

Thurlaston Meadows Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Thurlaston Meadows Care Home Ltd is a care home providing personal care and accommodation for up to 45 older adults living with dementia, physical disability or sensory impairment. The service is a two-story building with 16 en-suite bedrooms and 23 bedrooms sharing bathroom facilities, some of which are for double occupancy. There are three communal lounges and a dining room. At the time of our inspection visit there were 26 people receiving care.

People's experience of using this service and what we found

At our previous inspection we found risks were not always identified, assessed or well-managed and medicines were not always managed safely. At this inspection we continued to find similar concerns. People's medicines were not always administered as prescribed and or stored safely. We were somewhat assured infection prevention controls were being followed. The provider did not always mitigate risks to people by maintaining a safe environment. Events which called into question people's safety were not always identified or managed appropriately to ensure people were made safe in a timely way.

Improvements were needed to the admissions process, to ensure people's needs and risks were assessed and used to develop care plans in a timely way. Improvements were needed to evidence and monitor the care people received in relation to their skin, fluid and nutrition, to ensure these were completed consistently, in accordance with people's identified needs.

The provider had failed to demonstrate effective oversight to sufficiently improve the quality and safety of the service. There was a continued failure to act on identified concerns in relation to fire safety, which was identified at the two previous inspections. Quality assurance processes and oversight failed to identify the gaps and errors we identified in relation to people's care records, and records of care and treatment provided.

There were sufficient staff at the service, and staff training had been improved since our previous inspection. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

Staff spoke positively about their induction and training and could tell us how they used it to support people. People were generally positive about the food provided and told us they received a choice. However, there was a risk people were not supported to drink the right amount of fluids to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind, caring and compassionate and treated people with respect and dignity.

People told us they felt safe at the service, and staff supported them in a way they preferred. People made

everyday choices about how they spent their time. Staff supported people to engage in a range of activities they enjoyed. People felt able to raise concerns with staff.

Most people and their relatives were satisfied with the service provided and spoke positively about the management of Thurlaston Meadows. People and their relatives told us they were encouraged to share their experiences of the service by completing surveys and attending meetings, and that they were kept informed about events that happened at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was inadequate (published 21 September 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 21 September 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see all sections of this full report for details.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thurlaston Meadows Care Home Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and good governance at this inspection.

Follow up

We wrote to the provider and requested some information to be sent to us urgently and asked what they were going to do to mitigate the risks identified and to keep people safe. The provider responded demonstrating some immediate actions 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Thurlaston Meadows Care Home Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection Team

The inspection was carried out by two inspectors and an 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. The Expert by Experience spoke with people and their representatives, to gather feedback on their experiences of the care provided.

Service and service type

Thurlaston Meadows Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent themes of concern. We sought feedback from the local authority and commissioners who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection.

We looked at 8 people's care records or medicines records, 2 recruitment records and a variety of information relating to the management of the service. We gathered feedback from 17 staff including the nominated individual, the registered manager, the human resources manager, the provider, the deputy manager, housekeeping and care staff including senior care staff, the catering manager, the activities coordinator and two maintenance staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 8 people who used the service and 3 relatives, about their experience of the care provided. We observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our previous inspection the provider had failed to ensure risks associated with people's care were safely managed including failure to provide safe medicine management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- At our previous inspection we found risks were not always identified, assessed or well-managed. At this inspection we continued to find similar concerns.
- People with pressure sores or wounds did not always have clear risk management plans to ensure staff had the guidance they needed to prevent further damage to people's skin, or wounds deteriorating. There were gaps in repositioning charts so we could not be assured that people received the support they needed to protect their skin and prevent further damage.
- Records of district nursing visits were not recorded to demonstrate that people's wounds had been treated and whether they were improving. By the second day of our inspection, health professional notes were being recorded and wound care plans were being implemented.
- Staff did not always follow risk mitigation plans to ensure people were protected against skin damage. For example, one person's care plan directed staff to reposition them every 2 hours. This person was at high risk of skin damage and had pressure sores. Records did not show this advice was followed and additional skin damage had occurred. In response to our feedback, the registered manager took action to ensure management plans for people's skin were monitored and that staff understood and followed those plans.
- Some people required pressure mattresses which are used to protect people's skin and help prevent skin damage. These mattresses are set according to the person's weight. One person with pressure wounds had their mattress set incorrectly which placed them at increased risk of skin damage. In response to our feedback, the registered manager assured us that a system to ensure pressure mattresses were set correctly and monitored, would be implemented.
- Risks related to the safe storage of thickener were not managed effectively. Thickener, which is added to liquids to thicken them, was not always stored safely and could be accessed by people who lived at the home. Thickener has been the subject of safety alerts as incidents have been reported where harm has been caused by accidental swallowing of thickening powders. The provider acted straight away after our feedback to store the thickener safely.
- People were not protected from the risk of scalding. In one area of the home, near to people's bedrooms,

