Oakdene Residential Home Limited

Oakdene Residential Home

Inspection report

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Birkenhead
Merseyside
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 30 September and 7 October. The inspection was unannounced.

Oakdene Residential Home is in a detached building in a residential area of Birkenhead. The building was of a Victorian style with well-kept gardens. The home is registered to provide support for up to 16 people. At the time of our visit 13 people were living at the home.

Accommodation is over two floors, the top floor is accessible by a staircase with a stair lift. There were 13 bedrooms, six on the ground floor and seven on the top floor. Three of the bedrooms were for occupancy by two people. There were toilets and bathrooms on each floor.

The home required and had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found breaches relating to the premises and equipment being safe to use and being used in a safe way. Also the provider had not ensured that audits and risk assessments at the home were effective. You can see what action we told the provider to take at the back of the full version of the report.

As part of fire safety checks fire escapes were not being checked. Some fire doors were blocked or were not working properly. Appropriate warning signs and staff training in the use of oxygen were not in place. There was no recent evidence of the safe serving and storage temperature of food. Food was not always stored safely.

Care plans did not clearly reflect the needs of people or the care provided for them. The design of people's care plans made it difficult for carers to obtain up to date information. The health and safety audits of the home and reviews of people's care plans had not picked up on concerns or ensured that people's care plans were up to date. There is no evidence that the registered manager had oversight of these processes.

Activities for people at the home did not meet the variety of needs of people living at the home.

People overwhelmingly told us they were happy living at Oakdene Residential Home. One person told us, "I'm very happy here, very happy". The staff had a caring approach towards the people living at the home. We observed staff treating people with patience and respect. Staff took the time to listen to people. People's friends and relatives told us they were made to feel welcome when they visited. Some people's relatives told us their family members had been doing better since moving to the home.

People living at the home and their relatives told us they felt safe at the home. One person told us about the staff, "I trust them all". The home was clean. Health and safety checks of the electrical, gas, fire safety, water

and lifting equipment were completed. People using their rooms had call bells to hand to alert staff if they needed help. People's medication was safely stored and administered. The deputy manager kept a record of accidents and incidents that happened at the home. These were audited and learnt from.

There were adequate numbers of staff to care for the people supported and to maintain the home. We didn't see anybody waiting for assistance. There was an established staff team of experienced carers working at the home.

New staff were inducted into the service and had shadow time with the deputy manager. Staff received appropriate training and told us they felt well supported with supervisions, training, annual appraisals and staff team meetings. Staff received training in and were knowledgeable about safeguarding vulnerable adults.

People told us they enjoyed the food provided. There was plenty of food and drink available and people's preferences and dietary requirements were catered for.

The deputy manager told us that they gain feedback from people living at the home and their family members from periodic questionnaires. Families were always kept up to date with regular communication.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Parts of the environment were not safely managed.

People and their relatives told us they felt safe.

Medication was stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable of people, trained and supported in their role.

People told us they enjoyed the food provided.

People were supported in their health and relevant referrals were made.

People's legal rights were protected.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and there was a nice friendly atmosphere at the home.

People's relatives told us they were always made to feel welcome and staff were friendly.

Staff showed respect for people, asking people permission before doing things. We saw that people at the home had good relationships with the staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The activities at the home did not meet the needs of all people.

Care plans did not clearly reflect the needs of people or the care provided for them.

Guidance for staff was not always clear.

Is the service well-led?

Requires Improvement

The service was not always well led.

People told us the registered manager was friendly and contributed to a nice atmosphere.

The registered manager did not always have oversight of the systems at the home.

The processes in place had not picked up on health and safety concerns or ensured people's care plans were up to date.

Oakdene Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 30 September and 7 October and was unannounced. The inspection was completed by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner.

We also contacted the local authority quality assurance team for their feedback.

We spoke with 11 people who were staying at the home. We also spoke with four people's relatives. We interviewed seven members of staff including the registered manager and deputy manager, carers, domestic and catering staff.

