discrepancy was a recording error. However, this had not been identified at the time and timely action had not been taken to ascertain that it was an error or otherwise. Another member of staff had also recorded that they were unable to administer a dose of medicine as it was missing from the pack. Whilst this date had not been part of the review, this had not been reported and systems in place meant timely action was not taken to ensure the person got all of their prescribed medicines when required.

One person was supported to have their blood sugars monitored. As people's care and support, including documentation, was reviewed every month as part of the 'Resident of the day' scheme this person would also have been part of this review. However, the reviews had failed to identify that their diabetes plan was no

longer up to date in comparison to what staff felt the person's safe blood sugar range should be and that action was not always documented if their blood sugar readings were recorded as outside of their safe range. In another example, one person found it beneficial to have a particular item with them, to help keep them calm. We saw the person with this item during our inspection. However, their plan did not reflect this and when we spoke with a member of staff they did not know about this item being significant to the person. This omission had not been identified through reviews. Following our feedback, a plan was immediately put in place and this was rectified. However, the providers own governance systems had not identified that this person was at risk of receiving inconsistent care and support.

Some people were prescribed supplements to enable them to have a higher calorie intake to help them maintain their weight and stay healthy. The records of these being provided in line with the prescription were not always complete or were being recorded on different documents. For example, a food chart, a fluid chart, in the notes or on a supplements chart. None of these had been checked and compared to ensure people were getting or being offered their supplements as prescribed which left people at risk of not getting their supplements and this not being identified in a timely manner. We fed this back to the registered manager who liaised with staff to identify a consistent approach to record the administering of supplements and this was put in place. We will check that the system put in place is effective at our next inspection.

Medicine audits for individual people took place on a monthly basis as part of the 'Resident of the day' review, however this only considered stock levels in comparison to the records. Other aspects of people's medicines were not considered. For example, one person was prescribed a patch to be applied to their skin to help them manage their pain. The instructions state it should not be applied in the same area for three to four weeks, to avoid side effects. The records showed the areas it was applied was not always being changed frequently enough. The review of the person's care and support had not identified this. Some people were prescribed creams to help keep their skin healthy. Some records identified times when some creams were not available so people had not had it applied. These records had not been reviewed so systems in place had not ensured people had their creams available to be offered to them or applied.

We were told that whole-home medicines audits took place twice a year and an external auditor also visited once a year. However, these audits had not been effective at identifying areas which needed addressing. For example, a fridge in the nursing unit was recorded as being outside of the safe temperature range on 26 occasions during 2018 so far and there were 21 occasions where the temperature had not been recorded. We were told that a whole-home medicine audit had taken place within this time period, however this had not been identified. We fed this back to the registered manager who took immediate action to investigate this and found it to be a recording error following staff using the monitoring equipment incorrectly. The staff were then re-trained to record effectively. The audits we were told had taken place had not been effective at identifying this. There was another fridge in a residential unit; the temperature had always been recorded within the safe range and there were minimal gaps in recording, however records showed this had not been defrosted and cleaned as frequently as the provider's instructions stated. Therefore, systems in place were not always identifying improvements required in relation to medicines and timely action was not always taken.

People had their mental capacity assessed as appropriate, however decisions made on their behalf following these assessments were not always documented. Therefore, it was not always possible to see who was involved in decisions, how decisions were arrived at and what plan was in place in response to the decision. This meant the evidence of people's rights being protected was not always available.

These issues constitute a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the registered manager was very prompt and proactive in resolving concerns identified and putting measures in place to try to prevent issues occurring again. The registered manager said about changing documentation and processes, "I'll ask the care staff what they will find easier because they are the ones that are doing it." Additional items for consideration were added to the weekly clinical review meeting to ensure all aspects of people's care were considered to avoid future omissions.

People and relatives felt positively about the registered manager, staff and the improvements so far within the home. One relative said, "There have been massive, massive, massive improvements. It's progressed and got better" and they went on to say, "The staff are very approachable." A health professional involved in supporting people in the home said, "The management team have always been approachable and listened to any issues I have raised and this includes the unit leads." Staff also felt supported by the registered manager. One member of staff said, "The manager is a really good manager. They are strict but fair and they're very approachable." Another staff member told us, "The manager is friendly, I could go to them if needed and their door is always open." A staff member told us, "The manager is good, if you need to talk to them, they're there to listen. You do see them around a lot, checking in people's rooms that people have got buzzers and drinks in reach and they look at paperwork." Another staff commented included, "More things are improved, very approachable, she acts on what staff say." The registered manager was positive about their staff team; they said, "We've worked hard as a team. The staff have worked hard and they deserve recognition." The registered manager told us they felt supported by the provider. They said, "Yes I feel supported. I have regular contact. There is always someone to go to." They explained they had regular visits from managers and different support teams to help them monitor and improve the home. They gave an example of a specialist dementia team who visited to help them identify improvements.

People and relatives were invited to give their opinion about their care and support. One person told us there were monthly meetings. One relative said, "I get questionnaires and there are feedback cards. I get invited to meetings." The registered manager said, "I operate an open-door policy for any relatives that wish to speak to me" and went on to say, "Staff are encouraged to give feedback and we hold a weekly forum where staff can attend to discuss any issues they may have." We saw that comment cards were available and that the home used social media to engage with relatives and keep them up to date with events and activities within the home. The registered manager said they felt this was particularly useful for relatives who did not live close by or were not able to visit regularly. We saw that people could have the opportunity to accompany different members of staff to see what job they did, for example we saw one person spend time with the receptionist. This meant people were encouraged to give their opinion and to engage with staff about their care.

Notifications were submitted and the previous inspection rating was being conspicuously displayed both on the provider's website and within the home, as required by law.

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 We could not be sure people were always getting their medicines as prescribed and some risks were not always well managed

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	Improvements had not yet been fully completed and sustained/ Quality assurance systems in place had failed to identify some areas for improvement.

The enforcement action we took:

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