

Colleycare Limited

# Lakeside Residential Home

## 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

### About the service:

Lakeside Residential Home is a care home without nursing providing care and support to up to 72 older people, some of whom may be living with dementia. 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. At the time of our inspection there were 68 people using the service.

### People's experience of using this service:

- Measures were in place which were designed to ensure people were safe. However, these measures were not always followed. For example, the annual safety checks of thermostatic mixing valves, due in January 2019, had not been carried out.
- People felt safe and the service assessed risks to the health and wellbeing of people who use the service and staff. However, where risks were identified action was not always taken to reduce the risks where possible. For example, annual legionella risk mitigation measures, due in January 2019, had not been completed. Actions set by staff to help reduce an individual's risk of falls were not always realistic.
- Staff refresher training, identified as mandatory by the provider, was not up to date for all staff.
- Systems in place to oversee the service and ensure compliance with the fundamental standards were not always effective in identifying when the fundamental standards were not met.
- Since the last inspection in January 2018, the service had experienced a large turnover of staff. In addition to the registered manager leaving in October 2018, 33 other staff members left during the year and the service recruited and inducted 37 new staff. The new manager and the management team, with the support of the provider's regional and head office team, had worked hard to re-introduce consistency and the smooth running of the service. At the time of this inspection their efforts were starting to pay off and people, their relatives and staff were complimentary about the improvements and the changes at the home.
- The provider and staff had worked extremely hard to make improvements to the environment to ensure it was more dementia friendly. The changes made on the two floors where people lived with dementia were of a high standard and reflected current thinking and best practice.
- Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.
- Medicines were handled safely by staff who had been assessed as competent to do so.
- People felt the service they received helped them to maintain their independence where possible.
- People and their relatives said staff were caring and respected their privacy and dignity.
- People received care that was designed to meet their individual needs and preferences.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported

this practice.

- People knew how to complain and knew the process to follow if they had concerns.
- People's right to confidentiality was protected and their diversity needs were identified and incorporated into their care plans where applicable.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement. This was because the environment was not as dementia friendly as it could be for those living with dementia at the home. At this inspection we found the provider had carried out extensive work, in line with best practice, to make the environment dementia friendly.

Why we inspected:

This was a planned comprehensive inspection carried out in line with our aim to re-inspect a service within 12 months of being given a rating of Requires Improvement.

Enforcement:

We found breaches of three regulations relating to mitigating risks, staff ongoing training and the provider's system to ensure compliance with the fundamental standards.

Follow up:

- We have asked the provider to send us a report that says what action they are going to take.
- We will check that the action is taken.
- We will continue to monitor all information we receive about this service.
- We will carry out a comprehensive inspection within one year of the publication of this report in line with our methodology for services rated as requires improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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** ●

# Lakeside Residential Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and an inspection manager on the first day. One inspector and an expert by experience, with knowledge of caring for people with dementia, carried out the second day of the inspection. 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 third day was carried out by one inspector.

Service and service type: Lakeside Residential Home is a care home without nursing. They provide a service for up to 72 older people, some of whom may be living with dementia.

The service did not have a registered manager as required. The previous registered manager left the service in October 2018. A new manager was appointed and had already applied to be registered with the Care Quality Commission. Their application was being processed at the time of this inspection. The provider is legally responsible for how the service is run and for the quality and safety of the care provided. Once registered, the new manager will also have the same responsibility. The new manager was present and assisted us during the inspection.

Notice of inspection:

This was an unannounced inspection. This meant the service were not aware we were coming.

What we did:

Before the inspection site visit:

- We looked at information the provider sent us in the Provider Information Return. 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 looked at all the information we had collected about the service since the last inspection in January 2018. This included previous inspection reports, information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.
- We contacted three community professionals asking for feedback on the service and received responses from three.

During the inspection site visit we spoke with:

- Twenty-three people living at the service, eight in depth.
- Three visiting relatives.
- The manager, the operations manager, the commissioning manager, both deputy managers, the administrator and one of the two activity co-ordinators.
- Nine care staff, the maintenance person, the handy person and three domestic staff.

As part of the inspection we spent time observing what was going on.

