

Keslaw Limited

Woodcot Lodge Care 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?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We carried out this comprehensive inspection on 21 & 22 September 2016. This inspection followed two comprehensive inspections in 2015 and a focussed inspection carried out in April 2016. The last two comprehensive inspections were carried out in March 2015 and September/October 2015 which had led us to follow our enforcement pathway. The focussed inspection was carried out to help guide us in terms of our enforcement pathway. Since these inspections we have continued to be notified by the provider of significant events and concerns which they have reported to the local safeguarding authority. We also received information from external sources. We had received action plans from the provider informing us of the action they were taking to make improvements and achieve compliance with all the Regulations of the Health and Social Care Act 2008.

Woodcot Lodge is a nursing home which is registered to offer personal and nursing care to 85 older people, some of whom live with dementia. The home had three floors, with a lift providing access to all floors. Since the focused inspection in April 2016 the provider had made the decision to close the second floor. Some people from this floor were moved to the other two floors of the home and some people were relocated in other homes. The ground floor was referred to as 'residential' and the first floor accommodated people who had a nursing need. At the time of our inspection 54 people lived at the home; three of these people were in hospital.

The home 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.

There had been a history of non-compliance with the regulations at this service since September 2013, which we had continued to monitor. Due to the on-going breaches we had been following our enforcement pathway. At the focussed inspection in April 2016 we found the provider was still in breach of three regulations, which related to risk assessments, personalised care and quality assurance systems. Whilst these breaches remained we found the impact on people was low.

At this inspection we found progress had been made in all areas and the service was no longer in breach of regulations regarding safe care and treatment, person centred care and quality assurance. However one recommendation has been made and there is a continued breach of Regulation 17 regarding record keeping.

Staff understood the principle of keeping people safe and the registered manager made appropriate referrals to the local safeguarding team. Risk assessments had been completed and staff were aware of the risks facing people and how to minimise these risks. Staffing levels met the needs of people during the inspection. When staffing levels were low at short notice the registered manager was unable to fill these shortages, which meant staff were rushed.

Recruitment checks had been completed before staff started work and updated for long term staff to ensure the safety of people.

Medicines were administered and stored safely; however there had been a few recent medicine errors, which had been investigated and reported, but the errors were similar to concerns in previous inspections. We have made a recommendation regarding the policy and processes in place for when medicines have been refused by a person for a period of time.

There was a training programme and staff enjoyed the training and felt it equipped them to do their job. Staff had a good knowledge of the Mental Capacity Act (2005) which had been incorporated into people's records. People enjoyed their meals and there was support for those who needed it. People were supported to access a range of health professionals.

People received personalised care which took into account their choices and preferences. People felt confident they could make a complaint and it would be responded to. Complaints were logged and there were recordings of investigations into complaints.

People felt the staff were caring, kind and compassionate. The home had an open culture where staff felt if they raised concerns they would be listened to. Staff felt supported by the registered manager and were clear about their roles and the values of the home. Records were not always accurately maintained. There was an effective quality audit system.

We found a repeated breach in one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

With regard to previously identified concerns, we have followed our enforcement pathway which resulted in us taking proposed action to cancel the providers registration for this service. The provider made representations to us against this decision but it was not upheld, which resulted in the decision being scheduled to be heard at a first tier tribunal at a future date. However, as a result of the findings of this inspection, we have found the provider has taken appropriate action and has made improvements which we will continue to review through monitoring and inspection.

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.

Staff had a good understanding of safeguarding people and referrals to the local authority had been made appropriately.

People were kept safe and staff understood the risks facing people and how to minimise these.

Recruitment procedures were followed to ensure staff were safe to work with people,

Staffing levels were planned to meet the needs of people but there were concerns over arrangements when staff did not turn up giving a short notice time

Medicines management was mainly safe. There had been some medicine errors which had been reported accurately. We have made a recommendation relating to the process in place for when medicines have been refused by a person for a period of time.

Is the service effective?

Good 

The service was effective.

Staff received training and a programme of supervision was in place and staff felt supported in their roles.

Staff had knowledge of the Mental Capacity Act 2005 and best interest decisions were made where appropriate.

People received support to ensure they ate a balanced diet.

People were supported to access a range of healthcare professionals.

Is the service caring?

Good 

The service was caring.

People were supported by caring staff who respected people's

privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care, which took into account their interests and preferences.

People felt they could complain and complaints were investigated.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered manager operated an open door policy and people and staff were encouraged to share concerns and make suggestions to improve the service.

People's records were not always accurate and well maintained. There was an effective quality assurance system.

Woodcot Lodge Care 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 the 21 & 22 September 2016 and was unannounced. The inspection team over the two days consisted of three inspectors, one inspection manager and a specialist advisor who had knowledge in the care of older people, dementia care, neurological conditions, tissue viability and palliative care.

Before the inspection, we reviewed previous inspection reports, action plans from the provider, and safeguarding notifications. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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.

During the inspection we spent time talking to the registered manager, two regional managers, 14 people, four relatives, and 12 members of staff. We looked at minutes of staff meetings, residents meetings, policies and procedures, monthly reports by the provider's regional manager and the complaints log. We looked at six staff recruitment files, training and supervision records and the care records of 10 people.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed interactions between people and staff.

Is the service safe?

