Prime Life Limited

Chamberlaine Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 30 May 2017. The inspection visit was unannounced on 30 May 2017 and we agreed to return on 2 June 2017 so we could speak with more staff and to see how people were supported.

Chamberlaine Court is a residential home which provides care to older people including some people who are living with dementia. Chamberlaine Court is registered to provide care for up to 38 people. At the time of our inspection there were 37 people living at the home.

Chamberlaine Court was last inspected in April 2015 and was rated as 'Good'.

There was a registered manager at the home. 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.

Staff received essential training to meet people's individual needs, and effectively used their skills, knowledge and experience to support people and develop trusting relationships.

Staff encouraged people to make daily choices in how they lived their lives. For people who lacked capacity to make decisions, staff continued to prompt and offer people visual choices so people continued to have input in how their support was provided.

People were supported to pursue various hobbies and leisure activities and although there were a variety of interests for people, improvements were needed. A number of people told us other than planned activities, there was not much else to keep them stimulated.

People had meals and drinks that met their individual requirements and people said they enjoyed the food choices provided. However, we saw examples where a person's drinks were out of reach and staff were not always attentive to notice when a person's drinks were untouched.

People were encouraged and supported by a caring staff team and people were encouraged to maintain relationships and keep in touch with those people who were important to them.

People told us they felt safe living at Chamberlaine Court and staff knew how to keep people safe from the risk of abuse. Staff understood what actions to take if they had any concerns for people's wellbeing or safety. The registered manager knew what action to take if concerns regarding people's safety were brought to their attention.

People had their medicines administered by trained and competent staff but the management of medicines required improving to ensure people received their medicines as prescribed, in line with pharmacist

guidance.

Infection control measures when identified were not effectively managed within the home which had potential to place people and staff at unnecessary risk.

Some senior staff were not always clear of their roles and responsibilities which meant the shift and staff were not effectively managed to ensure people received their care and support needs in a timely and responsive manner.

The registered manager had quality monitoring processes which included audits and checks on medicines management, care records and accidents and incidents. Improvements were needed because we found the provider's systems did not always identify and rectify improvements and some records did not demonstrate what actions had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and protected living at the home. They were supported by enough staff who were available to provide their care and support, although deployment of staff was not always effective in supporting people. Staff understood their responsibilities to report any concerns about people's personal safety or if they believed people were at risk of abuse or harm. People were supported with their prescribed medicines although the recording of medicines needed improving.

Is the service effective?

Good

The service was effective.

People were involved in making day to day decisions about their care and support needs. Where people did not have capacity to make decisions, support was sought from family members and other professionals in line with legal requirements and safeguards. People received support from a staff team that were trained to meet people's needs. People were offered meals and drinks that met their dietary needs and were referred to other healthcare professionals when needed

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate towards people who felt confident asking staff for support. Staff knew people well and respected their privacy and dignity. Staff promoted people's independence, by encouraging them to make their own day to day decisions and to live their lives how they wished.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People and their families were not always involved in planning how they were cared for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to

spend their time but there was minimal physical and mental stimulation for people, which did not always meet their needs. People said if they needed to make complaints, they knew how to do this and who to approach.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Some systems required better organisation to ensure improvements that had been identified, resulted in positive actions being taken. Medicine and care plan audits were not always effective in identifying improvements that ensured people received a service that was safe and responsive. People and staff were supported by a registered manager and provider that welcomed people's feedback about the service they received.

Chamberlaine Court

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 30 May 2017, was unannounced and consisted of two inspectors and one expert by experience. An expert by experience is someone who has experience of caring for people who use this type of service. One inspector returned announced on 2 June 2017 to speak with staff and to see how the shift was managed.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas and in their own rooms, with their permission. This was to see how people spent their time, how staff involved them, how staff provided their care and support and what they thought about the service.

During our inspection visit we spoke with 12 people who lived at Chamberlaine Court to get their experiences of what it was like living there, as well as four visiting relatives. We spoke with the registered manager, a regional support manager, a lead operations director, seven care staff and a maintenance person.

We looked at five people's care records and other records including quality assurance checks, training records, meeting records, observation records for people, medicines and incident and accident records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Chamberlaine Court. One of the main reasons was because, "I do feel safe, residents don't come into my room. I am not frightened at night because I can lock my door." One person told us, "Yes it's safe here you can lock your door and my possessions are safe… not had anything go missing." Relatives were confident their family members were safe in the provider's care.