For example:

- We observed lunch on each day, planned activities and interactions between staff and people living at the service.
- We carried out a tour of the premises.

As part of the inspection we looked at a number of documents relating to the running of the service. For example:

- Six people's care plans, daily notes, monitoring records and medication sheets.
- Six staff recruitment files.
- The staff training matrix.
- The staff supervision and appraisal log.
- Management audits and quality assurance reports.
- Records of accidents and incidents.
- The local Care Home Support Team's falls audit for 2018 and the service's falls information.
- Staff meeting minutes.
- Residents meeting minutes.
- Relatives meeting minutes.
- Records of compliments.
- Records of concerns.

# Is the service safe?

## Our findings

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

Requires improvement: Some aspects of the service were not always safe. There was an increased risk that people could be harmed. A regulation was not met.

Assessing risk, safety monitoring and management

Measures were in place which were designed to ensure risks to people were identified and appropriate actions taken to mitigate the risks. However, these measures were not always followed and actions to mitigate risks were not always taken, effective or appropriate.

For example:

- The service had been working with the local NHS trust's Care Home Support team to try to reduce the number of falls people had at the service. We saw the falls audit carried out by the occupational therapist for the Care Home Support team for 2018, which gave comparisons to the falls in 2017. The audit report showed that between January and December 2017 there had been 265 falls. The notifications made to us in 2017 by the service showed falls had resulted in five incidents of fractured bones needing hospital treatment in that year. For the period from January to December 2018, the falls audit showed there had been an increase of falls by 91 to 356 in 2018. We saw that one person had been in the home for four weeks who had 33 falls in that time. Subtracting that number from the total falls still left an increase of 58 falls over 2018. The notifications made to us in 2018 by the service showed falls had resulted in six incidents of fractured bones needing hospital treatment in that year.
- At this inspection we looked at care plans for people who were assessed as a 'very high risk of falls' or 'high risk of falls'. We found goals set by staff were not always achievable. For example, one person's care plan stated, "To maintain [Name's] mobility at its current good level and to prevent any falls and injuries." As this person had fallen six times since 1 January 2019 and had sustained an injury, the goal to "prevent falls and injuries" was not being achieved. And the person continued to fall.
- We also found that actions set to achieve goals were not appropriate. The care actions stated that there was a motion sensor in place but the only other action recorded was for falls to be monitored and recorded. We discussed with the manager how the actions being set by staff were not always related to the goals. For example, monitoring and recording falls would not result in falls or injuries being prevented and would not mitigate any risks.
- The new electronic care planning system included a number of 'tick box' risk assessments, such as for falls and risk of skin breakdown. The risk assessments led to an automated calculation of the level of risk to people. However, in relation to the falls risk assessment there was no guidance available to staff for setting goals and appropriate actions to mitigate risks based on the outcomes of those risk assessments.
- Staff were not being provided with effective training or guidance in setting achievable goals and how to set appropriate actions to achieve the set goals.

- The annual safety check of thermostatic mixing valves, due in January 2019, had not been carried out. Once we identified this to the manager, action was taken and the work was carried out on 2 and 3 March 2019. No plans had been made for this work to be done prior to our inspection.
- Staff were required to carry out daily checks of the temperature for the medicines fridge on each floor. We saw the log for January 2019 for the second floor and there were two days where this had not been carried out. In February 2019 there were also two days where the checks were not recorded. There was no evidence that these required checks were being audited to ensure they were being done each day. This also meant that, without checking medicines were being stored at the correct temperature, staff would not be able to take action to ensure medicines were being stored safely.
- The service uses a medicines audit form. On that form it states, "one resident is to be audited every day". The manager confirmed this was the expectation at the service. We looked at the log for January and February 2019. Out of the 56 days between 1 January and 25 February, only 17 audits had been carried out. There was no evidence that checks were being carried out to ensure these audits were being done.

The above is a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not done all that was reasonably practicable to mitigate risks to people's health and safety.

