Nugent Care

Margaret Roper House

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

Margaret Roper House is a nursing home registered to accommodate people who have mental health care needs. The accommodation is registered for 23 people. The home is owned by Nugent Care and there is a registered manager in post.

We conducted a focused inspection on 21 September 2016 to check that the enforcement action, for the unsafe management of medicines, which we had taken following our last inspection of 20 April and 10 May 2016 had been met. At this inspection we identified the Warning Notice had not been fully met and therefore returned to the service on 18 October 2016 to conduct a comprehensive inspection. This meant we looked at all five domains to assess whether the provider was providing a safe, effective, caring, responsive and well led service.

The provider had a recent history of not meeting requirements regarding medication safety. We had previously undertaken a comprehensive inspection of this service in November 2015 when we found a breach in regulation regarding the safe management of medicines. After this inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 20 April and 10 May 2016 to check that they had they now met legal requirements. At this inspection we found the provider still in breach of the safe management of medicines. We took enforcement action and served the provider with a statutory Warning Notice regarding medicines not being managed safely.

The service had 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.

At this inspection we found some improvements had been made with medication management however, people were still not fully protected against the risks associated with medicines because the provider's arrangements to manage medicines were not consistently followed.

Quality assurance systems were in place but these still did not operate effectively enough to ensure people medicines were managed safely.

People said they felt safe living at the home and were supported in a safe way by staff.

People's individual needs and preferences were respected by staff. People told us staff were kind, caring and respectful in their approach. We observed positive interaction between the staff and people they supported.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. An adult safeguarding policy and the Local Authority's

safeguarding procedure was available for staff to refer to.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

People living at the home told us that there were sufficient numbers of staff on duty to care for them. Staffing numbers were satisfactory at the time of our inspection.

People took part in a varied social programme and people could spend time pursuing their own interests if they so wished

There was a maintenance programme and arrangements in place for checking the environment was safe. Risks associated with hazards were recorded as part of the service's health and safety measures to keep people safe.

The menus were chosen by people who were living at the home. People were complimentary regarding the standard and choice of meals served. Specialist diets were catered for.

People we spoke with and their relatives told us that staff had the skills and approach needed to ensure people were receiving the care and support they needed. People told us they were invited to give feedback about the home through residents' meetings, surveys and daily discussions with the staff. Quality surveys completed by people confirmed their satisfaction for the service.

Care plans reflected people's individual care needs and preferences. These were reviewed to reflect changes in people's care. The care plans varied in detail however discussions with staff confirmed their understanding and knowledge around people's care and how they wished to be supported.

Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority.

Staff worked with health and social care professionals to make sure people received care, treatment and support at the appropriate time.

Staff told us they felt appropriately trained and supported. Records seen showed staff received supervision, appraisals and training to undertake their job role safely and effectively.

A complaints' procedure was available in large print and people living at the home were aware of how to raise a complaint or concern.

The culture within the service was and open and transparent. Staff and people said the home was 'well run' and the registered manager approachable.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

The manager was aware of their responsibility to notify us, the Care Quality Commission (CQC) of any notifiable incidents in the home.

You can see what action we took at the back of this 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.

At this inspection we found a number of improvements had been made for the safe management of medicines however people were still not fully protected. This was because the provider's arrangements to manage medicines were not consistently followed.

People told us they felt safe living at the home and staff had undertaken training on safeguarding issues.

Risk assessments had been undertaken to support people safely and in accordance with individual need.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

The home was maintained to a good standard and safety checks of the environment and equipment were completed.

There were enough staff on duty to provide care and support to people living in the home.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

People told us the staff had a good understanding of their care needs and had access to external health care professionals when needed.

Staff had received training and support to carry out their work effectively.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to

make their own decisions.

People were fully involved in menu choices and they told us food and drink at the home was plentiful and they enjoyed the meals.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received and were well supported by staff. We observed staff supporting people in a kind, dignified, respectful and caring manner. Care was given in accordance with individual need and staff were knowledgeable regarding how people wanted their care and support provided.

