

Anchor Carehomes Limited

Oak Tree Lodge

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 05 April 2016. Our last inspection took place on 26 October 2014 when we gave an overall rating of the service as 'Requires Improvement'. We found a single breach of the legal requirements in relation to consent to care and treatment. At this inspection we found improvements had been made.

Oak Tree Lodge is registered to provide accommodation and personal care for up to 60 people. The service had recently transferred from Ideal Carehomes to Anchor Carehomes. At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). 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.

People told us staff responded to their needs promptly, although we saw occasions where communal lounges were not staffed. The service was in the process of recruiting to some vacant posts. Medicines were generally well managed. However we saw some examples where medicines had been signed for as given before they were administered.

Recruitment practices were mostly found to be safe. People told us they felt safe living in the home and staff who had received safeguarding training were able to describe the action they would take to report abuse. Risks were being managed effectively in the service.

Staff were satisfied with the induction they received and records we looked at showed most staff were up-to-date with their training. The registered manager acknowledged there were gaps in staff supervisions and appraisals. Staff told us they were happy with the support they received from the registered manager.

This service was meeting the legal requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff supported people to access healthcare services and people were found to have been supported with their nutritional needs. People and staff provided mixed feedback about the quality of food.

People and relatives spoke positively about the support they received from staff who had good working relationships with them. Staff were able to describe how they protected people's privacy and dignity, although we found one example when this did not happen.

People expressed frustration at the lack of activities taking place. On the day of our inspection there were no activities happening. The activities planner included 'hairdresser' and 'family day' as activities.

People's care plans generally contained sufficient detail for staff to be able to provide effective care. We saw some examples of care plans which had not been fully completed.

People and relatives knew how to complain if they were unhappy with the service they received. We saw complaints were recorded and responded to appropriately. The registered manager had started a weekly 'clinic' to meet with people and relatives.

The home was generally clean and tidy, although we found concerns with the storage of clinical waste. Some maintenance checks had not been completed as scheduled and we found this had not been monitored appropriately.

We found a notification had not been sent to the CQC as required under the terms of the provider's registration, although this had been submitted to the local authority. There was limited evidence of the registered manager's involvement in audits carried out in the home, although the area manager carried out their own checks. Confidentiality was not always been maintained as sensitive records were being stored in an unsecured area.

We found breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

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

People and relatives told us they felt safe. Staff were familiar with how to report abuse and had received safeguarding training.

The home was generally found to be clean and tidy, although clinical waste and mal odours were identified as concerns.

Medicines were generally well managed, although we saw some examples where medicines had been signed for as given before they were administered.

Requires Improvement ●

Is the service effective?

The service was not always effective

Staff received supervisions, although not as often as stated in the providers policy. Appraisals were being introduced by the registered manager. Most staff were up to date with their training programme.

We found the service was meeting the legal requirements relating to the Mental Capacity Act 2005 (MCA).

Staff supported people to access healthcare services. People and staff provided mixed feedback about the quality of food.

Requires Improvement ●

Is the service caring?

The service was caring

Staff had developed good relationships with the people living at the home. People told us they were well cared for.

People's privacy and dignity was well managed with the exception of one example on the day of the inspection.

Good ●

Is the service responsive?

The service was not always responsive

Requires Improvement ●

People and staff told us there were not enough activities taking place. There were no activities taking place on the day of our inspection.

People's care plans mostly contained sufficient information, although some were not fully completed and did not contain consistent information.

People told us they knew how to complain if they were unhappy and records showed the service responded appropriately to complaints they had received.

Is the service well-led?

The service was not well led

Maintenance schedules in the home had been allowed to lapse which meant people were at risk. Some policies and procedures were not up to date and confidentiality was not being maintained.

There was limited evidence of the registered manager's involvement in audits.

Staff told us they were happy with the support they received from the registered manager. Some people were unaware of the identity of the registered manager.