People were safe because they were protected from the risks of abuse. Staff knew and understood their responsibilities to keep people safe and protect them from avoidable harm. Staff understood what abuse meant and what to do if they suspected someone was at risk. A typical comment from staff included, "There is lots of different types of abuse. People don't need to be shouted at. If we do any personal care we tell them what is happening." Information about a whistleblowing helpline was displayed in the entrance hall. An 'abuse poster' showing local authority contact details was also displayed so anyone connected with the home could contact the relevant authority. Staff had received training in safeguarding adults and staff told us their training had been refreshed to keep their skills and knowledge up to date.

Risks to people's individual health and wellbeing were assessed and action taken to minimise the risks. People's care plans identified risks to their health and welfare, the control measures in place and the equipment and number of staff need to support them safely. For example, the provider assessed risks to people's mobility, risk of 'absconding', nutrition, skin and malnutrition and dehydration. Where risks were identified, there was a care plan to minimise the identified risks.

Staff were knowledgeable about the actions they should take and how they needed to support each person to minimise the identified risks, "You assess them as to what they can do and what they can't do." Staff explained the risks associated with people living with a dementia and said, "Just be aware of their surroundings, keep their rooms the same because they don't like change and remove any obstacles they could trip over. You need to be aware of anything they could be scared of and that they may not like to keep them in a safe environment and happy." Staff told us a number of people were prone to falling but took measures to minimise the risk of falling and potential injury. One staff member said, "We have got a few crash mats we put down at night. We make sure corridors are clear and no obstacles are in the way."

There were enough staff on duty to support people, although our observations showed staff were busy and on occasions, could not always meet people's needs. People said, "I think the staffing levels are okay, when you press the buzzer they seem to come fairly quickly." We found on the first day of our visit, staff were more reactive than proactive to people's needs, although on the second day of our visit, the shift was more organised. We discussed this with the registered manager, lead operations director and regional support manager and it was felt better deployment of staff helped staff to be more proactive in supporting people's needs. The lead operations manager showed us a calculating tool they used which provided them with an estimate of staffing hours that supported people's assessed dependencies. We found the provider had exceeded their calculations based on dependencies and they were confident staffing levels would meet people's needs. Staff felt staffing levels were right, saying, "It is okay. You get days when someone rings in sick, but on the whole it is staffed well."

People received their medicines from trained and competent staff. Staff who administered medicines told us they received training to ensure they knew their responsibilities and to ensure medicines were administered safely. Staff had regular assessments to ensure they remained competent to give medicines. One staff member said, "We do have an assessment every six months. Every so often you will have a booklet to do as well."

To minimise potential for medicines errors, only senior or trained staff administered medicines to people. Each medicine record had a photo of the person to confirm their identity which staff said helped ensure medicines were given to the right person. Medicines were issued in colour coded dosset boxes which denoted the time of day they were to be given, such as morning, lunchtime and evening. One senior staff member said this system helped reduce the possibility of administering medicines incorrectly. Medicines delivered in boxes were kept safe in a locked trolley.

We looked at five medicines administration records (MAR) and checked signed and administered medicines against the stocks left. We found three out of the five we checked, had not identified missing stocks. We checked one person's record that required the application of a patch medicine. This medicine should be rotated on person's skin to ensure the skin does not become irritated or sore. The senior administering medicines told us they had not recorded where the patch had been placed, for example using body charts or records. They said, "I have been here years and never used them." We raised these issues with the registered and senior managers who agreed to take action to satisfy themselves medicines were administered safely. When we returned on the second day of our visit, patch application records had been introduced and an investigation was underway to identify correct medicines stocks. The registered manager planned to give all medicines trained staff a refresher course to ensure medicines continued to be given safely and as prescribed.

Good

Is the service effective?

Our findings

People told us they were pleased with the support they received from staff and felt staff had the skills and experience to care for them. One person said they felt confident with staff's abilities because in their opinion, "I think staff do know how to look after me."

