ENCORE OAKDALE POOLE LTD

Oakdale

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Oakdale is a nursing home providing personal and nursing care to 41 people aged 65 and over at the time of the inspection. It can support up to 84 people. The home has three floors. There were 24 people on the ground floor and 17 people on the first floor. The home had partnered with the local authority to support people to move from hospital into short stay rooms on the first floor. The second floor was closed.

People's experience of using this service and what we found
At the previous inspection in January 2021 we made a recommendation about auditing. Despite this there were still gaps in auditing. This meant quality assurance systems were not operating effectively.

Although there was a visiting protocol to help prevent the spread of infection, the home did not follow this completely when the inspectors arrived. Records showed the protocol had been followed at all other times.

The home had experienced a turnover of managers since it opened. Since April 2021 the home had had a new manager who was applying to register with CQC. People, staff and relatives spoke positively about this manager, who they felt was approachable and supportive.

Staff understood the importance of supporting people emotionally as well as physically. This had been particularly important during the COVID-19 pandemic. One relative told us, "The staff were good with COVID-19 and helped [family member] with [family member's] anxiety and facilitated me being able to speak to [family member]."

People told us they felt safe living at Oakdale. Relatives expressed confidence their family members were kept safe. One person said, "Oh yes, it's totally safe here, the staff are fantastic." Risks to people were assessed, recorded and regularly reviewed. Equipment required to help reduce risks in people's lives was in place and checked to ensure it was in good working order.

There were enough staff to meet people's needs. The home completed dependency scoring when people moved in and regularly reviewed this to ensure enough staff with the required skills were on shift to support them. One person told us, "There are always plenty of staff around."

People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists.

At the previous inspection we found communication with relatives was not always consistent. This was improving with the new manager in post, the relaxation of COVID-19 visiting restrictions and the scheduling of relatives' meetings.

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 told us they got on well as a team, helped each other and enjoyed working at Oakdale. This was evident during the inspection. One staff member told us, "I have worked for a lot of care companies and I feel happy to work at Oakdale."

The home had continued a partnership with the local authority to support people to move from hospital to short stay 'step down' placements. This was helping to support the wider health and social care system during the COVID-19 pandemic.

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

Rating at last inspection
This service was registered with us on 24 October 2019 and this is the first full inspection.

Why we inspected
This inspection was carried out to follow up on our focused inspection in 18 January 2021 and to provide a first rating for the service.

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 improvement.

Please see the well led section of this full report

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the management of the home at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will monitor the provider's progress with their action plan to understand how and by when they will improve the standards of quality and safety. We will work alongside the provider and local authority when doing that. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
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**

Oakdale

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 Care Act 2014.

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.

Service and service type
Oakdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service had a new manager who was applying to register with CQC.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with 15 members of staff including the manager, nominated individual, director of care, clinical operations manager, senior nurses, care assistants, housekeeping and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted five professionals who work with the service but did not receive a response.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- Although there was a visiting protocol in place to help prevent the spread of infection the home did not follow this completely when the inspectors arrived. We checked their records, which showed the protocol had been followed at all other times.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- There were enough staff to meet people's needs. The home completed dependency scoring when people moved in and regularly reviewed this to ensure enough staff with the required skills were on shift to support them. People's comments included, "There does not seem to be a shortage, when you ring the bell staff are there", "I think we are so well looked after you only have to ask and the staff are most willing to help" and, "There are always plenty of staff around."
- The home had safe recruitment practices. Checks had taken place to reduce the risk that staff and agency workers were unsuitable to support people at the home. This included references from previous employers, criminal record checks and review of agency worker's profiles. The home was using two systems for recruitment records; paper and electronic. The manager said this was all being transferred to one system.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Oakdale. People said, "Oh yes, it's totally safe here the staff are fantastic", "I feel very safe the nurses are good to us they keep an eye on you all day long you just need to ask if you need anything" and "Oh yes, I feel really safe here."
- Relatives told us their family members were well looked after. Relatives comments included, "[Family member] is 100% safe because [family member] is well looked after in person and we have seen this on face time too", "Very safe not an issue" and "[Family member] is absolutely safe."

● Staff told us they would feel confident whistleblowing if they observed poor practice. They felt confident they would be listened to and action taken in a timely way if they raised concerns.