We saw that people were involved with their care and support through regular discussions and reviews. Relatives were kept informed of any changes to people's care or condition.

People at the home told us they were listened to and their views taken into account when deciding how to spend their day.

Is the service responsive?

Good

The service was responsive.

Care plans were in place that reflected people's individual care requirements. Plans were reviewed and updated as people's needs changed.

Staff worked well with health and social care professionals to make sure people received the care and support they needed.

Activities were available for people to participate in and with or without staff support.

People told us they were able to make choices about their care and how they wished to spend their day.

People were aware of how to raise complaints or concerns and had confidence these would be acted on and responded to.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems were in place but these still did not operate effectively enough to ensure people received their

medicine safely.

People living at the home talked positively about the support they received from the registered manager. People and staff told us the registered manager was approachable and they could talk with them at any time.

Staff told us there was an open and transparent culture in the home. Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

People living in the home told us they were able to share their views and were able to provide feedback about the service.

Margaret Roper House

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.

This comprehensive inspection took place on 21 September 2016 and 18 October 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and a pharmacy inspector. We conducted this inspection to check that the enforcement action we had taken following our last focused inspection of 20 April and 10 May 2016 had been met. Following this inspection we had served the provider with a Warning Notice as medicine were not managed safely.

We reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We spoke with six people who used the service to obtain their views on the care and support they received and two relatives following the inspection. Additionally, we spoke with the registered manager, the service's quality assurance officer and seven members of staff, including care and ancillary staff. We contacted commissioners of service to obtain their views about the service.

We observed care and support being delivered in communal areas and viewed people's individual accommodation. We reviewed a range of documents and records including six care records for people who used the service, records in respect of the management of medicines including medicine administration sheets, records of staff employed at the home, complaints and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

We had previously visited this home in November 2015 and May 2016 and found the home to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in respect of the management of medicines. At the previous visits, quantities of medicines were not always carried forward from the previous month. The use of creams, ointments and other external products had not always been recorded and it was not possible to see from the records whether these products had been used as prescribed. Medicines that had been stopped by the doctor were still on the medicines trolley, which increased the risk of a person being given the medicine incorrectly. Some people were prescribed medicines such as painkillers, laxatives and creams that were to be used only 'when required', yet there was no guidance or care plans in place to inform staff when these medicines should be used.

We asked the provider to take action to address these concerns and their actions include a review of the medicine audit to make it more robust. On this inspection we checked to make sure requirements had been met and we found some improvements had been made to meet necessary requirements. We found the Warning Notice to be partially met.

On the first day of this inspection, there were 22 people living in the home and we checked the medicines and records for seven of them. We spoke with the registered manager, a quality assurance officer and one registered nurse.

Medicines that had been discontinued by a doctor had been returned to the pharmacy, which is an improvement since the previous inspections. Body maps were now in place to guide nurses were creams should be applied, and records of application had improved. Medicines used 'when required' had guidance and care plans in place to inform staff when these should be used.

Quantities of medicines were still not always carried forward on the Medicines Administration Record Sheet (MARS), which made it difficult to tell how much medication should have been present in the home. One person had been prescribed a seven day course of medicine to treat a virus, however the last two doses of the course could not be administered as there was no medicine available. It was unclear of where the last two doses had gone as a full supply of medicine had been recorded as being received into the home.

Medicines were not always given as prescribed by a doctor. A person who had been prescribed a medicine from hospital to reduce the risk of a clot in the legs or lung had not been administered it on the day they arrived back from hospital. Another person had not been given their medicine to maintain their mental health on one day, which may have affected their mental health. We discussed these errors with the registered manager who told us they had identified several medicines errors made on the day an agency nurse was working. The home had contacted the doctor by fax to inform them of the errors, however the information provided stated that they were physically and mentally well and lacked the detail of the type of medicine that had been missed.