#### Staffing and recruitment

- We had mixed responses when we asked people if they felt staff were available when they needed them and if staff supported them without rushing them. The majority of people said there were enough staff and they were not rushed. One person mentioned staff were very patient when they were helping them to eat as they were very slow. Another person said they had had to wait until 10.30 that morning to get up, which we saw was accurate.
- A community professional thought the service made sure that there were sufficient numbers of suitable staff to keep people safe and meet their needs. They commented, "We had some concerns raised some months ago about staffing levels but this was addressed by the home and we have no concerns since."
- Staff told us there were usually enough staff to do their job safely and efficiently. One member of staff felt there could be more staff on duty on the busier floors up until 10.30am but that there were enough staff at other times. They also mentioned that the increase in day staff that had happened earlier in the year had "really helped".
- Required staff recruitment checks were carried out to ensure people were protected from having staff work with them who were not suitable.

#### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff knew what actions to take if they felt people were at risk.
- People said they felt safe with the staff.
- Relatives said they felt their family members were safe with the staff.
- Community professionals thought the service and risks to individuals were managed so that people were protected.

#### Using medicines safely

- The training records confirmed staff had received training in handling medicines.



- Only staff trained and assessed as competent were allowed to administer medicines.
- Medicines administration record sheets were up to date and had been completed correctly by the staff administering the medicines.
- We observed part of a medicines round and saw staff were following their training and making sure the correct people, received the correct medicines, at the correct time.

#### Preventing and controlling infection

- Staff received training in the control of infection and were provided with personal protective equipment so they could carry out their work safely.
- We observed staff putting their training into practice to ensure people were protected from the risks of infection.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. Appropriate action was taken promptly to deal with any incidents.

# 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

Requires improvement: Not all staff providing care to people were up to date with the provider's mandatory training. A regulation was not met.

### Staff support: training

- The service provided ongoing training in topics they considered mandatory, such as data protection, fire safety, food hygiene, safeguarding adults, infection control, moving and handling and health and safety.
- However, the ongoing training was not kept up to date in line with the provider's policy on refresher rates for mandatory training. We were provided with a training matrix at the time of the inspection but the provider later told us the training matrix we had been provided was not accurate and provided corrected figures as follows:
- For example, the up to date training figures provided on 11 April 2019 showed:
  - data protection, 80% of staff were overdue their refresher training, 20% were in date
  - fire safety, 34% of staff were overdue their refresher training, 76% were in date
  - food hygiene, 20% were overdue their refresher training, 80% were in date
  - safeguarding adults, 31% were overdue their refresher training, 69% were in date
  - infection control, 17% were overdue their refresher training, 83% were in date
  - moving and handling, 30% were overdue their refresher training, 70% were in date
  - health and safety, 13% were overdue their refresher training, 87% were in date

The above is a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff remained up to date with the mandatory training the provider considered appropriate for staff to carry out their roles safely and effectively.

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

At the last inspection in January 2018, we asked the provider to take action to make improvements to the environment for people living with dementia, this action has been completed.

- Following that inspection, the provider and staff worked hard to make the improvements.
- They carried out a comprehensive assessment of the premises in line with current best practice for dementia friendly environments.
- Following that assessment, they drew up a plan of work and carried out extensive work of the premises.
- The work initially concentrated on the two main floors where people were living with dementia. The work then extended to the remaining two floors, redecorating and refurbishing as indicated.
- People benefitted from the improvements, for example we saw people using the signs to find their way around and interactions between people were encouraged by the new layout of the communal areas.

- Staff were positive about the changes and felt they helped people to be more independent and reduced their anxiety. Staff described how they saw people were using the light switches more after the switches had been highlighted by a contrasting colour surround.
- Staff were enthusiastic and excited about the changes and felt very much that it was a work in progress. For example, on one floor staff had started to develop a board where they showed people living at the home and their previous hobbies and professions. Each person had a board on their bedroom door with photographs of them in their earlier years and items to show their hobbies and likes. Staff told us these boards helped staff to have conversations with people that were relevant to them and helped them recall things that were important to them.
- One relative commented on how they had noticed the changes to the environment had already had a positive impact. They said because the [way finding] signs had been put up, their mother was able to get around the home and had been given some of her independence back.
- Following the research staff had done into creating a more dementia friendly environment, staff had noticed a new person kept reporting seeing bees in their room. On further investigation, and after making sure there were no bees in or entering the room, the staff wondered if the pattern on the wallpaper was causing a problem for the person. The wallpaper was replaced with a plain painted surface. The person made no further comments about seeing bees in their room and was reported to be more relaxed and comfortable.