Assessing risk, safety monitoring and management

● Risks to people were assessed, recorded and regularly reviewed. People had personalised risk assessments to help reduce risks including pressure sores, diabetes, Parkinson's Disease, mobility and weight loss. Daily records showed staff were supporting people as detailed in their care plans. Equipment required to help reduce risks in people's lives was in place and in good working order.

● General environmental risk assessments had been completed to help ensure the safety of the people, staff, relatives and visiting professionals. These assessments included: water temperature, legionella, call bells, electrical systems and equipment. Legionella are water-borne bacteria that can cause serious illness.

● Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.

Using medicines safely

● Medicines were managed safely. The service had safe medicines systems and processes which meant people received their medicines as prescribed and in line with best practice. Regular medicines reviews took place. When medicines errors occurred, the provider ensured appropriate follow up actions included internal investigation, mandatory staff competency checks and reflective supervision to help prevent a re-occurrence.

● Where people were prescribed medicines they only needed to take occasionally, there was guidance for staff to follow to ensure those medicines were administered in a consistent way. We informed the manager that these needed to be more personalised. They immediately started to revise the documents.

● Medicine records detailed the medicines people required and the reason they were prescribed. Medicine records were legible and complete. Spot checks were undertaken to ensure compliance.

● Medicines requiring stricter security were stored appropriately, with stocks matching records.

Learning lessons when things go wrong

● Accidents and incidents had been analysed to find out what had happened, the cause, identify themes and determine actions required to help reduce the risk of a re-occurrence. The manager advised us they had not reviewed the records since they commenced in post approximately five weeks prior to the inspection. They agreed to do this immediately and confirmed, "I will look at these monthly to look for trends."

● When identified, learning was shared with staff via the home's electronic care planning system, at handovers, '10@10' meetings, whole team and departmental meetings and supervision.

Good

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.

This is the first full inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had pre-admission assessments that supported their move to the home. These included: preferred name, support network, medical history, infection control screening and mobility needs.
- One relative said, "The staff do a brilliant job." People's outcomes, and guidance on how staff should meet them, were recorded. Staff knowledge and records demonstrated care was evidence-based. This included support with medicines, communication, dietary intake and oral hygiene.
- When the provider identified shortfalls in staff practice, timely internal investigations took place, extra support was provided, and disciplinary action was taken where required.

Staff support: induction, training, skills and experience

- New staff received an induction which included shadow shifts with more experienced staff and practical competency checks. One staff member told us, "Although induction was a bit of a struggle due to COVID-19, [name of colleague] gave me lots of advice and helped me so much."
- Staff received supervision which was used to discuss people's needs, reflect on their practice and consider learning opportunities.
- Staff received training in areas such as safeguarding, health and safety, mental capacity and food hygiene.
- People expressed confidence in the abilities of the staff. For example, one person commented, "[Name of staff member] seems to enjoy their job, likes a challenge and understands dementia." A relative said, "Oh yes, they do have training they definitely know what they can and cannot do when helping my relative and they make this clear politely. The staff are very competent when they support [family member]."

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

- People at Oakdale were supported to maintain a well-balanced diet and remain as independent as possible with their meals. Where people required support from staff to eat and drink, we observed this was provided in a calm and sensitive way that helped maintain the person's dignity.
- People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists. Alternative options were available including for vegetarians and snacks were available outside of typical mealtimes. One person's plan noted, "Likes milkshakes at the moment so there is a supply in the fridge."
- People and their relatives were complimentary about the food and how mealtimes were organised. One person told us, "Oh I can sit anywhere. I can sit with my mates for lunch." Another said, "We have a good chef and lots of choice. We have two choices a day and we can ask for a personal request. A relative said, "The food is excellent. [Family member] has put on weight."

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

● The service understood the importance and benefits of timely referral to community health and social care professionals to help maintain people's health and well-being. People had been supported with visits to or from healthcare professionals including GP, chiropodist, dietician, optician and dentist. A relative told us, "Staff are quick to call the GP. [Family member] had a recent choking incident and the staff called the GP to assess if [family member] needed antibiotics. They were on the case and were leaving nothing to chance." Another said, "Any concerns they let me know and call me on a regular basis."

● Staff recognised and promoted the importance of supporting people's oral health.

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

● People lived in an environment that had been adapted to meet their needs. The home was spacious and tidy with areas where people could meet with others living there or spend some time relaxing alone.

