

Lakeglide Limited

# Ersham House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We inspected Ersham House on 4th and 5th May 2016. This was an unannounced inspection. The service provides accommodation and support for up to 40 people. The service provides nursing care. At the time of inspection there were 25 people living at the service. The service provides en-suite rooms over two floors and has a lift. There are three communal lounges and dining room, kitchen, laundry, two clinical rooms and two nurse's stations.

There was a manager in post who was registered with the CQC. 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.

The provider had not ensured that medicines were stored or managed safely at all times. Staff had left the medicine trolley unattended during inspection. There were gaps in the medicine administration records where staff should have signed to say they had given medicines.

The service was clean and tidy and there were effective cleaning procedures in place.

There were sufficient numbers of staff to keep people safe and meet their needs. The provider had a system in place that allowed the registered manager to recruit more staff when the numbers of people living at the home increased.

Staff were trained to protect people from abuse and harm. Staff could identify the signs of abuse and who to report to if they had any concerns. Staff were familiar with policies and procedures to record, investigate and track any safeguarding concerns.

The principles of the Mental Capacity Act 2005 (MCA) were not consistently applied in practice. Where people were unable to give consent to aspects of their care an assessment of their capacity had not always been completed.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate application to restrict people's freedom had been submitted and the

least restrictive options were considered as per the Mental Capacity Act 2005.

People were supported to have a healthy and nutritious diet, and were given options on what they would like to eat. The provider had carried out appropriate risk assessments to identify if anyone required additional support managing their diet or eating.

People were being referred to health professionals when needed. Staff were referring people to their GP, dentists and dieticians when it was identified that a person had a change in need.

People and their relatives told us they were involved with the reviews of their care plans. Care plans were being reviewed on a regular basis. However, the provider had not ensured that effective systems were in place to record who had taken part in reviews.

People told us they were very happy with the care staff and felt supported with their care. Staff were seen to be kind and caring towards people living at the service.

People's private information and personal documentation was not always safely stored. People's personal information was, on one noticed occasion, left unlocked in a drawer and unattended in an area that was passed by visitors. The registered manager had not ensured that all people's records were up to date. Staff were aware of any changes to people's care but these changes were not always transferred to the care plans.

People at the service were encouraged to make their own choices. People were free to decorate their rooms to their own tastes and preferences. People could choose which activities they participated in during the day.

People were encouraged to give feedback on their experiences. People completed surveys that identified where improvements can be made. The provider had in place an effective system to fully investigate complaints. People and staff spoke positively about the registered manager. The registered manager had an open door policy that was used by people, relatives and staff.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medicines were not always stored safely at the service. Staff were not always completing medicine administration records.

The provider had processes in place to ensure that the service was clean, tidy and well maintained.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

The provider had ensured that there were sufficient numbers of staff to provide care and keep people safe.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The principles of the Mental Capacity Act 2005 (MCA) were not consistently applied in practice.

People were referred to healthcare professionals promptly when needed.

Staff received appropriate training to give them the skills and knowledge required to provide care.

People had access to a range of food options that was nutritious and met their needs. People were supported to maintain their diets.

### Is the service caring?

**Good** ●

The service was caring.

People told us they were involved with the reviews of their care plans.

People spoke very positively about staff and told us they were happy with the service they had received.

Staff had good knowledge of the people they supported.

### Is the service responsive?

Good ●

The service was responsive.

People had access to a range of activities throughout out the day. The activities provided were personalised to meet people's needs.

People were encouraged to make their own choices at the service.

People's friends and family were welcomed by staff and could visit when they wished to.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Accurate and complete records had not always been maintained to allow the registered provider to ensure that all people's needs were met.

Staff told us they felt supported by the registered manager.

The registered manager had completed a full action plan that identified shortfalls within the service.

The registered manager had an open door policy that allowed, people and staff to identify any concerns.

# Ersham House Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 4th and 5th May 2016 and was unannounced. The inspection team consisted of three inspectors and 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. At our last inspection 24 September 2014 we issued three requirement notices in relation to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan detailing the improvements they would make.

Prior to the inspection we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. The manager had not received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report.

We focused the inspection on speaking with people who lived at Ersham House, staff, friends and relatives. We spoke with 19 people, 10 members of care staff, 2 nurses, maintenance staff, cook, 9 relatives, the deputy manager and the registered manager. We looked at people's bedrooms with permission and all facilities at the service. We made observations of staff interactions and the general cleanliness and safety of the home. We looked at seven care plans, three staff files, staff training records and quality assurance documentation.