We observed people's care and staff interactions with people living at the home. We looked at the care plans and pathway tracked the care of three people. We also looked at the staff files of four members of staff and documents relating to the medication administration, health and safety, staff rostering and the management of the home.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "If I had a problem I'd go to whatever staff are here, I trust them all". Another person told us, "Yes, I'm happy here".

One person's family member told us, "I like the home, everything about it including the building. The people are so friendly". Another relative told us, "I think it's safe, it feels safe".

We saw records of a weekly check of the fire alarm each from a different call point. Fire extinguishers were visually checked monthly and serviced annually by relevant professionals along with the emergency lighting and the fire alarm system. Staff had been trained in fire safety.

However as part of the fire safety checks fire escapes were not being checked. We checked the two upstairs fire doors; one of them after opening was not able to close. The door and fixings were in poor repair. A temporary repair was done on the day to make the door safe. One of the owners told us that the faulty fire door was awaiting replacement and the metal fire escape had been booked in for repair. They showed us evidence of this. This had been highlighted to the registered manager during a fire brigade safety visit in June. The home's safety checks had not highlighted these areas of concern.

The lounge door was on a fire safe release, however this door jammed on the carpet when released. We noticed that two people's bedroom fire doors were wedged open, one with a piece of furniture. They were not self-closing. One of these people used oxygen and had an oxygen cylinder in their room. We also saw that there were not appropriate warning signs alerting people to the use and storage of oxygen at appropriate places in the building.

On the person's care file there was no risk assessment for the use of oxygen or safety guidance for staff. There was no record of staff receiving training in the safe use of oxygen.

The kitchen and cooker was clean, we saw the kitchen being cleaned after lunch. We looked at the daily logs of cleaning, fridge temperatures and food serving temperatures. All these records had not been completed since 25th September, 11 days earlier. This meant that there was no evidence of safe temperature of food storage and cooking during this time.

In the fridge there was no thermometer present so staff could ensure safe temperatures. When we told the registered manager one was immediately put into place. Inside the fridge there was dessert food that was not covered. There was cooked chicken and ham that was not stored properly. There was no date identifying when this was cooked or should be used by. The staff member told us they usually use storage bags but had ran out of stock.

These were breaches of Regulation 12 (2)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As the provider had not ensured that the premises and equipment were safe to use and were used in a safe way.

The home was clean and family members we spoke with told us they thought the home was clean. We saw that there were adequate toilet and bathrooms facilities on each floor. These were clean and stocked with gloves and necessary supplies. The kitchen had been awarded a score of five from environmental health, the highest possible award.

We were shown a certificate for the checking of portable electrical appliances (PAT testing) in the previous 12 months. Safety checks on the gas supply, electrical circuits and legionella checks on the water system had also been completed. COSHH store for the cleaner's chemicals was in the cellar and we saw a first aid box upstairs which was checked monthly.

Equipment used for safely lifting people had been checked and serviced in March. Visual inspections of slings and belts were regularly completed. We saw it documented that these checks had prompted the replacement of some of this equipment in June.

There was a grab file which provided necessary information in the event of an emergency. There was necessary information about each person, staff, the building along with a copy of the emergency fire action plan. There was a contradiction in what the policy stated and what the fire action plan stated. Staff were confused what procedure to follow in an emergency, between ensuring people were safe using fire doors and a full evacuation of everybody. Four people would need the assistance of the stair lift to get out of their rooms at night. We asked the registered manager to clarify the emergency plan and ensure documents; fire drills and staff training were consistent.

We looked at the staffing rotas for the home and saw that a minimum of two care staff were on duty at all times. This was in addition to the cook and domestic staff. We asked staff if they thought there were enough people on duty. They told us they did. The domestic staff member told us they help out the carers if they need it, in taking people drinks of tea. At night there is one member of staff on duty and one member of staff who sleeps over. We didn't see anybody waiting for help or care.

There was an established and experienced staff team, with no overreliance on new staff. Agency staff were only very occasionally used. People receive support from the team of staff that are familiar to them. There was a manager or senior member of staff available on-call at all times.