Requires Improvement ●

Oak Tree Lodge

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 05 April 2016 and was unannounced. The inspection team consisted of one adult social care inspector, one specialist advisor with a background in nursing and a specialist advisor with a background in governance as well as an expert-by-experience with a background in older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 57 people living in the home. During our visit we spoke with four members of staff, the registered manager and the area manager. We also spoke with 20 people and four visitors. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at five people's care plans.

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.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

In the registered provider's February 2016 audit, the area manager identified a number of staff had expressed concerns about maintenance not being carried out in the service. We looked at the maintenance checks which had been carried out and found there were some significant gaps in recording.

We saw emergency lighting which was supposed to be checked every month had been tested twice (July and December 2015) in nine months. Call buzzers which should have been checked on a weekly basis had been tested three times in eight weeks. The weekly visual inspection of fire extinguishers was last completed in October 2015. The last recorded weekly fire alarm test before the day of our inspection took place in July 2015. Monthly fire drills were recorded as having taken place as per the schedule. We spoke with the registered manager who acknowledged they had not identified these gaps.

On arrival, we found the clinical waste storage area outside the home was overflowing and saw this area was unsecured. Guidance from the Department of Health on 'Safe Management of Healthcare Waste' states 'Healthcare waste should be stored securely so as to prevent the escape of waste, harm to the environment and harm to human health. Failure to do so is a breach of the statutory duty of care'. On the day of our inspection we saw a professional waste management company had collected the waste. Following our inspection the area manager contacted us to confirm weekly waste collections were in place. They also said arrangements to have the storage area secured were being looked at.

We concluded this was a breach of Regulation 15, (Premises and equipment); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the beginning of our inspection we asked to see evidence of building maintenance certificates which covered electrical wiring, PAT testing, gas safety and legionella testing. These certificates could not be found on the day of our inspection and were forwarded the following day by the area manager.

At the time of our inspection the service was in the process of recruiting a person who would be responsible for maintenance in the home. In the interim, maintenance support was provided by a member of staff from another service run by the same provider.

We found most areas of the home were clean and tidy, both in communal areas and in peoples' rooms. We looked at the provider's training schedule and found most staff had received infection control training.

We found the hand soap in one of the ground floor residents' toilets was not dispensing as a battery needed to be replaced. We also found there were no paper towels in the assisted bathroom on the second floor. We discussed this with a member of staff who took immediate appropriate action. We found malodours on the first floor and saw a mattress protector had been stained. We also found one person's duvet cover was stained. We discussed this with the registered manager and area manager who told us they would take appropriate action.

We found some armchairs in communal areas of the home did not have cushions as the covers had been removed for washing. This meant people were still able to sit in these seats which could have caused injury if they did not realise the cushion was missing. We discussed this with the registered manager who agreed the armchairs should have been removed by staff.

The provider's PIR stated, 'To analyse safeguarding incidents we use a safeguarding concern analysis which enables the home to analyse all the information and ensure that all risks are acted upon and all relevant agencies are involved'. We looked at this document and found it had not been completed. We saw details of an incident recorded in March 2016 which concerned an allegation of abuse that had not been referred to the CQC, although this had been referred to the local safeguarding authority. It is a condition of the provider's registration that notifications are submitted to the CQC where there is an allegation of abuse. We discussed this with the registered manager and area manager who said they would ensure all safeguarding notifications were submitted.

People we spoke with told us they felt safe receiving this service. One visitor said, "He's safe. I'm really happy that he's here. The staff are all so approachable. They keep me informed about what's going on." Staff we spoke with told us they were confident people living in the home were safe and protected from abuse.

Staff were able to describe the signs they would look for which could indicate a person was being harmed. They told us they would report concerns to their manager. One staff member told us, "There's always the whistleblowing system." 'Whistleblowing' is when a worker reports suspected wrongdoing at work. The training records we looked at showed the majority of staff had received up-to-date safeguarding training.

People told us staff responded promptly if they pressed their call bell. This included at night. We asked staff about staffing levels in the home. One staff member told us, "It's more or less alright. It's just when people phone in sick and leave you in the lurch." Another staff member said, "When people don't turn up it's a problem." A third staff member said, "There's not enough." On the day of our inspection, we found some staff on shift had been redeployed from another service run by the same provider. We observed occasions when there were no staff in the communal lounges for at least ten minutes.