Staff told us they were trained to carry out their role effectively and the registered manager had a training schedule that prompted them when their training was due for refreshing. Staff comments made to us were, "It is good, they do a lot of training that is one thing they do", "They give us plenty of opportunity to do our training" and, "I do enjoy the training because I think you need it because things change." In particular, some staff told us how useful they found 'virtual training' in dementia care. This meant they had worn special shoes and gloves and been given sensory experiences that enabled them to get an insight into the effects of dementia for those living with it. One staff member explained, "I did the virtual tour and that is like an insight into what it is like. It was quite upsetting. It is upsetting to be there for five minutes and see what they have to live with for life." We asked what benefit this training had when staff worked with people living with dementia. One staff member responded, "It makes you realise and think about noise levels. You think more about the television being loud. It did make me more aware which was really good." Another told us, "In some areas being quieter, talking to them directly and not mumbling, give them time to express what they are trying to say to you and give them choices."

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.

Staff understood some people lacked capacity to make some decisions but told us they supported people to make as many of their own day to day decisions as possible. "They all get choice about what they want to wear, what they have to drink, whether to sit in the garden. They are all given the choice." During our visit we saw staff offering people choices – "Do you want to go to your room or do you want to go to the sitting room?" One person was asked if they wanted another biscuit and was given the biscuit jar to make their own choice. One staff member described how they used visual prompts to support decision making, "Say a packet of crisps, I put two up and ask what flavour they would prefer. With dinner you can go across and show them."

Staff understood they should respect people's right to make their own decisions about their care but balanced this with their responsibility to ensure people's wellbeing was maintained. "If they refuse personal care I would go away and go back in 15 or 20 minutes and their mood could have changed. I would try a few times. If they continued to refuse it would be documented." One person was asked to go to the dining room for lunch. They indicated they would prefer to stay in a quiet sitting area at the end of the corridor and this decision was respected.

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 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.

The registered manager told us they had identified 26 people whose care plans included some deprivations of their liberty and submitted applications to the relevant authorising authority. For example, some people did not have capacity to make the decision to live at Chamberlaine Court. None of the applications had been authorised at the time of our inspection visit. We saw one person who continually said I want to 'go home', 'go out' and 'I want to leave'. Staff knew this person could not go out, but were unclear if they had an approved DoLS in place. We asked the registered manager if they had requested an urgent DoLS for this person, given their continued requests to leave. They told us they had not, but agreed to do this promptly to ensure this person's freedoms were not being unnecessarily restricted.

People had mixed views about the food, "Food is quite nice" and, "Well you get good days and bad days." During the first day of our visit people had a selection of sandwiches at lunchtime as there was a planned party and BBQ late afternoon. We saw one person required assistance and a staff member sat next to them and assisted the person, but also promoted independence encouraging them to hold their spoon. We saw one person being offered a drink, refused to take a drink and we were told they had been refusing to have a drink most of the day. The staff member offered to go to a local shop to buy them whatever they wanted to encourage the person to drink.

Staff told us some people living with dementia could be reluctant to sit for periods of time to eat their meals. They explained how they encouraged people to maintain their nutritional intake. "If they are people who walk around a lot we offer them finger foods they can hold as they walk around." One staff member told us they monitored people's weight to ensure they were having enough to eat. "If they lose weight we get the dietician in and give them milky drinks and fortify their food."

People were referred to healthcare professionals but we found one visit that had not been recorded in a person's care records. However the handover sheet recorded that one person had been visited by the district nurse the day before our visit. We told the registered manager about this and they understood the importance of recording this information in the person's care plan or daily records. During our visit we did speak with two visiting healthcare professionals who were complimentary about the support they received from the registered manager and staff. One of these professionals said, "Whenever we need to place someone here, they always come up and assess them, not everyone does." The healthcare professional said they made regular visits to the home and had no concerns about how people were cared for.

Good

Is the service caring?

Our findings

Overall, people were pleased with the care and support they received from staff. One person said, "The staff go out of their way to be pleasant," and a relative described the home as having, "A lovely environment and they keep [person] clean and comfortable."

Staff felt the atmosphere in the home was caring for the people who lived there and staff said they always put people first. One staff member told us, "It's nice. We have a really nice atmosphere and good staff. It is a nice place to work." Another staff member told us, "I think they are good staff. The first thing I noticed was the care standard was a lot better from where I had previously worked." This view was shared by other staff. One staff member told us, "I think the carers come in and we give 110% for some of these residents to make it the best quality of life we can give them in the home." A visiting healthcare professional told us whenever they visited, "All the residents seem happy."