#### Staff support: induction, supervision and appraisal

- Staff induction was mostly in line with the requirements of the Care Certificate developed by Skills for Care. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period.
- However, we were told basic life support of cardio pulmonary resuscitation (CPR) was not provided to all care staff, only senior staff). We asked the new manager to seek advice on best practice for all care staff from Skills for Care.
- Staff received formal supervision every eight weeks to discuss their work and how they felt about it. Staff said they found these meetings very useful.
- Once a year staff had a formal appraisal of their performance over the previous 12 months.

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

- People received care and support from staff who knew how they liked things done.
- Each care plan was based on an assessment of their needs and included individual preferences and choices, demonstrating the person had been involved in drawing up their plan.
- The care plans were kept under review and amended when changes occurred or if new information came to light.
- The computerised system of care planning also helped staff remember when things had to be done. For example, if it was assessed someone needed to be turned in bed every two hours, this was entered into the system and staff would receive an alert to say the person was due to be turned.
- In addition, staff had to record on the system that the person had been turned, providing the manager with a way of auditing quickly that people were receiving the care they needed.

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

- Most people told us they enjoyed the food at the service and could always choose something

different on the day if they didn't like what was planned.

- Some people told us they were not always happy with the food. The manager was aware of this issue and was working with the people and catering staff to understand the concerns and make improvements where necessary.
- People were free to decide what and when they ate and drinks were available at all times.
- We saw staff always made sure foods were available to meet people's diverse needs.
- People were weighed monthly, or more often if indicated by risk assessment.
- Referrals were made to the GP where there was a concern that someone was losing weight, or was putting on too much weight.
- Where professionals had been consulted we saw details of instructions had been included in the care plans and made known to the kitchen.

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

- People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and dietitians.
- People said they could see their GP when they needed to.
- Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One community professional felt there had been issues where there had been some shortfalls in the quality of care but added there were no current issues.

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

- We found the service was working within the principles of the MCA, restrictions on people's liberty had been authorised and any conditions on such authorisations were being met.
- People's rights to make their own decisions, where possible, were protected.
- Throughout our inspection we saw staff asking consent and permission from people before providing any care or assistance.

# 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

Good: 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 said they were treated with care and kindness and that staff were all very caring.
- We saw a comment on a recent note to the manager where a relative commented, "I would like you to pass on my personal thanks to all the staff in the home for making Dad so happy."
- Relatives said staff were caring when they supported their family members.
- Community professionals thought the service was successful in developing positive caring relationships with people.
- People's equality and diversity needs were identified and set out in their care plans.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

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

- The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service.
- People's views on the support they received was regularly sought in residents' meetings and annual quality assurance surveys.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity were supported.
- People we spoke with said staff protected their privacy and dignity. One person described an incident that had happened the previous night where they felt their dignity was not respected. We passed the information, with the person's permission, to the manager to investigate.
- A community professional said staff promoted and respected people's privacy and dignity.
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence.
- People and their relatives said the staff encouraged their family members to be independent and felt the positive changes to the environment had also increased people's independence.
- People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary.
- During our inspection we saw staff always knocked on people's doors and waited for permission to enter. All personal care was carried out behind closed doors.
- People's right to confidentiality was protected. All personal records were either stored on the password protected computer system or kept locked away in the office.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- People received support that was individualised to their personal needs.
- Care plans included people's preferences and the daily notes showed staff provided care in the way the person wanted them to.
- A community professional thought the service provided personalised care that was responsive to people's needs.
- Another community professional said the service did not always provide care responsive to people's needs. They said, "There have been some shortfalls in the quality of care." However, they went on to add there were no current issues.
- People felt they were given choice and we saw staff were careful to make sure people were involved in decision making in their day to day lives. For example, what to eat, what to wear, where to sit and what they wanted to do.
- The service had employed two new activity coordinators who had been in post three to four weeks when we inspected. They were in the process of identifying activities that most people would enjoy collectively, and also activities that individuals may like to do based on previous preferences and hobbies.
- At Christmas the staff had formed a choir and gave a carol concert to people at the home. We saw compliments relating to the event and one relative commented, "Please pass on our thanks to all the staff who performed and assisted at last night's carol singing. Another fine example of your staff going that extra mile for the benefit of your residents. To see the smiles on their faces, their feet tapping and hear them singing is something special."