The registered manager told us, "At the moment we're really struggling with nights." We found the service was without two night care managers, although interviews were taking place to fill these positions. We were also told the provider was recruiting to two senior carer positions to work on nights.

The registered manager showed us a dependency tool which identified the support each person needed, although we did not see how this was used to calculate the number of staff and different roles which needed to be covered on each shift. The area manager told us staffing levels were under review as part of the transfer to the new provider.

The provider's PIR stated, 'The home has a deputy manager on shift at all times to manage the home in absence of the home manager. We looked at the staff rotas over a four week period and found there was no senior care cover on one of the floors on eight occasions during March 2016. The registered manager told us the deputy manager had provided this cover. We asked the registered manager to make this clearer on their rotas and they told us they would do this. The registered manager told us they wanted the deputy manager to have more time dedicated to management tasks. However, when we asked about staffing levels, we were told the deputy manager provided cover on the floors when staff did not arrive for their shift.

The medication administration record (MAR) for one person who had Parkinson's Disease showed two doses of their medicines were not recorded as administered on 04 April 2016. We observed two medication

rounds and found some instances where staff were signing MAR charts to indicate people had taken their medicines before they had been administered. We discussed our concerns with the registered manager and area manager who told us they would look at this immediately.

The area manager completed a 'Your Visit' record in March 2016 which showed 48% of staff had received training in 'safe handling of medication'. A medication training session had been booked for the end of March 2016 and the registered manager had been asked to ensure as many staff attended as possible.

Medicines were stored appropriately and we found stock matched what was recorded on MAR charts. We also looked at the use and recording of controlled drugs and found this was well managed. We observed a staff member who was administering medicines asking people if they were okay and whether they wanted any pain relief. We found the use of ointments and creams was managed appropriately.

We looked at the recruitment process for three members of staff who had recently joined the service. We found one staff member's last employer reference had not been taken, although other references were on file. We found evidence of checks with the Disclosure and Barring Service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Risk assessments completed at the point of admission were used to create a safe care plan covering, mobility, toileting, nutrition, communications, mood, sleeping and personal hygiene.

Is the service effective?

Our findings

The supervision policy stated staff should receive this support every six to eight weeks. Staff we spoke with all told us their supervisions were supposed to be held every three months. We looked at the supervision records and found examples of staff receiving supervision support every three to six months. In their February 2016 audit the area manager had identified there were gaps in the supervision schedule. The action recorded was 'To ensure all staff receive regular 8 weekly supervisions'.

We asked the registered manager about staff appraisals and they told us, "I am lagging behind." We were told this was due to an error in scheduling when appraisals were needed. The registered manager said they would be arranging training for the senior management team to carry out appraisals. We were not given a timescale for when appraisals would commence.

We concluded this was a breach of Regulation 18, (Staffing); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can 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 home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw MCA assessments had been carried out and conclusions were recorded.

One person told us several times, "I want to go home." We looked in this person's care plan and found a DoLS application had been submitted to the local authority. We looked at DoLS applications which had been submitted to the local authority for other people who used the service. Reasons for the application which were accompanied by an MCA assessment and risks to people had been identified and recorded.

Staff told us they encouraged people to make decisions such as what they wanted to wear, eat and drink or whether they wanted a bath or shower. One staff member said, "It's what they like, not what we like." We observed staff asking people what they wanted and giving them time to think about their reply. One staff member told us if a person refused their medication they would return a short while later. If the person refused again the staff member told us they would refer this to the registered manager. The training records we looked at showed 92% of staff had completed training in 'Dementia Awareness' which included MCA and DoLS guidance.

We asked staff about the support they received during their induction. One staff member told us, "It was

useful." Another staff member said, "I thought it was good." During their induction, staff completed mandatory training sessions and shadowed senior workers to gain experience.