## Our findings

People at the service told us they felt safe. One person told us, "I feel safe here" another person said, "I feel I am in a safe environment". One relative told us, "The carers make my relative feel safe." However, we found aspects of the service that were not always safe.

Medicines were not always stored safely at the service. The medicine trolley was left in the corridor open and unattended by staff whilst they gave medicine to people in their rooms. When medicines had been refused at teatime, these were left on top of the trolley while the staff gave medicines to another person. This meant that people, staff or visitors may have been able to access medicines that were not prescribed to them. We found that there were some gaps in the medicine administration records (MAR). There was no evidence that staff had given a medicine or it had been refused, which meant people may not have received the medicines that they had been prescribed. Some medicine had been prescribed to be given through a patch. This allowed the medicine to be absorbed through the skin over a number of days. There was a body map attached to the MAR where a patch could be attached. However, staff had not consistently recorded where they had put the patches. Staff would not know where the patches had been placed on a person and some people were unable to inform staff. There was no way to check if a patch became dislodged or had been removed and potentially staff may apply a new patch when one was still in place which may affect the amount of medicine the person is given. The manager and deputy manager were aware that staff required additional support to ensure they have a clear understanding of the provider's policy for the management of medicines and training had been arranged.

The provider had not ensured that medicines were administered accurately. This is a breach of the Health and Social Care Act 2008 Regulation 12 (Regulated Activities) Regulations 2014

Staff were knowledgeable about the medicines they gave. The MAR folder contained a list of staff names and signatures at the front to show who was responsible for giving the medicines out. At the front of each person's MAR was a photograph for identification purposes, their name, date of birth and allergies. There was guidance for staff with regard to people taking medicines on an as needed basis (PRN) and those taking medicines that required regular blood test checks, such as Warfarin. The records for some PRN medicines did not include additional information on the reverse side of the MAR to show why the medicine had been given, such as paracetamol for pain. Staff said this was their usual practice as they gave out a considerable number of PRN medicines and would complete the sheet very quickly with medicines that people take regularly. They said the reverse sheet was only completed if a medicine that was not taken regularly was given. The manager and deputy manager said they were changing this system to ensure staff recorded all

PRN medicines on the reverse of the MAR.

Medicines that were prescribed in addition to the monthly repeat prescriptions were ordered through the pharmacy and this system was effective and there was no delay in obtaining medicines for people. Systems were in place to support people as their health needs changed, such as syringe drivers, which enabled people to have an ongoing level of medicine to ensure they were comfortable and pain free. People said they had the medicines when they needed them and if they wanted something extra staff would provide it. One person said, "If I need something for a headache they will get it, they always ask if we are ok throughout the day."

At our previous inspection in September 2014 we found that the registered provider had not ensured that staffing levels were adequate to meet people's needs. We issued a requirement notice in relation to this breach of regulation. At this inspection we found that improvements had been made.

There was sufficient staff to meet people's care needs, and effective processes in place to cover leave or unexpected absence. The registered manager told us, "We have a staffing ratio of one member of staff to three people during the day." The rota showed us that there were seven carers and two nurses during the day for 25 people living at the home. During the night there were three carers and one nurse. The registered manager told us, "We stick to the ratio, if the amount of people living here goes up so does the number of staff."

At our previous inspection in September 2014 we found the provider had not ensured that the kitchen area was clean and had safe infection control policies. We issued a requirement notice in relation to this breach of regulation. At this inspection we found that improvements had been made.

The registered provider had ensured that the premises were clean and safe for people to use. There were regular maintenance and health and safety checks in place. This included checking the water temperatures, electrical and gas safety. The service had received a food hygiene rating of five in June 2015. The service was clean and tidy and the communal areas, corridors and people's rooms were cleaned daily. There were cleaning schedules in place and staff were seen to be cleaning the kitchen units as per the schedules. Staff were aware that some of the units had become rusty in places due to their age, which meant that it was difficult for staff to clean them to an appropriate standard. Staff told us that the units were not used to transfer meals and were not taken to any other part of the home. People told us, "the staff keep this place well maintained." Kitchen staff said they were up to date with training, including Control of Substances Hazardous to Health (COSHH), safeguarding, fire safety, moving and handling, first aid and infection control. This was documented in the training schedule.