Medicine audits were completed each week, but they had failed to highlight the lack of documentation of

medicine being carried forward. For example, a person who was on an injection for their mental health had 12 injections recorded on their MARS as being in the home; however, there were 13 in stock, as this included medicine from previous months. A dose had not been signed for as being administered and as medicine stocks were not carried forward it was difficult to know whether the dose had been administered and not signed for, or had not been given in error.

We inspected the home four weeks after and found that as quantities of medicines were still not always carried forward from the previous month, which made it difficult to tell how much medication should have been present in the home. This had not improved from the previous inspection four weeks previous. On the day of this inspection, there were 21 people living in the home and we checked the medicines and records for four of the seven people looked at originally.

The home had developed a detailed action plan to resolve areas of concern raised at the inspection four weeks previously and this was clear and robust with clear deadline dates which the home were on target to complete.

One person who had previously had a pressure sore had been prescribed a cream by the district nurse that needed to be applied liberally and frequently. The person had a body map in place to show staff where the cream should be applied, however the person's care plan for skin protection did not include the regular application of the cream. We were told (by three support workers) that the cream was applied frequently throughout the day, however there was no paperwork in place for the support workers to sign when they had applied it. This was brought to the registered manager's attention and rectified.

We were unable to review whether improvements had been made with ensuring medicines were given as prescribed after being discharged from hospital as the home had not had any people discharged since our previous visit.

This is a continued breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of our inspection we found some medicine errors and we advised the registered manager to notify the local safeguarding authority of these incidents. Appropriate actions were taken by the service to reduce the risk of re-occurrence. We reviewed a provider response in respect of the most recent medicine incident. This had been reported effectively and 'followed through' so lessons could be learned to minimise the risk of re-occurrence.

We asked people what made them feel safe in the home. They told us, "The staff", "It's a nice place for me to live" and It's good here, there's no problems." We made observations of people living at the home and they appeared relaxed in the company of the staff.

People we spoke with said staff supported them well with their personal care needs. The feedback was consistent in that people felt there were enough staff to support them. One person told us, "The staff are really very good, we're well looked after." Another person told us "It's marvellous. The staff are wonderful. There's always enough staff if we want to go out anywhere – they come along with us." People told us they did not have to wait to receive help and staff spent time with them on an individual basis.

The provider had a safeguarding policy, a whistleblowing policy and local safeguarding procedures to ensure the correct action was taken in the event of any concerns. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns.

Staff told us they received safeguarding training and they described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training and this was ongoing. All of the staff we spoke with were clear about the need to report through any concerns they had. We saw that the local contact numbers for the Local Authority safeguarding team were available to staff and were also displayed in the home.

During the inspection we made observations in the day area/lounges and spoke with people living at the home. We noted that staff regularly checked on people and were available in the conservatory, the lounges and dining rooms on the four units. This helped to ensure people's comfort and wellbeing. People were well supported with personal care, meals and drinks, medicines and various social activities during the day; staff had time so sit with people and chat on a one to one or group basis.

During our inspection there was a registered nurse and three care staff on duty. The registered manager was in addition to these numbers and was present for the inspection. There were ancillary staff such as, an administrator, kitchen staff, and domestic cover. On the day of our inspection an extra staff member was present to assist with various administration duties as the home were in the process of changing to computerised records; this extra staff member was supporting the process. We also saw, and spoke with the home's maintenance person. The home employed two 'activity co-ordinators' and one of the 'activity co-ordinators' was on duty.

Staff interviewed confirmed that the home was well managed in terms of staff numbers and support. Personal care needs were relatively low and staff told us they had plenty of time to provided positive social contact and support. This we observed during the inspection.