● People and relatives commented positively about the home environment. One relative expressed, "It's a beautiful home, it's clean and fresh it's stunning, really nice. My [relative's] room is nice and bright and sunny."

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 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.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff sought people's consent before supporting them and provided them with information that helped them to make meaningful choices. This included when supporting them with personal care, meals, activities and moving around the home. A staff member said, "All residents are different. It's their body, if they say no then it's no."

● People's mental capacity had been considered as part of the pre-admission assessment process. Staff had a good understanding of the principles of the MCA and were able to tell us when and who they would involve if a person lacked capacity to make complex decisions.

● Where people lacked capacity, consent had been given on the person's behalf by relatives with the necessary legal authority to do so. Supporting paperwork was available on people's files and staff had a good understanding of what legal representatives could and could not sign for.

● The home had applied to the local authority for people who required DoLS authorisations and kept a record of when these were due to expire. Where people had conditions attached to their DoLS , staff were meeting these.

Good

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.

This is the first full inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect, and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind, patient and respectful. A person expressed, "Oh the staff do listen to us and they are helpful." Relatives told us, "Everything is as it seems not just when the relatives are there. The staff are caring and go way and above beyond what is needed", "I have been there when the staff come in to her room they chat and ask questions, they are very friendly" and, "Staff are great; they love [family member] they have a joke and [family member] teases them. They have a good relationship."
- People were treated as individuals and supported to live their lives as they wished. A relative expressed, "The staff are very caring they do understand [family member] and [family member's] sense of humour they are very patient with [family member]. I have witnessed this; they know who I am too." Another relative said, "The staff put [family member] at ease and have a joke with [family member]."
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. One person's plan detailed, "I will make my own mind up if I want to join in as I like my own company."
- Staff understood the importance of supporting people emotionally as well as physically. This had been particularly important during the COVID-19 pandemic. One relative told us, "The staff were good with COVID-19 and helped [family member] with [family member's] anxiety and facilitated me being able to speak to [family member]."

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

- People told us they were supported to express their views about the care they received. People's care plans included examples where they been given an opportunity to express their views about their care, with staff respecting and supporting their decisions. One person said, "There is nothing to stop me going to bed when I want, I can go at 6pm or later anytime." A staff member stated, "It's always their wish or desires, not mine. Giving choice is important as it respects people's individuality and their rights."
- People had personalised their rooms with furniture and other items of sentimental value such as photos and ornaments. This made them feel settled and at home.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's privacy and dignity and provided examples where they did this. One relative commented, "They ask permission to come in to [family member's] room when we are on Facetime."
- People were supported to remain as independent as possible. Staff understood the importance of encouraging people to do as much for themselves as possible, to help maintain their daily living skills and increase their sense of self-worth.

Good

Is the service responsive?

Our findings

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

This is the first full inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

● Care plans were detailed and very personalised. This enabled people to receive personalised care. Care plans captured their needs, abilities, life history, and preferences. These were known and supported by staff.

●Care plans were regularly reviewed with involvement from the person, their relatives, professionals and staff familiar to the person. Relatives confirmed they had been involved, "We get a monthly call to discuss what's going on", "They called me and my [family member] was resident of the day and they rang me to let me know how [family member] was doing and if [family member] needed anything" and, "I have been involved in decisions about change of medication and eating patterns."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.

● Staff had a good understanding of people's communication needs and used these when interacting with them. This included speaking to people face on and using body language, humour and words most appropriate to facilitate meaningful conversation. One person's plan noted, "Speak clearly and concisely to [name] in a quiet area with no distractions." We observed staff doing this.

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 had the opportunity to engage in a varied range of activities both in the home and local community. A structured activities programme was displayed in the home. A relative told us, "The staff make the residents happy; they do activities. They have had a few coordinators and they do different things." Another relative said, "They encourage [family member] to do the activities."

● People were encouraged and supported to maintain contact with those important to them including family, friends and other people living at the home. During the pandemic people had been able to meet their family and friends safely using a bespoke visiting pod. Alternatives to in-person visits were also supported via telephone and video calls. Relatives told us, "The staff are good with Skype calls as I cannot visit", "We can visit anytime. We have to book in first and can call up to 5pm and weekends" and, "The administration staff have been excellent the whole way through lockdown."

Improving care quality in response to complaints or concerns

● Complaints were dealt with in accordance with the service's complaints policy. Two relatives commented, "Not really had to raise any issues" and "I have never had any concerns. It's always been good."