People were protected against potential abuse. The provider had an effective system in place to recognise, record, investigate and track any safeguarding incidents. Staff received appropriate training and could identify abuse and how they should act. One member of staff told us, "If I saw any evidence of abuse I would report it to my line manager". Another member of staff told us "I could go to the local authority but I know the manager would do the right thing." All safeguarding reports were documented and there was evidence to show that there was a full investigation carried out of each case and that outcomes were communicated to relevant people. One person told us, "If I was not happy about anything I would let staff know and I know it would get sorted."

There were arrangements in place to keep people safe in an emergency and staff understood the procedures and where information was kept. People at the service had an appropriate personal emergency evacuation plan (PEEP) in place that was individually designed to keep them safe in case an emergency



evacuation was required. For example one PEEP told us that a person required the assistance of two carers to evacuate in an emergency. The PEEP also told us what action to take for a person depending on what room they are in when an alarm went off. There were emergency contingency plans in place for the service that clearly identified what action to take if an emergency occurred and where to relocate people in the short term.

Risks to people had been assessed as part of their care plan. This included risk of falls, developing pressure wounds and poor nutrition. For example one falls risk assessment identified that one person was at high risk. The risk assessment identified the amount of staff required to assist the person safely and what equipment to use to limit the risk of further falls. The falls risk assessment also showed if people had fallen whilst at the service and what has been put in place to limit the risk. For example, the use of a standing aid with support of staff. Staff were seen to help people move around the service safely and that people had the equipment they needed within easy reach of the person. Each person had a personal file that stayed with them at all times. The files included any elements of risk that staff needed to be aware of, such as, any allergies, a copy of the personal emergency evacuation plan and environmental hazards.

The provider had ensured that people were kept safe if there was an accident or incident. Staff had a good understanding of how to react if someone was to have an accident. One member of staff told us, "I would ensure that the person was safe and report the incident to management." All accidents and incidents were being recorded and included information of the outcomes of any investigation. For example, a recent incident resulted in further security to the exterior of the premises. This was actioned by provider without delay following the investigations by management.

The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. We looked at the personnel files of three members of staff. The information provided included completed application forms, two references and photo identification to ensure that the members of staff were allowed to work in the United Kingdom. The records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults.



## Our findings

The provider did not always take into account the principles of the Mental Capacity Act 2005 (MCA) when assessing people's capacity to make specific decisions. The 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. The registered manager completed a general mental capacity assessment but these were not decision specific. This could result in people not being correctly assessed on their capacity for every day decisions. In care plans where people were unable to give consent, for example for personal care, it stated that the person was 'unable to sign'. There was no evidence of how the person was involved with the process, if a mental capacity assessment was completed or how a best interest decision was made.

The provider failed to carry out mental capacity assessments in accordance with the Mental Capacity Act 2005. This is a breach of the Health and Social Care Act 2008 Regulation 11 (Regulated Activities) Regulations 2014.

Staff at the service had a good knowledge of the MCA and Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. On DoLS, one member of staff told us, "It is about keeping people safe". Another staff member told us, "If a person was not safe to go out we could assess them and then apply for DoLS if it is needed." Staff were clear that they could not restrain anyone from leaving the service who was not under DoLS. The registered manager told us, "No one at the service is currently under DoLS and if a person was not safe to leave we would apply." On MCA, one member of staff told us, "We always assume the person has capacity." Another member of staff told us, "MCA is decision specific and it is there to find out if a person has capacity to make decisions both complex and less complex". One relative told us "Decisions were made in their relative's best interests."

Staff asked people for consent when it was required. Staff asked people for consent to perform personal tasks, for example, getting changed. Where a bed rails risk assessment had identified that the use of bed rails would limit the risk of a person falling out of bed, people's consent for this was recorded in their care plans. There were also examples in care plans of people giving consent to staff to assist with their diets.

The provider ensured that the staff were competent to carry out care tasks for people living at the service.

Staff received a full training schedule that gave them the knowledge and skills required to support people and this was documented on a training schedule. One member of staff told us, "We received good training here and they make sure we have refresher training when required." New staff went through an induction process that gave them confidence to work with people living at the service. Staff received regular supervision and a yearly appraisal and this was recorded by the registered manager. A member of staff told us, "We have regular supervision that gives me an opportunity to discuss my progress."