We looked at how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We looked at three staff files and asked for copies of appropriate applications, references and necessary checks that had been carried out. We saw checks had been made and these were thorough to ensure staff employed were 'fit' to work with vulnerable people

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility, hazards such as going out into the community and pressure relief. These assessments were reviewed regularly to help ensure any change in people's needs was assessed to allow appropriate measures to be put in place. We also saw some assessments undertaken with respect to people's mental health needs. One person occasionally exhibited inappropriate behaviour in social situations; we saw there was a care plan in place to address this and the issues had been assessed. Because the person had a copy of the care plan they were able to understand the issues with the aim of becoming more aware.

Another person had been assessed as being at risk of missing their medicines when they self- medicated when out of the home visiting relatives at the weekend. We saw this risk had been addressed and a plan agreed to help reduce the risk of missed medicines.

A number of people went out from the home independently and people 'signed in and out' with the use of a magnetic board. Staff were therefore aware of who was in the building and were able to 'check up' when people had returned. People told us they used the board at all times.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. The last 'walk

round' of the home took place earlier this month and the registered manager was drawing up an action plan to address any recommendations. Any repairs that were identified were routinely reported for maintenance and the area needing repair made as safe as possible.

We spoke with the maintenance staff who was able to show us the various checks undertaken routinely such as checking water temperatures, fire systems, lighting and windows above ground floor for restricted opening to reduce the risk of any accidents. We spot checked safety certificates for electrical safety, gas safety and kitchen hygiene and these were up to date. This showed good attention with regards to ensuring safety standards in the home; the general environment was safe and well maintained.

A 'fire risk assessment' had been carried out and updated at intervals (yearly). We saw personal emergency evacuation plans (PEEP's) were available for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. These were easily to access, situated near the entrance to the home, and clear to read and understand.

We saw how accidents and incidents were monitored in the home. All accidents were recorded and sent for review by the senior management team. Statistics for accidents and incidents were recorded and discussed at senior management level for analysis and to see if any trends could be identified.

When looking round the home we found it to be clean; staff had access to gloves, aprons and liquidised soap to help assure good standards of control of infection.

Good

Is the service effective?

Our findings

Margaret Roper House provides care and support for people who have mental health needs and require nursing care. The people we spoke with told us they were involved with their care and had contact with their doctor. One person told us, "I go every three months for a review". Another person told us about their plan of care. They said, "That's an old care plan (displayed on the wall of bedroom') I have got a new copy recently. I'm fully aware of what care I'm getting." A relative told us the staff were well trained and looked after their family member very well.

People living at the home told us staff had the skills and approach needed to ensure they were receiving the right care with respect to maintaining their health. They also said they enjoyed the meals and that they could choose what they wanted to eat. People's comments included, "I love the food, if I don't want it at lunch I can have it later or I can have whatever I want. The chef is great", "Lunch today was so tasty" and "I don't always want to have breakfast, can have something later if I want."

We saw that people were actively encouraged to make menu choices. These were discussed at the residents' meetings and the menus were in accordance with what people wished to eat. The chef told us they met with people to discuss the menus and to find out if they enjoyed the food served. A five week menu was in place and this was displayed in the kitchen and also the dining areas on the four units. The menu offered a good choice of hot and cold meals, the main meal being served at lunch time with a lighter meal in the evening.

Within the home there were a number of small dining areas and the dining room tables were laid in advance of lunch being served. Staff told us they had their meals with the people they were supporting on the units; we saw that lunch-time was a sociable occasion with plenty of chat and positive interaction between everyone. We saw that meal times were flexible and often people ate at different times if they wished to have a 'lie in' in the morning for example, or if going out around meal times. There were plenty of hot and cold drinks throughout our visit and people were able to make their own hot drinks in the dining areas; this practice was risk assessed on an individual basis to ensure people's safety.