Meeting people's communication needs

- Information was provided, including in accessible formats, to help people understand their care and support.
- Care plans described the support people needed to communicate effectively and what staff needed to do to communicate effectively with them, wherever possible.
- The manager was aware of the Accessible Information Standard (AIS). From August 2016 onwards all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The manager was looking at ways the communication needs of people could be recorded on the computerised care planning system in a way that would meet the criteria of the standard.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew who to talk to if they had concerns and felt the service would take appropriate action.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- The concerns log showed concerns were looked into, actions taken where indicated and any outcome was recorded.

# 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  
Requires improvement: Service management and leadership was inconsistent over the year since the last inspection. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. A regulation was not met.

Managers and staff being clear about risks and regulatory requirements

- Although there were a number of audits and quality assurance systems in place they were not always effective in checking and ensuring the provider was meeting their legal obligations and the fundamental standards.
- During this inspection we identified areas, not identified by the provider's audit systems, where action was needed to make sure people were protected and safe and where regulations were not being met.

For example,

- water thermostatic mixing valves had not been serviced or failsafe checked
- staff training was not all up to date in line with the provider's policy
- actions had not always been taken to mitigate risks to people's health and safety.
- Failure to identify and act on these issues potentially placed people at risk of harm or abuse.

The above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

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

- There had been changes to the management since our last inspection in January 2018.
- The new management team were aware of their responsibilities and accountabilities.
- The manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of.
- Records were up to date and kept confidential where required.

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

- The service holds relatives' and residents' meetings. In the minutes of those meetings, and by talking with people, we saw people were asked their opinion of how things are run.
- People had been involved in the recent renovations and improvements to the home and environment.



- People were involved in developing the activity provision with the new activity coordinators.
- Staff received training in relation to the Equality Act and human rights as part of their induction training.
- Care plans showed this training was put into practice with any equality or cultural needs identified, incorporated into care plans and met.
- Staff felt the service was well-led and told us they enjoyed working at the service.
- Staff said the managers asked what they thought about the service and took their views into account.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received a service from staff who worked in an open and friendly culture and knew how they liked things done.
- The manager and provider had a good understanding of their responsibilities under the Duty of Candour regulation and followed it whenever it applied.
- Staff said their managers were accessible and approachable and dealt effectively with any concerns they raised.
- Staff said they would feel confident about reporting any concerns or poor practice to the new manager.
- A member of staff commented, "Head office have been very supportive with all the changes. There is a much better atmosphere here."

Continuous learning and improving care; Working in partnership with others

- Staff felt they were provided with training that helped them provide care and support to a good standard.
- Staff said they were asked for suggestions on how to improve the service and felt their suggestions were taken seriously.
- Community professionals said the service worked well in partnership with other agencies.
- The local Care Home Support Team also felt the service worked well with them
- Following some concerns raised by staff last year the provider held "staff human resources surgeries" with the staff. Based on the outcome of those meetings a number of changes had been made at the home, including to the management team.
- Staff were very positive about the new manager and management team and felt that positive changes had been made.
- Staff comments included, "I am positive about the changes which have been, and continue to be made to improve our service. All staff feel more uplifted. We are all more positive and residents are happier. We are all part of the solution", "Things are settling down now. I feel I can go to the new manager and talk to her" and, "Staff moral has lifted and we work well as a team".

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>How the regulation was not being met:</p> <p>The registered person had not ensured care and treatment was provided in a safe way for service users. The registered person had not done all that was reasonably practicable to mitigate risks to people's health and safety. Regulation 12(1)(2)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17(1) (2)(a-f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured staff had received appropriate training to enable them to carry out the duties they were employed to perform. Regulation 18(1)(2)(a)</p>