Staff told us the registered manager informed them when refresher training was due to take place. We looked at the staff training matrix and also looked at audit records which referred to completion rates. In the February 2016 audit the area manager identified a number of staff had recently attended mandatory training. Overall 70% of staff had completed mandatory training, although the provider wanted to achieve a minimum 80% completion rate.

People shared mixed views of the food provided. Several people said, "The food is very good." Others told us, "It's alright." One person said, "Sometimes it's alright. Other times it's rubbish." One staff member said, "They have lots of different things on the menu. Sometimes it's alright and other days, I don't think much of it." Another staff member said, "Oh that's great. They've got a good choice of food. A third staff member said, "The food's good. Fruit's been put out for them."

We saw a four weekly menu planner on display, although it was not clear which week the home was in and the print size was very small, meaning people some people might find it difficult to read. Some dining tables had laminated large print menus for people to read, but not all.

We observed the lunchtime meal experience on each floor and found this was positive. Tables were laid with cloths, fabric napkins, cutlery, and condiments. People were told what was available for dinner and made their choices. There was friendly banter between people and staff who sat with people at tables. People were offered second helpings as they finished their meals.

We saw jugs of squash in the lounges and in people's rooms. People were regularly offered cups of tea and coffee and cakes or biscuits between meals. On the ground floor lounge there was a basket with snacks for people. Around teatime we saw several people were enjoying a glass of wine or beer in the lounge. One person said "I've been looking forward to this all day."

Care plans we looked at showed people who had been referred to the district nurse had been seen and reviewed on a regular basis. People were visited by the GP, chiropodist and other health professionals as required. We observed a member of staff contacting a district nurse concerning the cream needed for one person. The staff member was seen to follow on the advice given. One person told a member of staff they had bumped their leg against a chair. The member of staff checked the person for injuries and said they would ask the district nurse to visit and have a look at it.

Staff told us people were weighed on a monthly basis unless they had been referred to dieticians which meant the service needed to record weekly weights. We saw one person had been referred to the dieticians. We looked at the December 2015 weight loss action plans and selected five people who had been identified as 'at risk' due to their weight loss. We saw they had been weighed regularly and maintained their weight following closer monitoring.

Is the service caring?

Our findings

Throughout the day of our inspection we found staff interacting with people in a way which was respectful, kind and compassionate.

One person we spoke with told us, "I am happy, I must admit." Another person said, "I think they're very good, very caring." A third person commented, "I love it. I'm very happy here. I've made lots of friends. They're all lovely. When I was at home I was lonely and I was just stuck in alone. Now I have friends."

During the morning we heard one staff member speaking to a person in their room. They asked, "Do you want to get up or would you like a bit longer." We saw one person was celebrating a birthday and at lunchtime staff lead people in a chorus of 'happy birthday'. We saw warm interactions between staff and people with staffing asking questions such as; "Are you warm enough or shall I shut the window?" and "Where would you like to sit?" We saw a person who was confused was in the corridor. A member of staff encouraged them to have something to eat and suggested, "Come and have a look and you choose." Another staff member said to one person, "Hold onto my hand we'll go to the table."

On the day of our inspection one person was moving out of the service. We saw staff had congregated in reception to wish them well. One member of staff had come in on their day off to say goodbye.

At lunchtime, we asked one person whether they had asked for a jacket potato. They responded, "Jacket potato? I have one every day. I always have one. I love them. They keep you slim and healthy. Some of the other food here makes you fat, so they know I always have a jacket potato."

Staff appeared to know people well and people were very relaxed in the company of staff who they had built genuine friendships with. We saw staff sitting with people at mealtimes and talking to them.

We saw a sign which kindly asked people not to visit during mealtimes which were seen as protected time. Otherwise, relatives and other visitors were free to visit whenever they wanted.

We found people's privacy and dignity was generally well managed although we heard one member of staff in a person's room asking them if they wanted to have their bottom wiped. We discussed this with the registered manager and area manager who said they would remind staff about providing discreet support to people. Staff told us they helped to protect people's privacy and dignity by closing doors and covering people with towels after showering. They also said they knocked on doors and asked for permission before entering people's rooms.