Care records identified special diets such as diabetic diet and people's dietary preferences. Their dietary requirements and any known allergies or preferences were recorded in the kitchen and the chef was knowledgeable regarding what people liked to eat. The chef told us one person sometimes wished only to eat vegetarian meals and at other times would eat meat therefore meals were prepared in accordance with their wishes. Plenty of fresh fruit and vegetables were available and homemade soups, cakes were prepared and birthdays and special events celebrated.

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

restrictive as possible.

Throughout the inspection we witnessed staff speak to people in way that ensured they gained their consent before supporting them.

All of the people in the home apart from two / three were able to consent to their care and treatment. We saw that people had copies of their care plan and these were discussed a regular intervals so that people were fully aware of the parameters of their care.

We saw evidence that staff understood the need to assess people's mental capacity if there was a question of their understanding for some key decisions. There was an assessment tool used for this. We saw that people were routinely assessed regarding their capacity when being admitted to the home to get their understanding and consent to admission. We also saw another example where two people's capacity to make a decision around a personal relationship had been assessed.

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 the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the applications for one person and saw the application had been made appropriately with the rationale described. The registered manager informed us that three people were the subject of a DoLS authorisation.

We observed staff provide support at key times and the interactions we saw showed how staff communicated and supported people and asked their consent to care. When we spoke with staff they were able to explain each person's care needs and how they communicated these needs.

We reviewed how people accessed services and were supported to stay healthy. We spoke with one person who had received treatment in hospital. They told us the staff had liaised well with the hospital following discharge and they had received ongoing support from a physiotherapist and follow up reviews to check on progress. Another person had been reviewed by the Speech and Language Therapist (SALT) following referral from the home regarding a concern over difficulty swallowing food.

The care files we saw evidenced input by a full range of health care professionals. More specifically we saw that people in the home had ongoing reviews regarding their mental health needs.

We looked at the training and support in place for staff. We saw that new staff had completed an induction and had completed the Care Certificate which is the government's recommended blue print for staff induction. Nugent care had employed an assessor for this to assist and monitor the implementation.

We were sent a 'training matrix' following the inspection which showed that staff had access to and were up-to-date with key aspects of training. Staff spoken with told us they felt supported by the training available and also had regular supervision sessions and appraisals with a nurse or the registered manager to monitor and discuss any training needs. We discussed with the registered manager updating staff skills to meeting the changing physical needs of the people they supported. For example, the provision of wound care and end of life care, as part of staff development.

The registered manager confirmed care staff had a qualification in care such as QCF (Qualifications Credits Framework) and we saw evidence that 95% of staff had completed these courses and attained a

qualification.

Good

Is the service caring?

Our findings

People who were living at the home told us the staff were very caring and kind. People told us, "The staff are smashing", "The residents and staff interact well" and "I like them (staff) all, they are very nice to be with." We asked several of the people living at the home who made decisions about their care and choices in their life and they all told us that they did. One person told us how they now went out independently and with staff support had gained more control around their life. Relatives said, "The staff go beyond to look after everyone, they are fabulous" and "All the staff are very caring and kind."

We spent time observing care at the home and saw staff treated people in a patient, respectful and courteous manner. Staff took their time when supporting people, they encouraged people to be independent though were on hand to help and provide reassurance. The registered manager told us a number of staff had been at the home for a considerable time and so knew people and their families well and had built up a positive relationship with them. This was a view shared by the people we spoke with. A staff member said, "We know people so well, we know how they communicate and picking up on verbal and non-verbal signs helps us to give the right support at the right time." Staff understood about respecting people's privacy and dignity. Staff knocked on people's doors before they were advised they could enter. We saw staff addressing people with their preferred term of address and seeking permission from the person before offering them support. Staff told us a number of people were independent in respect of personal care though they offered assistance when this was required.

Staff displayed an awareness of people' rights and how they wish to be treated. Staff told us that Margaret Roper House was people's home and therefore they listened to people and took into account their choices and wishes. For example, when people wished to get up in the morning, retire at night, purchase of personal items, going out independently from the home and when to shower or bath. The gender mix of staff meant male and female residents had choice about whether they wished to have a same sex carer assist with them with personal care needs.