End of life care and support

● Although there were no people receiving end of life care at the time of the inspection, staff had experience of supporting people at this stage of their lives.

● People who wished to discuss their end of life wishes were supported to do so. Where people had expressed they did not want to engage in this process, this was respected.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

At our last inspection we recommended the provider ensured robust completion and oversight of auditing. At this inspection we found the provider had not made sufficient improvements despite the recommendation.

● At the previous inspection quality assurance systems did not always operate effectively. Although numerous audits were undertaken at that time, not all were up to date and some contained inaccurate information. At this inspection we found gaps in auditing for February and March 2021. Planned audits within the governance system had not been completed, for example, medicines and care plans. The manager told us a senior nurse had done tissue viability and nutrition audits for April 2021. The manager said they had not got around to the other audits yet.
● Although we found no evidence this repeated shortfall in quality assurance had adversely impacted people, as before, there had been the potential for issues to be missed had they been there.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection to address the issue highlighted. They sent us an action plan detailing the improvements they would make and by when.

● There had been instability of management and staffing at the home since it opened. Since the previous inspection the provider had recruited more staff and reduced its use of agency. Relative comments included, "My concern is that there have been four managers and there is a huge staff turnover. There is more stability needed", "There have been lots of changes. I think they have had five or six managers since 2019" and, "The staff keep changing. The manager has changed and there is not a lot of continuity."
● The manager had been at the home for approximately five weeks and was applying to become the registered manager. People, relatives and staff saw the manager as supportive and approachable. A person said, "[Name of manager] is nice she listens to me." A relative commented, "[Name of manager] is very nice."
● The manager and staff had a clear understanding of their roles and responsibilities. Staff expressed, "The management is supportive here" and "We get a lot more support from upper management [name of clinical

operations manager] and [name of director of care]. They support us and, in emergencies, they put their gloves on and help."
● The manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff told us they got on well with their colleagues, helped each other and enjoyed working at Oakdale. This was evident during the inspection. Staff commented, "I have worked for a lot of care companies and I feel happy to work at Oakdale", "Staff here care about people", "It's a good team. The atmosphere is really positive. We deal with things professionally" and, "I love it here!"

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
● The manager had a good understanding of the duty of candour, that is, their duty to be open and honest about any incident that has placed a person at risk of harm. They said it was about "being open and honest. Admitting when something's gone wrong. Informing the resident, relatives, GP, CQC and safeguarding."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
● Staff had completed an employee engagement survey in November 2020. Feedback had included concerns about staffing levels and management communication. The provider had met with staff on numerous occasions since then to discuss the results and provide updates on the home-specific improvement plan to resolve the identified issues. For example, a staff member said, "We asked for an increase in staff and they did it. The recent months there have been lots of changes. We used to run with a lot of changes. Now almost all our own staff. We are moving in the right direction. I want for management to be stable."
● At the previous inspection we found communication with relatives was not always consistent. Some relatives had told us they received phone calls and email updates. Other relatives had told us they would only get updates when they initiated contact with the home. This was improving with the new manager in post, the relaxation of COVID-19 visiting restrictions and the scheduling of relatives' meetings.
● Management had responded to feedback from relatives and people by introducing COVID-19 secure visiting pods. This had enabled visits to continue safely during the pandemic. The home continued to support visits in line with current government visiting guidelines.
● Residents' meetings had taken place, one of these with the new manager. Where the pandemic had restricted the home's ability to hold large group meetings, residents' views were captured during one to one activity sessions with the home's wellbeing manager and ad hoc conversations with the manager. One person told us, "I feel listened to. We are kept up to date."
● Team meetings included topics such as staffing, spot checks, resident choice, e-care recording, rotas and PPE compliance. Staff advised us they could speak freely at these meetings and felt listened to.
● Staff told us they were encouraged and supported to improve their practice and increase their knowledge. Records also confirmed this.

Working in partnership with others
● The home had continued a partnership with the local authority to support people to move from hospital to short-stay 'step down' placements. This was helping to support the wider health and social care system during the COVID-19 pandemic.

● The home worked with other agencies to provide good care and treatment. This included commissioners, GP surgeries and multidisciplinary teams.
● The provider was working with a local university research team to help develop an improved dementia friendly environment based on evidence-based practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not operating effectively as there were gaps in auditing.