People at the service were supported with routine health appointments. People told us that they saw their GP's and dentists when required and for routine appointments. One person told us "The staff have booked me in to see the dentist." This was supported in the person's care plan.

People at the service were protected against the risk of obtaining a pressure sore. People had a Waterlow score. A Waterlow score gives an estimated risk for the development of a pressure sore. Pressure relieving mattresses and cushions had been for people who were identified as being at risk. Records were kept of the dates they were purchased and there was evidence of ongoing maintenance. The manager told us they have reviewed all the mattresses, they had replaced some and additional ones were purchased as and when they were required. The settings on mattresses were linked to people's weights and were recorded on a form in the MAR folder. Staff said this reminded them to check each setting when they gave out medicines, "It is easy to knock the pump as people are being assisted and we record and check them daily." Records were in place to show that this had been done. People's skin integrity was continually assessed by staff as they provided assistance with person care, any changes were reported to the nurse. Staff recorded people's positional status if they remained in bed, which showed that people were supported/assisted to change position to reduce the risk of pressure damage.

At our inspection in September 2014 we found that the registered provider had not ensured that people were properly supported with their nutritional needs. We issued a requirement notice in relation to this breach of regulation. At this inspection we found that improvements had been made.

People's nutritional needs are being fully met and had been assessed using the malnutrition universal screening tool, which is a five step screening tool to identify people who are malnourished, at risk of malnutrition or overweight. This looked at people's weight and height, as well as their health care needs and the effect this may have on their nutritional status. This system identified if people needed supplements or a specific diet, such as reduced sugar for diabetes. People's support needs were recorded in the care plans and people were encouraged to have a nutritious diet and appropriate fluids. Referrals were made to a GP if there were concerns about a person's weight and the speech and language team assessed people's needs with regard to swallowing. A number of people had specific diets to meet their needs. For example, some people had pureed meals or thickener in drinks to reduce the risk of choking. Systems were in place to record how much people ate and drank. The records had been reviewed by the manager and were on separate forms, one each for fluids and food. People said they could choose what they wanted to eat and that the food was very good. One person told us, "The food is good and the cake is lovely." Another person told us, "The food here is excellent, no trouble at all and there is plenty of it and I can ask for more." One relative told us, "We are happy that they weigh our relative weekly and with an improved and appropriate diet has put on weight." The kitchen staff were aware of people's likes and dislikes and there was a white board outside the kitchen that listed people's specific needs, such as pureed meals, mashed consistency, gluten free foods, lactose free milk and diabetic diet. The chef was aware of people's different needs and was supported by kitchen staff who were very well informed. Weekly weight lists were given to kitchen staff so they were aware if people needed supplements or additional calorific drinks.



## Our findings

People and those close to them spoke highly of the staff. One relative told us, "The staff will bend over backwards for anyone here." One person said, "the staff here are magnificent." One friend told us, "I am very happy with the way they are treated here."

Staff were seen to be kind and compassionate towards people. Staff would ask first before carrying out an activity. For example, staff asked a person if they wanted to stay in their wheelchair whilst participating in a group activity. The person chose to stay in the wheelchair and this was respected by staff. Staff asked the person if it was ok to remove the foot rests of the chair so that the person would be more comfortable and this was agreed. One relative told us that their loved one "is treated with kindness and respect". One staff member could see that one person was moving around a lot in their chair. The member of staff asked the person if they were feeling uncomfortable and if there was anything they could do. The person told them that they were feeling uncomfortable and would like to return to their room. The member of staff said that she would need to "quickly pop and get someone else to assist but once we are done we can have a chat in your room if you like." During the transfer staff were describing what they were going to do in a clear and easy to understand way whilst also engaging with the person. The methods used were as set out in the person's care plan.

People were involved in the planning and review of care plans. One person told us, "I am involved with my care, they sit with me every so often and we discuss what needs to be discussed." Where people were not able to discuss their care there was evidence to show that family members were involved. Each person had a social care profile and in some cases the information in these were documented as being provided by family members. There was also a record of important conversations in care plans and this included input from family members. One family member told the registered manager that the person was not getting along with a member of staff. We spoke to the registered manager about this who told us the issue was resolved by changing the rota.