a drinks area had an unattended kettle where staff and people could boil hot water. This placed people at risk of scalding if they used the kettle without support from staff.

- At our previous two inspections we identified a number of fire safety concerns. The provider's maintenance team and fire risk assessments had identified the concerns we found on our inspection. However, the provider was unable to provide evidence of an action plan to address the identified concerns, or target dates for the completion of the work. This placed people at increased risk of harm.
- At our previous inspection medicines were not always managed safely. There were 3 different recording systems and information about time sensitive medicines, which were required to be given at exact times, was inconsistent on each system. This meant we could not be assured people received their medicines at the prescribed time. This continued to be a concern at this inspection. The registered manager and provider responded to our feedback and were investigating ways in which their medicines systems could be improved.
- Medicines were not always administered as prescribed. At our last inspection patch medicines were not administered safely or in line with prescriber's instructions. At this inspection we found similar concerns.
- One person was prescribed a transdermal patch medicine for pain relief to be given every 72 hours. Staff were instructed to apply the patches using 3 different sites on the body, and to alternate the position of the patches between the 3 sites. The guidance stated staff should avoid using the same area for 7 days. Records showed these instructions were not always followed and a lack of provider oversight had not identified this. Rotation of patch medicines is important to prevent skin irritation, and to manage the risk of the body absorbing the medicine too quickly.
- Some people needed medicine on an 'as required' (PRN) basis. Guidelines for staff to ensure they understood when or how these medicines should be given to people safely, were not always clear. This placed people at risk of receiving too much medicine, or not receiving their medicine when they needed it.

The provider had failed to ensure risks associated with people's care were safely managed including failure to provide safe medicine management. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made since our previous inspection to the storage of medicines. Temperature controlled environments were being monitored to help ensure medicines were stored below the manufacturer's recommended temperature. This helped ensure medicines remained effective.
- At our previous inspection risk management to prevent the spread of Legionella was ineffective. At this inspection we found regular testing and treatment to prevent Legionella spreading was taking place.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found there were failings in the provider's systems and processes to protect people from potential abuse. This was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At our previous inspection we found action was not always taken to investigate safeguarding concerns. At this inspection the registered manager understood their responsibility to refer and investigate safeguarding concerns to the local authority and CQC.
- People told us they felt safe at the home. Comments from people included; "I do feel safe in here, it's a very good place. I like my room and people who are working here, staff do help and listen" and "I like living in here because staff are very helpful, I can't find any faults in the way they treat me. From what I see there is

enough staff around, on the whole staff presence makes me feel safe" and "What I like about this home is that it is spotless and homely. I have a lovely view from my room, it's like a hotel."

- Staff training had been improved, and all staff received safeguarding training when they began working at the service.
- Staff told us they understood their responsibility to safeguard people from abuse.
- Information was displayed in the home to inform staff, people and their relatives where they could independently raise concerns about safeguarding.

Learning lessons when things go wrong

- Improvements were still required in the way accidents and incidents were recorded.
- The provider had implemented an accident and incident log and directed staff to report accidents and incidents to their manager, so these could be monitored to prevent reoccurrence and identify potential safeguarding concerns. However, the staff did not consistently log all accidents and incidents with their manager. The registered manager told us they would remind staff of their responsibility to raise things with their manager as soon as they identified them.

Staffing and recruitment

- There were enough staff to meet people's needs safely. People told us they felt staff responded to them and did not make them feel rushed. Comments included, "I carry my alarm in the bag when I am out of my room, but when I am in the room, I have one by my bed. Staff do come quick enough. I don't think I wait too long" and "I am never rushed, staff never leave me without checking."
- The provider explained they did not need to use temporary staff as they had a sufficient number of permanent staff to meet people's needs. Feedback from staff confirmed this.
- Since our previous inspection staff received regular training and support to help ensure they had the skills and knowledge to meet people's needs safely and effectively.
- Staff were recruited safely. Recruitment checks included obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. However, although the home was generally clean, we found the disposal of human waste was not being disposed of safely, which may increase the risk of infections spreading.
- We were assured the provider was making sure infection outbreaks can be effectively managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was being facilitated in line with government guidelines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to work within the principles of the MCA. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this regulation.