Applicants to the home provided information on an application form outlining their background, skills and experience. Checks on applicants were made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. The provider completed a risk assessment if any applicant had any criminal convictions. The registered manager could clearly explain the reasons for her decisions. However the risk assessments did not contain enough information, identify the risks, any mitigating circumstances or explain the rationale for the decision that was made.

We saw that applicants were asked for the names of two referees. On four recent references we looked at only one reference verified who the reference was from by use of a company stamp. There was no indication of how the other references were verified as genuine. We spoke with the registered manager about ensuring that steps are taken to verify references.

Staff we spoke with were aware of safeguarding vulnerable adults and the different types of abuse that can take place. Staff we able to clearly tell us what they would do if they though anybody was at risk of abuse. Staff received training in safeguarding vulnerable adults. One staff member told us there was information

and contact numbers to hand on the notice board. Staff have access to the home's safeguarding policy which contains information on who to contact if staff have any concerns.

People who stayed in their room during the day had call bells to hand. One person told us when we asked if they used their buzzer; "Oh yes. I buzz them it I need anything. As long as I've got it I'm happy". We saw throughout our visit that staff responded quickly to call bells and people's requests for assistance. One person who used their call bell at times told us, "It's a friendly place. Everyone is pleasant and helpful".

We looked at the storage, recording and administration of people's medication. Medication was stored in a locked cabinet and was usually administered to people in the dining room after their meals or in people's bedrooms if they chose.

We checked three people's medication, we saw that the records were complete and the stocks were correct. Liquid medication was administered in measured pots. Regular tablets were in a pod system which had printed on them the name of the person, date, time of day and the contents for staff to check. The deputy manager checked a sample of people's medication and records each month to ensure that the system in the home was safe.

The deputy manager kept a detailed record of accident and incidents including people who experienced a fall at the home. These were audited monthly as part of a wider health and safety audit of the home. We saw that assistive technology was used by one person who had experienced falls in the past. They had a sensor which alerted staff if they got out of bed.

If the home stored people's money this was kept in the manager's office. We saw that people's money was checked twice a week by two staff members.

Good

Is the service effective?

Our findings

One person said, "This whole place is lovely. We have very good staff, they are very helpful". Another person told us, "They do all they can for me. If I have any problems, I just see one of the staff. They sort it". One person's relative told us, "[name's] happy here, other previous home she wasn't happy. She's a lot better in herself".

New staff members had shadow time initially with the deputy manager and then experienced members of staff, until they became familiar with their role. The deputy manager told us this was usually for two days. There was no staff lone working at the home; there was always another member of staff to hand.

Staff we spoke with told us they received training appropriate to their role. Staff told us they had received training in dementia awareness, first aid, health & safety, moving & handling, infection control and safeguarding. This was a mix of face to face training and DVD based refreshers. Staff were aware of upcoming fire safety training that they had been booked on. One staff member told us, "It's enjoyable, you do learn a lot from the training".

Staff told us that they had been supported in their development many staff had worked at the home for a long time. Some staff had been supported to complete additional management qualifications. The deputy manager showed us their matrix plan of staff training, which showed when each staff member had completed each area of training. The deputy manager told us this allowed her to plan training effectively. Most staff had completed a National Vocational Qualification (NVQ), staff files we looked at showed people held these qualifications.

Staff we spoke with told us they have regular supervision meetings with the deputy manager. We saw records of these supervisions held on staff member's files. Staff also received an annual appraisal with the deputy manager. Staff told us they have staff team meetings where they discuss matters arising as a whole team. Staff told us they can add items to the meeting agenda and "give our own views".

The downstairs of the home had a TV lounge, small conservatory and a dining room. There was a small quiet room which contained a TV, radio and books. We saw that this was also used by visitors. The TV lounge with chairs on the perimeter; led onto a small conservatory which led out into the garden. One person told us, "We sit out sometimes in the garden if we want to". The laundry room was clean and had each person's clothes stored separately.