Staff were knowledgeable and sensitive to each person's needs and promoted people's independence. In one person's room there was a memory board with information that the person needed. It included information on who had visited the day before and who was going to visit that day and at what time. The day and date was also clearly displayed, with a picture of the key worker and information about what support the person can expect and how they are involving the family. The person told us, "I am very comfortable here, I like my room and the staff are very good and know me well." One member of staff who had served lunch to one person asked the person if it was alright to assist cutting their food so they could

eat it without any further assistance. The person agreed and told us, "Great service here, they know me well." One person's care plan told us that the person enjoys football. We spoke to a member of staff who told us, "That person loves football and used to play for a few of the local teams." Staff were seen to be discussing football with the person. There was one incident where a person was shouting from their room. Within three minutes a member of staff entered the room, reassured the person and identified what could be causing the distress. The member of staff told the person that they needed more staff to assist and reassured the person that they would be straight back. Within one minute the staff member returned with someone to assist and both reassured the person whilst performing a move to make the person more comfortable. This method was in the person's care plan which also identified that the person has difficulty using a call bell.

People's religious preferences were respected. Care plans showed if a person had a religious preference and how they would like to practice. One member of staff told us, "We can arrange vicars and priests on request and the church comes in on a regular basis." Another member of staff told us "One person goes to church every Sunday if they are well enough and we support the person to do this by arranging transport and support."

People's confidential information was not always kept private and secure. On one occasion it was observed that people's personal information was left unattended in an unlocked cabinet in an unlocked room that was located next to a public area. We reported this to the registered manager who told us, "This information should not be stored here." Following this the registered manager locked the cabinet. There was evidence to show that a new lockable door had been sourced by the registered manager and was awaiting approval from the provider. This would reduce the risk of people and visitors entering the area.



## Our findings

Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them. People with friends, family and staff were completing 'My life plans'. These included extensive details of each person, and contained pictures of the person throughout their life. Some included paper cuttings of achievements of the people that were living there. The plans went through all likes and dislikes across a wide range of topics such as films, school subjects, celebrities and food. One person told us, "My friends brought in the paper cuttings and pictures of all the stuff I got up to in my youth." One member of staff told us, "We sat with the people and those close to them to complete these plans so we can all have a better understanding of them." Care plans were being reviewed on a monthly basis and care plans were being signed by staff to show that this had been completed. There was evidence to show that staff would review care plans following any significant events. For example, one person required additional aids for moving and transfers and the care plan was updated to include this information.

People had access to a wide range of activities that were tailored to their needs. Activities included quizzes, reading poetry, newspaper readings, reminiscence, singing and outings. The provider also gave people a bird feeder on their windows so that people could feed and watch the birds. One person told us, "I love sitting here watching all the different birds come to my window." Staff advertised the day events in the communal area and directly to people in their rooms in the morning and asked if they wanted to attend any of the activities. Residents told us they could choose to stay in their rooms or go to the lounge areas. Many people told us they had recently enjoyed a party to celebrate the Queen's birthday. People told us that they also have animals come and visit and the week prior to inspection they were visited by lambs. One person told us, "I enjoyed having the lambs visit me in my room." People who had to stay in bed were involved in activities through one to one sessions in their rooms. One member of staff told us, "We ask people what they enjoy. A lot of people like to have a chat in their rooms or a hand massage." When people were having hand massages staff were involved in conversation with the person and their favourite music was being played which created a relaxing atmosphere. People's friends and relatives could visit at any time and one relative told us, "We can come when we want and they are very accommodating."

People were encouraged to make their own choices at the service. People's rooms were decorated to their own choosing and included their choice of furniture and personal items. People also had choice over what they would like to eat. Each day people could choose from a selection of food choices and daily snacks. One person liked to have a full English breakfast once a week and this was provided. Staff also provided a choice of drinks during the day on a tea trolley. Staff would ask what people wanted and offered biscuits. Staff told us they were aware of what people preferred, but still asked people in case they wanted to have a change.

The registered manager asked people to complete a food choice survey. The food survey was completed by people to identify what they liked and disliked on the current menu. This gave the provider insight into what people thought of the current menu and how it could be developed. For example, some people identified that they would like chocolate offered as a snack and that an occasional barbecue would be good. The registered manager told us "We are currently sourcing a barbecue to accommodate this request."