- When people were identified as potentially being deprived of their liberty, applications were made to the authorising body.
- Mental Capacity Assessments were carried out for people identified as needing them. Some improvements were required to ensure records included steps taken to encourage people's involvement in the decision-making process, and evidence to support decisions made at each stage.
- Staff understood the need for consent and supported people to understand and make their own decisions, as much as possible. One staff member said, "They [people with dementia] can still pick what they want to wear and choose. It's about giving them a bit more time and showing them options."
- Assessments included details of people who had been consulted as part of the decision-making process. This included family members or legally appointed representatives.
- At our previous inspection we found people were not always allowed to leave the service if they chose to. At this inspection we found the door to the home was no longer locked and people who were free to leave the home unaccompanied could do so.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems to ensure that people's needs were assessed and that information used to develop care plans for people, did not operate consistently.
- One person was admitted to the service at the end of March 2023. The provider did not undertake their own assessment of this person's needs, and on the first day of our inspection there were no care plans for this person.
- The provider took some action in response to our feedback and implemented a catheter care plan by the second day of inspection. However, there were no care plans relating to this person's skin or nutritional needs. This person had a number of pressure wounds and skin damage which required care and treatment, and the home's own nutritional risk assessment identified risks relating to this person's nutrition.
- People and their relatives felt staff understood people and their needs. One person said, "I do believe staff have good knowledge and understanding of my needs." A relative commented, "Staff know [Person's name] well, they can recognise when they are not well and they do act accordingly. At the start they [staff] didn't know them well, they monitored them and kept us in the loop. Gradually they became better and stronger thanks to staff and their persistence."

Staff support: induction, training, skills and experience

- At the last inspection, improvements were needed to ensure staff received training relevant to their roles so they could provide safe and effective care. At this inspection, improvements had been made.
- Staff spoke positively about their induction and training and could tell us how they used it to support people.
- Comments included, "I did the dementia bus a couple of months ago. It helps you understand what is happening to people. Once you've been on the bus and you realise what's going on with someone's brain, you can understand why people do the things they do - it's awakening," and, "I did face to face and online training and shadowed for 2 weeks which was really good. I'm doing my NVQ 3 at the minute too."
- Specific training in catheter care and skin integrity had not yet been provided, but there were plans for staff to undertake this training. Staff could describe potential concerns relating to catheters and the checks they made on people's skin. When any concerns were observed, staff escalated these to senior care staff or team leaders. Our observations confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At the last inspection, improvements were needed to ensure advice and guidance from healthcare professionals was incorporated into people's care plans.
- At this inspection, some improvements had been made in this area. When people were seen by external health professionals such as speech and language therapists (SALT), or district nurses, care plans were updated to reflect this. For example, during the inspection one person was reviewed by SALT who made changes to their specialised diet. This information had been changed in their care plans.
- However, further improvements were needed to ensure health professional guidance was fully understood and incorporated in care plans, to provide clear guidance to staff. Improvements were needed to evidence and monitor the care people received in relation to their skin, fluid and nutrition, to ensure these were completed consistently, in accordance with people's identified needs.
- Staff were confident identifying and reporting any changes or concerns about people's health to senior staff or team leaders. Our observations and feedback from staff confirmed this. One staff member said, "If a resident isn't eating or drinking well or we've got concerns about someone's skin we use the DOCOBO [alert system to identify changes in people's health] system and the nurse calls us back in 2 hours. If it's after 6pm we'll report it to management and call 111 for advice. Anything to do with [person's name] catheter we call the district nurses straight away."
- People received access to external healthcare. Feedback from people and staff confirmed this. One staff

member said, "The G.P is very good and will come out when we need them. They will be out straight away." A person told us, "Very happy with staff and care they provide. One of the staff noticed I can't hear well so they are now trying to fix me an appointment - overall, the care is excellent."

- Staff were kept informed about changes to people's health through regular conversations and daily handovers.