Parts of the building were in need of redecorating. Some of the carpets in people's bedrooms looked new and others looked worn. On the exterior there was some leaking pipework. Some areas of the building had been refurbished, there was a refurbished kitchen and a shower room upstairs had been recently refurbished and was clean and bright. People's relatives commented on the need for some improvements to the building. One family member told us, "It needs a paint but the care is great". People living at the home told us they were happy with the environment. One person said, "My room is quite nice. It's lovely and clean in here". Another person told us, "It's lovely here. I like sitting in my room". A third said, "There is a nice view

out of the window".

There was no smoking allowed in the building. We saw that smokers were supported to go to an outside smoking area, this was a covered area.

We observed two lunchtimes at the home. The meals provided were fish and chips, and sausage, chips and peas. In the evening the staff served soup and sandwiches. Some people took their meals in a dining room, others chose to have their meals in the own rooms.

The dining room tables were well laid out with cutlery, condiments and napkins on the table. Staff were very familiar with people and their likes and dislikes but still asked people questions. Staff checked that everybody had enjoyed enough food and those who wanted a pudding had one.

When we spoke with people about their meal they told us; "It's pretty good really"; "There is plenty of food"; "There is a choice of puddings" and "We get good meals, just had a lovely meal. With peaches and cream".

There was one main meal served each day. However people had a choice of an alternative if they didn't like the planned meal. One person told us, "I don't like fish, If it's on they make me chicken". People who required a special diet were catered for. For one person food was stored separately and menus were adapted for this person. They told us "The food is good. If I need anything I just ask and they get it for me".

We saw that during the day people were offered hot and cold drinks in the lounge or in their rooms. One person told us, "We get a cuppa in the afternoon; it's a good cuppa here".

People were supported with their health needs and to access their GP and other health professionals when needed. One person told us, "Staff supported me to go to the hospital when I needed to go. She was helpful". One family member told us they thought the staff were responsive to people's health needs, "They got the GP out once, rang me straight away and kept in touch".

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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were.

Where necessary an assessment had been carried out to see if people required the protection of a DoLS. Where an assessment indicated that the person would benefit from a DoLS then an application had been made to the local authority.

The registered manager told us that only senior staff had received training on the mental capacity act. However all staff we spoke with had some understanding of the MCA and DoLS and how this related to their role. They told us it related to people's capacity and autonomy, dignity and independence.

Good

Is the service caring?

Our findings

Most people we spoke with told us they were very happy at Oakdene. One person told us, "It's nice here, the girls are lovely". Another person said, "It's lovely, people are very friendly, the staff are very nice". A third said, "I'm happy here, they look after me". One person told us about the staff at Oakdene, "They are very good. I've been very happy here, they are very kind".

Staff told us they enjoyed working at the home and offering care and support to the people living there. This showed and their friendly approach contributed to a friendly and relaxed atmosphere. One family member told us, "The atmosphere is always upbeat". Another family member commented, "The atmosphere is always welcoming, they are nice and friendly". One staff member told us, "It's important that the home is homely and friendly. It's important that visitors feel welcome". One staff member told us, "When a person comes to live here, it's their home. For the rest of their live if they want to stay".

It was important to staff that people were content. We saw during lunch time staff asking people, "Did you enjoy that". We also saw that staff checked if another person was experiencing heart burn and needed a remedy. On many occasions we saw that people were comfortable with staff often joking with them.

We saw that people who asked for help with something were responded to kindly in approach and tone of speech. People were not made to feel burdensome to staff. Staff took the time to make sure people were safe and well. Staff had empathy in how the cared for people, we observed one person who appeared to be confused who made frequent similar requests. The staff supported the person with kindness and patience in a caring manner.