Complaints and concerns were taken seriously and fully investigated by the registered manager. All complaints were recorded and documented any investigations, outcomes and copies of any correspondence. There was a recent complaint about an agency member of staff and the information provided included the full investigation and the outcome that the member of staff would not be asked to work at the service again. All people at the service and their family were confident to tell staff if they had any concerns. One person told us, "If I had to make a complaint I would tell the staff." Another person told us, "The staff are all good listeners, if I was not happy I would let them know."



## Our findings

People and staff spoke positively about the registered manager. One member of staff told us since the new manager has been in post they feel safer and completely supported. Another member of staff told us the registered manager is "trying to make the right changes." One person told us, "The manager is very nice, I see her every day". One family member told us, "To be honest I have no complaints about the manager what so ever." However, we found areas of the service that were not well-led.

The registered manager had not ensured that all records were up to date. People's records included information about their personal circumstances and how they wished to be supported. However, the information provided did not consistently identify actions required to meet the support. For example, one care plan gave instructions on how to transfer a person and what to consider when performing a move. The care plan also identified that the person had a fear and dislike of transfers but did not state how to address this fear. Another care plan did not state that a person's catheter had been removed. The impact to these people was minimised by staff who showed good knowledge of the person. We spoke to the registered manager who said they had done a lot of work on the care plans, but there is still considerable work to be done to ensure that the care plans provide clear guidance for staff to follow. Care plans were being reviewed monthly and signed by staff and people told us they were involved, but the provider had not put a system in place to ensure that it was being recorded that people were involved. The registered manager told us, "I am implementing a sheet for care plan reviews so there is an area to sign for people and relatives so it is clearer who is being involved in the reviews."

The failure to keep personal records secure and up to date is a breach of the Health and Social Care Act 2008 Regulation 17 (Regulated activities) Regulations 2014.

The registered manager had put in place an action plan that identified shortfalls within the service. The action plan had timeframes to complete a task and where they were not completed a new plan was put in place. This information was shared with all staff. The registered manager told us, "We share this information to show staff how far we have come in a short space of time." One member of staff told us, "We have all seen the action plan. It is good to see it as it shows us how we are progressing for the better." The action plan identified in January 2016 that all care plans were to be reviewed to ensure their compliance with CQC requirements. This review was completed and had identified that a full care plan audit should take place. From the action plan the registered manager had identified a number of concerns with regard to the ordering and storage of medicines. To identify any issues the deputy manager had completed an audit and had developed an action plan to address any concerns. For example, nurses had previously been responsible for ordering medicines, but there had been no system in place to check that the medicines



requested were needed. The manger and deputy manager told us this resulted in staff ordering too much of some medicines and a number had to be returned to the pharmacy. Following the audit the deputy manager had taken responsibility for ordering medicines every four weeks, and the nurse on Sunday night had been given the responsibility for putting new medicines in trolleys, after they have been checked in to make sure they were correct. The night staff had only done this once and required further support to ensure that medicines from the previous month were carried forward, that is, added to the new medicines so that the staff were aware how many of each medicine was in the trolley or store cupboard. The deputy manager said they would be carrying out monthly audits on all aspects of the management of medicines until they were assured that the systems in place were effective and they could evidence that people were safe. The deputy manager had identified that staff had not consistently recorded or photographed wounds, which meant the information in the wound care folder did not reflect the records in the care plans. Staff had recorded in the care plans any wounds and what action they had taken to address them, such as a dressing and how often they should be changed. The deputy manager had audited the wound care folder and this had informed staff where the records needed updating. They said the named nurse was responsible for updating the folder and we found that some progress had been made. The deputy manager told us they would be doing another audit to see if the information recorded in the folder reflected people's needs and that it was being recorded in people's care plans.

The registered manager ensured that meetings took place so that information was communicated with staff. There was an activity meeting that took place in February 2016 and identified that a weekly activity plan should be produced and life stories should be completed. This task had been actioned by staff. Care plan meeting in February 2016 identified that weight measurements were not being completed and a new hoist was required. Both of these actions had been implemented. The meetings were used as a forum by staff to discuss any general issues and the registered manager used meetings to provide updates on the service process and remind staff of policy updates or changes. Policies were being reviewed by the provider to ensure they were up to date.

## 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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not ensured that staff were acting in accordance with the requirements of the Mental Capacity Act 2005 where a person was deemed to lack capacity to give consent. Regulation 11(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<p>The provider had not ensured that medicines were being administered accurately. 12(2)(b)</p>
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that records of each service user were up to date. 17(2)(c)</p>