Adapting service, design, decoration to meet people's needs

- The service provided support to people living with dementia. However, there was no signage to promote and support orientation to people's environment. In response to feedback, the registered manager said they would look into ways of creating a more dementia friendly environment.
- There were four communal spaces in the home which provided options for where people could choose to eat their meals, watch television, or take part in shared or individual activities.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives gave positive feedback about the food and how staff supported and encouraged them. One person said, "Lately I am not very hungry, so somebody came and gave me milk shakes." Another person said, "I do enjoy food here and I can have whatever I like." A relative said, "The food is wonderful we've had a couple of meals here together."
- Meals were freshly prepared and people were given several meal options at each mealtime. Drinks and snacks were provided throughout the day and staff understood the importance of encouraging people to eat and drink enough.
- If people needed specialised diets or their drinks thickened, this information was included in their care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider failed to ensure people were treated respectfully and that their dignity was promoted which was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- During the inspection we observed positive interactions and conversations between staff and people that were respectful and friendly. People described staff as being kind and caring. One person said, "I would have no problems recommending this home."
- Care records showed people were asked about how they wanted their care to be delivered, taking into consideration any cultural, equality or diversity issues. For example, people were able to express their preference if they required a specific gender of care staff to assist them.
- Staff announced themselves and knocked at people's bedroom doors before entering, to help ensure people received privacy. One person said they liked to maintain their privacy saying, "I feel staff are here when I need them...but I like to be left on my own."

Supporting people to express their views and be involved in making decisions about their care

- People told us they could choose how they wanted to live their daily lives. Comments from people included: "I love showers and a bath, I can have as many as I like. What I like is that living here is like a hotel, I feel very happy here" and "What I like here is that I feel free to do what I want, sometimes after breakfast I go back in my room to read, nobody is stopping me."
- People were asked about how their lives could be improved, through regular meetings and reviews with staff and keyworkers.
- People's relatives told us they were asked for their input into planning people's care. However, there was not always evidence of this involvement in people's electronic care records. The registered manager was developing their system, to help ensure when people's family members or representatives were involved in decisions about their care, these discussions were recorded.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were enthusiastic about the activities at the home. Comments included, "There is always something happening", "There are plenty of different things, music and singing." One person said, "I like watching and doing quizzes. There are two activity ladies and if nobody will do a quiz, one of them would sit and play."
- People told us they were encouraged to take part in the group activities at the home, but were able to make decisions themselves about where, and how, to spend their time. One person told us, "There is something every day mid-morning and after lunch. I have a list and there is a magazine which the office staff give us to read. I like to do my own stuff. I like to sit in the lounge and read my newspapers. Staff ask always if I would like to join in, but I would rather not" and "Arts and crafts are not my thing, but some other residents enjoy doing that. There is something for everybody."
- Staff supported people to engage in activities they enjoyed, such as playing games or doing crafts in a designated activities lounge. There were electronic devices with large screens, so that people could play electronic games.
- Group activities were organised by the activities team. Group activities included community events such as a Coronation Party and Summer Family Fun Day. The activities coordinator showed us evidence of visiting entertainers.
- People told us they were asked for their ideas about what activities they would enjoy at resident's meetings and through staff conversations. Staff planned themed and seasonal activities in the home, such as a 'St George's Day' themed dinner. One person told us, "What I would like to see is a bit more going on outside, like in a garden centre, we did have one outing. I think some sort of party is planned for the Coronation."
- People were encouraged to remain in contact with people who were important to them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff told us how they identified if people's needs changed or if they needed additional support. Staff explained important information was shared at handover when shifts changed and on the electronic care system, which was available to all staff.
- Care plans contained information about people's preferences, for example food likes and dislikes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Overall, people and their relatives told us they felt supported to understand information about their care and support. One relative said, "Our relative will make a simple decision like what to wear or what to eat, anything more complicated it would be hard. I think for the last review staff showed them some pictures to help them answer."
- Staff supported people to understand information in a way that met their individual needs. For example, some information posters in the home contained pictures, to help people's understanding. A Newsletter was published each month telling people about planned events at the home, menus and food choices, and how they could get involved in meetings and community activities. The Newsletter was published in large print and pictures to make it accessible.
- The registered manager explained if people needed information in particular formats, they would ensure these were made available. For example, audible books and large print options for those residents who had reduced vision.
- Information about how to report any complaints or safeguarding concerns had been made available to people at the home through leaflets and posters.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint if they needed to. One person said, "I would not cope with any wrongdoings. I would tell staff off, but there is no need for that because staff are really good and helpful." Another person said, "I know who to talk to if something is not right or if I need to change ...but I really don't have need to talk to them I am quite content with my life here."
- The registered manager kept a list of each complaint made at the service, and how this had been investigated and responded to.
- The complaints policy was advertised around the home, and people had copies in their room, to ensure people knew how to raise any concerns.