We observed staff being respectful, asking people's permission before doing things and knocking on people's doors and waiting to be invited. Some people chose to spend time in their room watching TV. We saw that staff made regular checks on these people. Brought tea, coffee and biscuits up to their rooms. One person showed us their tray which contained snacks and drinks

We saw that people were treated as individuals. One person told us, "I choose when I get up. I please myself". We saw that the home had a relaxed and friendly atmosphere. We saw people who chose to have their breakfast later on enjoying their breakfast on a table together. When staff were administering medication we saw this was dispensed either in the dining room or in people's rooms as they preferred. People could go to any area of the home they wished apart from private bedrooms. One family member said, "[name] sits in the dining room a lot. At home she always sat in the kitchen".

Friends and relatives came and went during our visit, they told us they were made to feel welcome. One family member told us, "I come in with my grandchildren and sit around the table with [name], today I brought some food. They are dead friendly, really accommodating".
Another family member said, "They offered to put on my mum's 90th birthday party. They even made a cake for my birthday!" Relatives also told us that the home was accommodating when people wanted to make changes to their bedrooms. One person said, "The let us kit out my mum's room and decorate".

One family member told us about their relative, "[name] used to take lots of medication for depression. She no longer takes medication for depression. Staff have time here, they sit and listen to her. This has helped with her anxiety. She is better now than she has been in years and years". One staff member told us, "We have the time to stop and talk to people, usually in the afternoon. I like listening to people's life stories. People's loved ones are in our care".

We saw a number of thank you cards that the staff at the home had received from friends and relatives. One in part said, 'We felt he lived as part of a family'. Another said, 'You are all so loving and caring'. A third person had written, 'Thank you for all the care, love and attention you gave me and for giving me a better life than I used to have'.

One person finished by telling us, "I'm very happy here, very happy".

Requires Improvement

Is the service responsive?

Our findings

One family member told us about the staff at the home, "Everything we have requested they have done". They went on to give us a couple of examples of how the staff have been responsive. Some family members commented that the home could improve in the activities being offered to people. One said, "There needs to be more activities in the lounge, it's a bit lacking with interaction in the lounge. A lot of activities are one to one and some people are left out".

One staff member told us, "The care plans are done with people and their family members". In people's care files there was no evidence of family involvement. Family members we asked told us they "Didn't know anything about it".

We saw that people's care files were audited monthly. Care plans contained brief information on peoples like and dislikes, including food, their interests and their preferred routine. There was a document containing people's personal information including emergency contact details.

We saw that assessments of people's needs had been completed before people moved into the home. Risk assessments were completed for falls, nutrition and skin integrity. There was a different page of each care plan for relevant areas of a person's care. These included mobility, bathing, skin, eyes, communication, nutrition and diet, medication, continence, cognition, night checks and social needs. We saw that care plans contained personalised information. For example one person during night checks preferred the room light off and the door ajar.

When we case tracked some people's care files we found that up to date and relevant information was hard to find or differed from the care and support the person was receiving.

For example one person had a pre admission assessment stating they were at risk of skin breakdown. The home's risk assessment for skin recorded the risk as low and was not fully completed. The risk assessment gave no details of the person's skin complaint and the care plan recorded tissue viability as good. However it was clearly visible that the person had a skin complaint, was receiving visits from the district nurse for their skin and had prescribed emollients for their skin.

One person who was on end of life care had their general health recorded in their care plan as good. The person had been on oxygen therapy for six months and had their respiratory function in their care plan recorded as good.

In the person's care plan for their personal care, it had been recently recorded that the person required, 'Assistance from one care staff member with all personal care' and bathing was with the assistance of one staff member. Two staff members we spoke with told us the person required the support of two carers for personal care and was using a hoist to move safely.

These people were receiving appropriate care; however people's care plans did not clearly record this. It is

possible that a lack of clear recording could have a future impact on a person's care and support. The design of people's care plans made it difficult to gain up to date information. At times care plans were added to without the new information being also transferred to another relevant part of the plan. People's changing care needs had not consistently prompted the completion of a new relevant risk assessment. Some information was not put into people's care plans and had become known to staff and became practice.

These were breaches of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As the provider had not ensured that people's care plans accurately reflected the care people were receiving.

We saw that the staff at the home kept a daily log, along with a log of family visits that people received and a record of GP visits to people living at the home.