The provider's PIR stated, 'Oak Tree Lodge provides effective care through the use of in depth care plans for each resident ensuring that the individual's needs, preferences and choices are met'. We found the information recorded in care plans was person centred and the care provided by staff was consistent with the identified needs and wishes of the person.

Is the service responsive?

Our findings

We were told the service did not have an appointed activities co-ordinator. Instead, care workers were responsible for providing activities. We asked staff whether they felt they had enough time to provide activities and stimulation for people. One staff member told us, "Some days we do and sometimes we don't have enough time. Staff told us the activities planner was not always followed.

People consistently told us they were unhappy with the lack of activities both within and outside the home. We saw these concerns had been raised by people during recent 'resident' meetings where they had asked to go out more.

We asked people about the activities provided. Their comments included; "There's nowt' to do. I like to be outside. I want to go out and walk in the fresh air. They have jigsaws and that. I don't want to do bloody jigsaws. I want to go out." "I don't want to stay here. I don't know what I've done to be locked up in this room. It's bloody boring. I need to walk and get out. I don't want to stay here. I sway and rock back and for to get the blood round the body. I don't know what I can do to get back to civilisation. I might sneak out." "There's nothing doing. Nothing at all. The staff are alright. Yes I like them. They're very nice and they come straight away if you call. But it's a bit lonely. No-one comes to see you." "We don't do owt all day. I mostly stop in here."

We looked at the activities planner and found there had been 12 days in March 2016 when no activities were scheduled to take place. On other days we saw activities listed included 'hairdresser' and 'family day'. Other activities advertised were 'Arts and Crafts', visiting musicians and exercise sessions.

We asked staff member if they would change anything about the service. They told us; "More outings for the residents and more activities" and "I would get them out more."

The registered manager told us they no longer had the volunteers who were running the coffee shop and bingo sessions. We saw they were advertising for other volunteers to fill this role on a regular basis. We saw notices on display which asked for expressions of interest in day trips proposed for April, June and July 2016. We spoke to some people who were not aware of these trips and the positioning of some of the posters meant they were not easy to see.

The area manager told us they had carried out a social activities survey in January 2016 and found positive responses. In the area manager's February 2016 audit they identified the importance of providing activities consistent with peoples' hobbies and interests. The action plan showed the registered manager was responsible for this. The area manager told us the way activities were delivered was under review as part of the transfer of services to the new provider.

We concluded this was a breach of Regulation 9, (Person-centred care); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at care plans and found pre admission assessments had been carried out. This made sure the service only accepted appropriate referrals for people whose care needs they were able to meet. Once people had moved to the home a full assessment of needs was carried out.

The care plan for one person who moved to the home in February 2016 had only been partly completed. We spoke with a member of staff who acknowledged this and two other care plans needed to be finalised.

The area manager told us new care plans were being introduced for people as part of the transfer of services from the old provider to Anchor Carehomes. We were told all people would have a new care plan in place by May 2016.

We looked at the repositioning chart for one person and found it did not state how often this person should be turned. We asked staff how often the person should be repositioned and were given different responses. The repositioning charts in this person's room had gaps over days which meant we could not be sure this care was provided. We discussed this with the area manager and registered manager who agreed to look at this.

The care plans we looked at contained 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions. The correct form had been used and was fully completed. DNARs were in place and were appropriately completed along with information on advanced care planning and key contacts. We saw evidence of people being included in decision making and the wishes of relatives were listened to and recorded.

We spoke with one relative who told us, "They let me know if anything happens. The other week she was found on the floor and they let me know even though they'd checked her over and she hadn't hurt herself. I'm pretty happy with the care she's getting."

The care plans we looked at were reviewed on a regular basis and where changes occurred this was reflected in care plans. The minutes from a staff meeting in November 2015 noted care workers were expected to read care plans each month after reviews to check if any changes had been made. The registered manager told us staff had been asked to record when they spoke to families to involve them in care planning. We asked one staff about care plans and they told us, "The ones I've read, they are accurate."