During both days of our visit we heard staff making positive comments to people which made them feel valued. For example, one person had their hair done and a staff member walked past and said, "Oh [name] you look lovely. I love your necklace." This staff member then sat and had a conversation with the person about the new clothes they were wearing. The staff member clearly had a good knowledge of the person's family and the person enjoyed talking about a recent shopping trip with a family member. Later another member of staff commented to the same person, "Oh you look beautiful."

People said they liked knowing family and friends could visit without restriction and we saw people had visits from family and friends. Some people and families chose to spend time in their rooms, whilst others spent time with each other in the garden. During the first day of our inspection visit, one person was planning to celebrate a special birthday with family, friends and others in the home. Some staff who were not due to work came in, in their own time to help organise and get things ready. The registered manager told us those staff who came in, did so because they wanted to be with the person and celebrate their special day.

Staff knew the limitations and expectations of the people they cared for. Staff worked at people's individual pace but that sometimes meant others were kept waiting, "Steady, don't rush, we've got plenty of time." Staff told us they spent time with people because a high number of people were at risk of falling, so they didn't want to put people at risk.

People told us staff were respectful of their privacy and dignity when they received care and support from staff. One staff member said, "When we take them to their room we make sure the door is closed and we always give them a choice of things." A visiting healthcare professional told us that staff supported them to see people in private, "One lady refused to go to her room but it is very rare patients don't go to their rooms. They (staff) usually take them in there for us." Most of the time, staff knocked people's doors, introduced themselves and went in but we saw one occasion where staff said the person's name, then entered without introductions or waiting.

The registered manager showed us some of the improvements within the environment since our last visit. One downstairs lounge area was being decorated and just needed the homely touches putting in before people were able to use it. The registered manager said the additional lounge would ease some pressures in other areas of the home and meant staff had additional room to engage people, or for families to have a quiet area.

The registered manager was confident in staff's abilities and said they had the right staff in place with the caring nature and responsibilities they expected. They told us they were proud of their team and said staff were committed to caring for people. They told us regularly walked around the home and on occasions helped support staff on the floor. They said this gave them opportunity to watch staff with people and observe staff practice and how staff engaged people.

Requires Improvement

Is the service responsive?

Our findings

People told us there were enough staff but said on occasions, staff were not always responsive to their needs. One person said, "There are enough staff but at times you can't find them." This supported our observations during the first day of our inspection visit, especially on the first floor. We observed staff interactions with people on the first floor and found the deployment of staff meant they could not always respond quickly to people's demands. There were 24 people with complex needs living on the first floor supported by four staff. We spoke with staff and asked them if they responded quickly enough to meet people's needs. Most of the staff said they did, however they told us certain times of the day presented challenges, such as early mornings, post lunchtime or if there were unexpected absences. On the first day of our visit staff told us out of the four staff on duty, two staff went on lunch breaks together, then another two staff went after they had returned. Once all staff had returned from breaks, two staff had to clear away and wash up items used at lunch time. This meant there were times when only two people supported people.

During the day we saw numerous examples were staff were unable to respond when people needed support. We spent time in the lounge and corridors and saw people were left unsupervised for periods of time and when people clearly became upset and distressed, staff were not always proactive to offer support. One person was shouting, "I want to go home, I want to go home" but staff did not always have time to comfort them. In one example, we saw this person was shouting for 10 minutes and another person came out of their bedroom and shouted at them to be quiet, then slammed their door. We asked staff about this and they said, "You can't get through to [person's name], she will just scream and shout. I wonder if she just wants attention, she does get attention. She has got no family." We saw that when staff had the time to spend with this person, they appeared calmer.

We saw afternoon tea was provided on the first floor with limited staff presence. A person spilt their orange juice into their tea, then made several attempts to get out of their chair. The person became distressed because there were no staff to help them, and because of their distress, required staff support with their personal care. To limit the person's anxieties, we went to get staff assistance. Staff did help transfer this person but staff moved this person whilst they were standing in a wet area on the floor, then took a further 10 minutes to clean and dry the floor, putting others at potential risk. The layout of the home meant it was difficult for staff to see where people were. Staff said it was okay in the communal areas but the corridors meant they could not cover all aspects of the home. Some people preferred to spend time in their own rooms and said if they needed help, staff responded.