To help meet the diverse needs of people living at the home information was available in large print and picture format to help people's understanding. We saw plenty of information about the service provision displayed on noticeboards in the home. For people who had no family or friends to represent them contact details for a local advocacy service were also displayed. People could access this service if staff support if they so wished.

Staff told us that people's needs were discussed at daily handovers and these along with the care records provided them with the information they needed to look after people. Care staff were assigned the role of key worker which enabled them to help oversee the social aspects for a small number of people living in the home.

We discussed with the registered manager the provision of end of life care at the home and 'do not attempt cardio pulmonary resuscitation' (DNACPR) directives. There was no one with a DNAR in place at the time of the inspection. The registered manager informed us that at the appropriate time staff would hold

discussions with people regarding death and end of life care, so that people could plan for their future and their wishes would be take into account.

Good

Is the service responsive?

Our findings

People told us the staff talked to them about the care and were able to make decisions about their support. They told us staff were around to talk to if they had a concern or worry. With regard to raising a complaint, people said they could speak up at the residents' meetings. One person reported, "I am fine and happy living here."

A person told us they were happy with the staff support and they liked the fact they could take part in different social events and undertake daily living tasks in the home which they felt was an important part of their independence. Relatives confirmed they were involved in people's care and informed of any changes affecting their health. Relatives also told us the home offered plenty of opportunities to take part in social events and that special occasions were celebrated, for example, Halloween, Chinese New Year, Christmas and Easter.

People told us they were able to make choices. They told us they could make choices about meals, when they went to bed or got up in the morning, whether they spent time in their room, got to go out independently or join in with the home's social activities. A person told us they did not always eat breakfast and could it have it later if they so wished. This meant they could exercise choice in their daily life.

We saw that staff encouraged people to take part in daily tasks such as laying the dining room tables, care of the laundry and some cleaning duties. Staff support was available and given on request.

Two activity co-ordinators were employed and people had access to a dedicated hobbies room in the home. This was very well equipped for arts and craft, rehabilitation and social sessions. Staff told us about the men's' club and women's' club and also the meditation sessions which were held by the registered manager for people living at the home and the staff. A separate kitchen area had been provided for a person who liked to bake. External activities included people taking part in community events and during the inspection several people went out on shopping trips with an activities organiser and others went out independently. An activities board showed daily events and also visits by local clergy.

People had a plan of care and daily entries provided an over view of people's support and care. The daily entries were linked to each plan of care. The care plans were based on assessed need in areas such as, personal hygiene, medical conditions, mental health needs, social care, sleep and mobility. These were subject to review which meant people's care records contained information about the specific support people required to meet their current needs. We found the care plans and daily entries varied in detail though staff interviewed had a good understanding of people's individual needs, how they wish to be supported and their likes and dislikes. Staff were aware of people who needed additional support, for example, with eating and drinking and also for people who were more high risk in terms of developing a skin break. We discussed with the registered manager the provision of wound care for one person; we found existing care documents difficult to track through regarding the care and treatment they were receiving. This care was however being overseen by an external health professional and they held a separate treatment plan which staff had sight of.

Residents' meetings were held. People told us this provided them with an opportunity to express their opinions about the home and it was their choice if they wished to attend. We saw minutes of meeting held and people told us meals and social activities were always an agenda item.

The home had a complaints procedure and this document along with details about "Your Right To Be Heard" was displayed. "Your Right To Be Heard" provided information for people about contacting someone else such as local politicians to express their views. There had been no complaints since the last inspection and a relative told us they knew who to speak with if they wished to raise a concern.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post for the home and they were present on both days of the inspection, along with a quality assurance officer who has been providing managerial support for the service. Feedback from staff, people who lived at the home, staff and relatives was positive regarding the leadership and overall management of the home; staff told us the registered manager was approachable and had an 'open' door policy. Staff comments included, "Yes (manager) is really good, plenty of support always" and, "It's a homely home for people and staff do that little bit extra." A person who was living at the home told us, "(Manager) is always here to talk to; the home is really ok."