Staff we spoke with told us they completed two hourly checks on people at the home during the night. Another staff member told us that when they do a waking night they check on each person hourly. We were told that staff did not record these checks and there was no written guidance for staff checking on people during the night or where the waking night person was to be based during the night to best meet people's needs.

There have not been any recent complaints recorded by the deputy manager at the home.

We asked people about the activities they did, people told us that they didn't do any activities. The staff told us that often people forget and that two days earlier there was flower arranging at the home. When we asked we were told that only one person was involved with this. The person who was involved enjoyed it and told us, "It was lovely, I love flowers".

The registered manager and staff told us that the activities co-ordinator worked at the home for three afternoons per week, typically for three hours. During this time they help people to do their nails, have hand massages and helped people to curl or blow dry their hair. A hairdresser comes to the home every two weeks in addition to this.

The registered manager told us that the activities co-ordinator sometimes takes people out. One person was supported to visit their bank when needed. We saw pictures in the hallway of a person touring London. Staff told us that the activities coordinator supported the person to go away to London for the weekend. One person told us they had booked to go and see a comedian with a couple of other people and staff. They said, "I'm really looking forward to it. I have a laugh with all the staff. I like to have a laugh". We were told that the home had organised two singers in the previous 12 months. One of the members of staff brought a pet puppy into the home. The puppy was really popular with the people living at the home.

There were some activities and stimulation for people happening at the home with occasional events that people attended. However week to week the activities lacked structure and there was no evidence that these were tailored to the needs and preferences of the people living at the home, to encourage more involvement. There had not been any development of activities focused on people who may have dementia. For example one person who was visually impaired was listening to his radio in his room. There was no evidence that the person joined in on any activities, used any services for the visually impaired or that any adapted activities had been offered to him.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager in post. The registered manager was also the owner of the home. The registered manager had delegated the day to day running of the home to a deputy manager.

The registered manager told us they were actively involved in the home and visited twice each week. They told us they were keen to learn and develop as a whole staff team. They gave an example of working closely with the local authority quality assurance team in developing people's care plans.

The registered manager referred a lot of questions to the deputy manager who looked after the day to day running of the home and also to a co-owner of the home. People told us they were happy with the support they received from the deputy manager. She was supportive and often checked if staff had any difficulties or problems.

It was at times unclear who held responsibility for what. The person we were told was responsible for ensuring health and safety and maintenance did not complete the audits. There was no evidence of this process being joined up. The deputy manager completed the reviews of people's care plans, the rota, staff supervision and appraisal, training, recruitment and health and safety audits. There was no evidence that the registered manager had oversight of these processes. The processes in place had not picked up on health and safety concerns or ensured that people's care plans were up to date.

This was a breach of Regulation 17 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As the provider had not ensured that audits and risk assessments at the home were effective.

The registered manager told us they thought the home excelled at listening to people and providing nice food. The registered manager was currently working on refurbishing certain areas of the home and also developing activities for people with dementia and providing more in depth training for staff on dementia. The registered manager told us, "I enjoy doing what I do; I think this is really rewarding work".

We found the registered manager to be open and honest in her conversations with us. Staff told us about the registered manager, saying, "She is reasonable. If we need anything we get it. She is supportive and helps us as much as possible. She is always on the other end of the phone and visits about twice a week". Another staff member said, "[name] is lovely to get on with, we have good communication with her. She is interested in you as a person". A third told us, "[name] is brilliant, she's really supportive". One person living at the home told us, "The atmosphere with the manager and staff here is nice". We saw an example of when the registered manager had made adjustments available to ensure that staff are effective in their roles.

The deputy manager told us that they gain feedback from people living at the home and their family members from periodic questionnaires. Families are always kept up to date with regular communication.

Staff have access to a copy of the home's policies in the staff room. Staff sign to indicate that they have read

each policy. We looked at a sample of the home's policies, including safeguarding, recruitment, whistleblowing and complaints.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that the premises and equipment were safe to use and were used in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that audits and risk assessments at the home were effective.