Staff told us they checked on people in their rooms to ensure they were safe and well cared for. We saw one person was in bed and they needed to wear specialist boots to help reduce skin breakdown in their heels. We found the boots were not being worn. Staff told us, "Oh they kick them off" but there was limited action taken to ensure the boots were worn. We saw another person who had full drinks in their room, but these were all out of reach. We asked them if they wanted a drink and they said yes. We arranged for a hot drink to be brought to them and again, it was put out of reach and when we returned, had gone cold. This demonstrated staff were reactive and did not have time to consider the impact of some of their actions.

A relative told us people sometimes had to wait if they used their call bell for assistance. "She rang for assistance. The girl came in and said very nicely that she had to wait for another girl to come and help and they didn't come back in for an hour." This relative explained their family member had required assistance with personal care. "It was awful. I was spraying the room and she was uncomfortable. Sometimes they haven't even answered the buzzer. As soon as she rings they should come in." However this relative stressed, "Other than that she is quite happy here with the staff." We discussed these issues with the registered manager who said they were surprised with our findings, but said there was a party being organised that day that may have had some impact. When we returned on our second visit, we found the shift and staff were better organised. We found the senior team leader, managed the shift effectively, yet on the first day, this had not been the case.

Some people and relatives told us there was little stimulation. Comments people made to us where, "Yes I do get fed up, I do go into the garden but there is nothing there and it's difficult to talk to other residents" and, "I do get fed up there is nothing to do, but it's not too bad here." There was a designated member of staff to lead on activities but they were counted in the overall care staff requirements and helped out with some care duties. Staff felt the provision of activities to interest people had improved, but felt there was room for further improvements. "We are getting better. They do take them out on trips. We have a lady on Tuesday who does movement to music. Sometimes we struggle a bit because there may not be enough of us to do what they want to do."

The staff member who led on activities told us about recent trips out to Warwick Park, Lutterworth tea rooms, Meriden tea rooms. They hired a minibus once or twice a month to facilitate the trips out. This staff member told us that ordinary every day activities were just as meaningful for some people – "There are times you do activities with them and you don't realise you are doing activities, such as folding towels."

During our inspection visit we found there was an inconsistent approach by staff when meeting people's social and emotional needs. During the morning we saw a staff member sitting in the lounge downstairs. There were six people sitting there and the staff member tried to engage with each person. They had a chat about football with one person and then spoke with another about the 100th birthday party that was planned for the afternoon. They asked people where they would like to go on the next trip out and when one person asked if there was a newspaper, they went and got them one. They then discussed some of the articles in the paper with the person. Some people did not want to engage and the staff member respected that. However, we observed another occasion when a person was anxious because they thought something had been taken from their room. When the person tried to seek an explanation from a staff member, the staff member said they didn't know anything about it which made the person more upset. Another member of staff approached the person and it was clear that they knew the resident well and communicated in a manner that reassured them, explaining that they had nothing to worry about.

People knew how to complain and information in the home informed people how to do this and what to expect by way of an outcome. A typical comment was, "If I am unhappy about anything I would go and see them (pointing to the office)." Complaints had been addressed and responses were sent to people within the required timescales. The lead operations director said complaints were notified to Head Office so the provider was aware of people's complaints and in some cases, they would personally respond if complaints had been escalated.

Requires Improvement

Is the service well-led?

Our findings

People and relatives gave us mixed responses when we asked if they believed the home was well managed. Some relatives comments were, "The atmosphere in the home is alright. I see the manager about but she doesn't come to chat" and, "I think it is well led, you don't seem to see residents in distress." Another relative said, "I think it is (well led) the atmosphere is good and the manager is approachable and seems to be always around."

Staff told us they enjoyed working at the home, "I love this work. Obviously you have stressful days but I like being involved with the residents" and, "I love it. I've worked in other care homes and they don't come up to this care home." All the staff we spoke with had worked in the home for six years or more, some since the home opened. Staff said the continuity helped them to work well as a team and to know the people they looked after. The registered manager told us they were proud of their staff team and their commitment to providing good care.

Staff felt supported by the registered manager. "She is good. She is here every day. She is approachable if anything is wrong. She is very good if you have any problems with the residents or are worried about them." One staff member felt the registered manager had a good understanding of how to support people with dementia because, "They will sit in on a lot of the training."

People and relatives meetings had not been held for some time, however the registered manager told us people and relatives had the opportunity to voice any concerns or share feedback because they had an 'open door. There was a sign advertising 'manager's surgery' every Wednesday between 2.00pm and 4.00pm, but the registered manager said people could see them whenever they wanted to.