The provider's PIR stated, 'At Oak Tree Lodge we welcome comments and complaints from residents, relatives and other people or organisations this gives us the opportunity to monitor and improve the service we provide, we do this by following the complaints procedure which is readily available to staff and also advertised around the home for visitors to see and use'.

People told us they felt able to complain if they were unhappy about their service. One relative said, "If I have any problem I talk to the seniors. They do follow it up." We saw there was a suggestion box in reception which gave people and relatives the opportunity to provide feedback anonymously. We looked at the recording of complaints and found this was well managed. We saw where complaints had been resolved at a face-to-face meeting and also found evidence of written responses to people and relatives.

One compliment we saw stated; 'Thank you so much for all your support and help with [name of person] over the past few weeks. We couldn't have managed without you'.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission.

We found the 'Public Health' policy had not been reviewed since 2013 and the infection control policy was last reviewed in 2014. All general policies had been reviewed in October 2015. Staff were expected to sign to say they had read policies, although we saw limited numbers of staff had done this. For example, eight members of staff confirmed they had read the policy on safeguarding and whistleblowing in February 2015.

We found confidential information regarding DoLS applications for people had been stored in an unsecured area of the home. We discussed this with the registered manager who told us the room was lockable, although this was not correct. At the end of our inspection, these files were moved to the registered manager's office.

We looked at the resident meeting minutes from September, October, November 2015 and March 2016. We found people had asked for 'sponge and custard' to be removed from the menu planners. On the day of our inspection we saw people were being served 'sponge and custard'. The registered manager told us this dessert was only on the menu very occasionally. We also saw people consistently asked for more activities and opportunities to go out. We found there was minimal stimulation for people who confirmed this when we spoke to them.

We asked the registered manager about the programme of audits and they told us, "We have fallen down. We haven't had time to do them." We found there was limited evidence of the registered manager's input in the schedule of audits. For example, in October and December 2015 they had not completed their section of monthly quality assurance audits. This meant we could not evidence their involvement in the continuous improvement of the service.

We saw the provider had a schedule of daily, weekly, monthly and quarterly audits. However, we saw some gaps in the schedule where weekly care plan profiling, infection control audits, health and safety meetings, maintenance file checks and weight loss planning were not always evident.

We found the area manager carried out their own audits of the service which were effective. They covered areas such as accidents, falls, bed rails, pressure areas, weight loss, medication, infection control and safeguarding.

We concluded this was a breach of Regulation 17, (Good governance); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a 'residents' surgery' had started at the beginning of March 2016. This took place every Wednesday and gave people and relatives the opportunity to approach the registered manager with any concerns.

Team meetings were scheduled to take place on a monthly basis. We found different staff meetings were taking place, although we saw limited evidence of the staff voice which meant we could not be sure these

were two way meetings with the management team. The registered manager told us they wanted to introduce 'mini team meetings' by the end of May 2016. These meetings would take place twice a week on each floor and would look at issues specific to those areas.

The registered manager told us no staff surveys had taken place. 'Residents' surveys' were taking place once a month. The registered manager told us they had identified concerns about laundry and food issues.

We saw accident report forms were fully completed for January and February 2016. We found monthly audits of accidents and incidents had identified a 50% reduction in the number of falls in the home.

The registered manager told us they felt supported by the area manager who visited at least once a month. The registered manager was supported by two deputy managers who worked opposite shifts.

We spoke with some people who were familiar with the registered manager, but did not realise this person fulfilled this role.

We asked staff about the support they received from the registered manager. One staff member told us, "I feel like I am supported." Another staff member commented, "When I have had things to say, I have said them. Then it's been dealt with." A third staff member said, "She's alright, I can go to her." A fourth staff member told us, "The manager that we've got, [name of registered manager], listens." One staff member who commented on the culture within the service said, "We all get on to be fair." Another staff member told us, "We have a good 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service did not have a robust programme of activities for people both inside and outside the home.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service did not ensure the building was properly maintained.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of oversight from the registered manager concerning governance systems.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support through a programme of supervisions and appraisals consistent with the provider's policy.