End of life care and support

- No-one was receiving end of life care at the time of our inspection visit. People were supported to make decisions and plans about their preferences for end of life care, when they came to reside at the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have robust systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities).

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had failed to demonstrate effective oversight to sufficiently improve the quality and safety of the service. There was evidence some improvements had been made since our previous inspection, however, governance and auditing systems had not been effective in identifying the concerns we found during inspection.
- There was a failure to ensure systems and processes were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. Risk mitigation plans did not contain clear information to provide staff with guidance to support people safely, which put people at risk of harm.
- There was a failure to ensure systems were in place to ensure medicines were stored and administered safely, and as prescribed. There was an increased risk people would not receive their medicines as prescribed.
- There was a failure to maintain accurate, complete and contemporaneous records of care and treatment provided to each service user. For example, the medicine management system was not accurate. Care records did not consistently contain management plans and risk assessments relating to some people's specific needs such as skin integrity and catheters.
- Risks around people's medical conditions were not well managed because risk assessments and risk management plans had not always been reviewed and updated following healthcare professional advice. Governance systems had failed to ensure that records of health professional's advice were maintained, to ensure safe and effective care.

Continuous learning and improving care

- There was a continued failure to act on identified concerns. Following our previous two inspections of the service we identified a number of fire safety concerns. The provider's maintenance team and fire risk assessments had identified the concerns we found on our inspection. However, the provider was not able to provide evidence of an action plan to address the identified concerns, or target dates for the completion of the work. This placed people at increased risk of harm.
- Quality assurance processes failed to effectively monitor the quality of care people received. Care plan audits were not effective as they had not identified the concerns we found during our visit, such as failure to assess the risks relating to people, including skin integrity.
- Medicine audits were not effective as they had not identified the concerns we found during our visit in relation to the safe storage of thickeners and the administration of medicines. There was a risk care did not meet people's needs.

The provider had failed to have sufficient oversight and failed to ensure systems and processes were in place and operated effectively to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people and their relatives were satisfied with the service provided and spoke positively about the management of Thurlaston Meadows. One person said, "I am not sure who is running this place, but whoever it is, it's very well run. I can say that because we are not lacking anything, everything we need is here." Another person commented, "The [registered] manager looks like a person of authority, she often comes around and ask if everything is ok and if we need anything. She comes every day, she knows who is well or who is poorly, if anything needs to be sorted or repaired."
- Following our inspection the registered manager made a number of immediate improvements to the service. These included the creation of wound care plans for people with wounds to their skin, and a health professional log to record the visits and advice of health professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. One relative said, "As a family we think we are involved and informed well about what is going on in the life of our relative. We receive a questionnaire and there is a part about what we would like to change or update."
- Responses from surveys were analysed and actions were taken to improve, following suggestions made by people.
- Most staff felt supported by their manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives told us they were confident the service kept them informed about events that happened at the home.
- The provider understood their legal requirement to be open and honest when things went wrong, and to investigate and respond to people's concerns.

Working in partnership with others

- People and relatives told us the staff at the home worked well together. One relative told us, "From what we can see, staff work well together, we never seen anybody unhappy or any kind of friction, we are here at least once a week, maybe more."

- The registered manager liaised with the local authority and the local health authority, to make improvements to the service.
- The registered manager attended forums with Skills for Care and the Local Authority to support them to improve people's experience of care.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not adequately assess and protect people against risks by doing all that was practicable to identify and mitigate such risks. The provider did not ensure staff had adequate competence and skills to provide safe care. The provider did not ensure the safe management of medicines. This was a breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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 systems or processes operated effectively to assess, monitor and improve the quality of the service and mitigate the risks relating to the health, safety and welfare of service users. The provider had not maintained accurate and complete records in respect of each service user. The provider had not evaluated or improved their practice in respect of all the above. This was a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>