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. The registered manager demonstrated a number of checks and audits carried out at the service and also the findings from an external audit. Internal audits included checks on the environment and equipment, checks on medicines (medicine audits being sent to us as requested) and care plan records. The findings from these audits were picked up by the quality assurance officer who in turn completed an independent audit for national scrutiny within the organisation; this included compliance with our five domains, 'safe', 'effective', 'caring', 'responsive' and 'well led' demonstrating good practice and areas that required improvement. We were shown a number of these as part of the overall governance for the service, including actions taken to improve practice.

As we identified concerns with a number of medicines during the first day of the inspection we requested the service seek advice from external sources including the Local Authority and also within the organisation's own internal quality assurance processes to assure the safe management of medicines. We received a comprehensive action plan which included additional medicines management competency based training for staff, increase in staff supervision, staff engagement with external agencies and an external audit of medicines management. A number of actions have been completed all within the required timescale.

Although a number of significant improvements had been made regarding the management of medicines we found the Warning Notice not fully met. The current auditing arrangements for medicines had not picked up on the shortfalls we identified during the inspection.

This is a breach of Regulation 17(1) (2) (b) of the HSCA 2008 (Regulated Activities) Regulations 2014.

During the inspection we spoke with the registered manager and quality assurance officer about the medicine concerns we identified and the need to review and develop more effective monitoring of medicines. Both managers were responsive and advised of the changes they would make to include checks on 'medicines carried forward', as this was an area that still required improvement. They provided assurance around the 'work in progress' to continually improve the management of medicines.

A quality assurance audit completed by an external auditor in October 2016 recorded findings and subsequent recommendations from a review of people's hard (paper) copies of care. The registered manager told us these were being acted on as part of the service's care plan audits.

In respect of improving the standard of care records the quality assurance officer showed us examples of how changes were being made to the care documents to make them more individualised; this was work in progress and also linked in with the service's electronic care records for people's health and social care. On the first day of the inspection it came to light that there were issues with the 'log in' for agency staff however this was rectified immediately so that agency staff had the permissions required to access these records. Hard (paper) documents were in place as a 'back up' should staff have difficulty accessing the electronic records.

We saw staff were appointed leads in areas such as, infection control, health and safety, fire and quality assurance to share good practice and monitor the service provision.

An environmental health officer visited the home in April 2015 and awarded the home five stars for food, (five stars being the best score) based on how hygienic and well-managed food preparation areas were on the premises.

In addition to residents' meeting another approach to gaining feedback about the service included satisfaction surveys. We saw a detailed summary dated January 2016 regarding the findings from the latest satisfaction surveys completed by people who were using the service at that time. We saw very positive responsive in areas such as food, menus, care and cleanliness. Food scored 81%, care 76% and cleanliness 74%.

Staff told us staff meetings took place and that they felt involved and supported in their job role. A summary report from staff surveys dated January 2016 demonstrated high satisfaction for the service. Staff told us how much they enjoyed working at the home and that there was a good team ethos with everyone working together for the benefit of the people they supported.

Staff said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice. This helped to promote an open culture in the home.

The manager was aware of their responsibility to notify us Care Quality Commission (CQC) of any notifiable incidents in the home. Our records confirmed this.

From April 2015 it is a legal requirement for all services who have been awarded a rating to display this. The rating from the last inspection for Margaret Roper House was displayed for people to know how the home was performing.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment At this inspection we found a number of improvements had been made for the safe management of medicines however people were still not fully protected. This was because the provider's arrangements to manage medicines were still not consistently followed. Regulation 12 (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The overall auditing of medicines was not effective to ensure the safe management of medicines. Regulation 17 (1)(2)(b)