We found some areas for improvement during our visit. It is a legal requirement for the provider to display a 'ratings poster'. The regulation says that providers must 'conspicuously' and 'legibly' display their CQC rating at their premises. A ratings poster was not displayed. We had also found this at location operated by the same provider that we rated recently. We discussed this with the lead operations director to see if learning was shared across the provider when improvements were found at other services. They told us it was, but could not explain why the poster was not displayed at Chamberlaine Court. During our first inspection visit, the registered manager rectified this by displaying a poster of the previous inspection rating.

The regional support manager completed care plan audits as part of their quality assurance checks. We looked at a care plan audit completed on 17 March 2017 that identified some improvements were needed with additional information around a person's medical condition, and how staff were to manage it consistently. We checked this care plan on 2 June 2017 and found this information had not been updated. The lead operations director said the provider's expectations were for this to be actioned within four weeks.

We looked at medication audits which were completed monthly. The audits appeared to be mostly focused on processes and procedures as one action was "check MARR books for photos and protocols'. It would

therefore appear that the audit did not involve looking at MARs and there was no reconciliation of stock which could account for the issues we found not being identified. One senior staff member was not recording temperature checks of the medicines fridge as records showed the refrigerator was broken and a new one was ordered on 17 May 2017. The registered manager told us the medicines fridge had been replaced and was working, however communication of this message was not passed onto a senior staff member. We found patch application records were not being used to record people's patch medicines which had potential to put people at risk if they were applied to the same area. The regional support manager told us a patch record had now been put in place. We also found a lack of consistency in how covert (disguised) medicines were given. It is good practice for pharmacists to state how medicines should be disguised safely so the efficiency of the medicines was not impaired. This was not being done. We also found inconsistencies in how prescribed medicines were to be administered. These issues had not been identified during the provider's medication checks, but action had been taken post our visit to rectify this.

During the first day of our inspection we noted a gap in one person's medicines on 25 May 2017. All of their medicines were not signed for, nor was an appropriate code used to explain why. When we returned on the second day of our visit, we saw a staff member's initials had been written in for 25 May 2017, which implied medicines were given. We discussed this with the registered manager and they could not explain why these records were retrospectively completed, especially as the staff member had not been on duty during or following our inspection visits. They agreed to inform us of their investigation into this once they had spoken with the staff member later that day. They did not inform us of the outcome so we contacted them. The registered manager said they had spoken with both staff members who administered medicines that day. We were given contradictory information between what we saw and what staff said happened. The registered manager said they had now improved their systems to minimise this from happening again.

There was a maintenance book for staff to record required repairs. The maintenance person said they checked the book regularly then signed to confirm when jobs were completed. On the first day of our inspection visit, we found a sink tap was leaking water all over the work top and onto the dining room floor where people were sitting. The floor was really wet and was an obvious slip hazard. Staff told us the leak had been reported however there was no record in the maintenance book and the maintenance person told us they were not aware. On the second day of our visit, the leaking tap was repaired.

The registered manager told us they completed a daily walk around the home to check the environment and equipment was safe. We asked them about the leaking tap and they said no one had brought this to their attention. During our tour with the registered manager, we saw notices on dining rooms that said 'people and staff were not allowed into the dining rooms outside mealtimes'. The registered manager was not aware of these signs being displayed. They removed them immediately, but these had not been picked up beforehand.

At the time of our visit one person received special care known as barrier nursing to reduce the spread of infection to others in the home. We were told this was a precautionary measure until tests confirmed the risk was no more. We found the management, oversight and communication of infection control measures required better monitoring. We found staff did not always follow safe infection control methods and there was no oversight to ensure safe infection controls were adhered to. Some staff were not aware that a person was being barrier nursed and a cleaner told us no one had informed them, so had not taken additional precautions and measures to limit the spread of infection. The registered manager said she was surprised and disappointed with what staff had told us and what we had seen. The registered manager said they and a team leader were managing the shift on the first day of our visit but had not checked staff followed their own measures and polices.

Accidents and incidents were recorded by staff and reviewed by the registered manager for trends and patterns. The registered manager was confident they took action to keep people safe and protected. However it was difficult to determine whether we had received statutory notifications for some serious injuries, as people's records did not always accurately reflect events. The provider's own records indicated if a statutory notification was sent, however we saw some serious injuries had not been identified to support a notification being sent to us. From conversations with the registered manager they agreed to ensure all statutory notifications would be sent to us in future.