Our findings

We had previously identified at our inspections in March 2009, February 2014, June 2014 September 2014 and March 2015 a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponded to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In inspections in September /October 2015 and April 2016 we found a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) 2014 relating to the safe care and treatment of people. We found people did not have appropriate risk assessments to ensure staff knew the risks associated with people's care. Risk assessments had not been completed to identify risks and provide clear information for staff on how the risk could be minimised and therefore staff had not known how to keep people safe.

At this inspection we found the provider was now compliant with Regulation 12.

Staff were aware of the risks associated with people's care. This awareness had been improved by better communication between staff. Staff were verbally made aware by senior staff of the risk and any changing risk facing people at the start of their shift. The handover sheets available to all staff recorded basic information on risks for each person for example, 'dementia, room sensor, depression, catheter, anxiety, supervision with food and fluid'.

Staff told us they had the information they needed with respect to the risks facing people. For example, they demonstrated an understanding of the possible triggers for people who could have behaviours which were challenging at times and the strategies involved to reduce the risks for these people. Staff were made aware by senior staff at the start of their shift if there were temporary changes which increased the risk for people, for example if a person had a urinary tract infection.

Risk assessments for the environment and the building were in place. We were advised by the provider's health and safety team the home met all the fire safety regulations and we saw copies of people's individual Personal Emergency Evacuation Plan (PEEPS), which were kept near the entrance of the building. Staff told us the training they had received on fire issues had been, "Fantastic," and they were confident they would be able to keep people safe in the event of a fire. We were sent certificates to demonstrate the gas and electrical installations were safe and the portable electrical appliances had been tested.

People told us they felt safe in the home. Staff were aware of what constituted abuse, the different types of abuse, what to look for in terms of signs and indications of abuse. Staff knew the process of reporting abuse and were confident their concerns would be taken seriously by the management of the home. Staff including internal ancillary staff, received safeguarding training on an annual basis. The provider made appropriate referrals to the local safeguarding team and worked in partnership with them. Staff were aware of the provider's whistle blowing policy and had to sign to show they had read and understood it. Staff reported they would have no problem using the policy and felt the provider would make an appropriate response.

The provider used a tool called Care Home Equation Safety Staffing (CHESS) to determine the staffing levels needed to support people. We were advised by the registered manager this was completed monthly and included a review of each person's individual needs. The registered manager told us the tool identified at the present time the home was overstaffed. During the inspection we did not observe at any time occasions where there was not enough staff to meet people's needs. However we did hear reports from staff, people and visitors there were times when there was not enough staff on duty. People and visitors all spoke positively of most staff, but comments included, "Staff are running, rushing around the home". It became clear from conversations with staff, people and visitors these were at times when staff did not turn up who were due to be on duty, which meant there was reduced staff. We were advised by the registered manager because the home was considered to be 'over staffed' this meant agency or bank staff could not be used at these times. Consideration was given to ensuring staff on duty had the right skills. The provider had introduced the role of a Care Home Assistant Practitioner (CHAP) whose role was to support the nurses and act as quality champions within the home.

Recruitment records showed relevant checks had been made to keep people safe. Checks with the Disclosure and Barring Service were made before staff started work and had been completed for existing staff. The DBS checks help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Application forms had been completed and where available staff's qualifications and employment history including their last employer had been recorded. The PIN (Personal Identification Number) of registered nurses was recorded, demonstrating the provider had ensured they had the skills and qualifications to carry out their role.

People were adequately protected against the major risks associated with medicines, but there was room for improvement. Medicines were stored safely and appropriately. Storage of equipment such as syringes, dressings and medicines was well organised, neat and tidy in locked cupboards. Topical creams were stored separately. Medicines in all five medicines trolleys were well organised and tidy. There were visible signs oxygen was stored in the nurse's clinical room and on the person's door. Medicines awaiting disposal were stored in sealed containers and records were kept of the medicine which detailed the reason for their disposal and these have been signed by two staff.

People who were prescribed medicines to be taken 'as required' had protocols in place to guide staff on their safe use. The use of the Abbey Pain Assessment Tool for people who were prescribed medicines to be taken 'as required' for pain relief was in place. This guided staff to assess when the medicines were required and identify when further treatment was required depending on the severity and persistence of the pain the person experienced. This was important for those people who were not able to express pain. All 'as required' medicines had associated care plans to guide staff when these medicines should be administered.

Most people's medicine administration records (MAR's) were completed accurately, however one person's MAR chart had signature gaps for one day's morning medication, which meant it was not clear whether the person had been given their morning medication or staff had forgotten to sign for it when it was given. Since the last inspection in April 2016 there had been four safeguarding referrals regarding medicine errors, which had also been a concern prior to the April 2016 inspection. Whilst these have been investigated and there was evidence of learning, it is of concern there had been further errors. It was not always clear if people's medications were being reviewed by the GP when necessary. Some medicine administration records charts showed a person had refused to take their 1800hrs regular medication for eight days and prescribe as necessary medicine for nine days. In addition the quantity of that medicine was not recorded when it was received or carried forward. Another person had refused some of their medicines for five days and another refused a medicine for four days and another medicine for nine days. This was highlighted to the staff by us and there was no evidence that this had been shared with people's GPs for the purposes of reviewing the

medications.

We recommend the registered provider and manager review the policy and processes in place for when medicines have been refused by a person for a period of time and take action to update their practice accordingly.

Is the service effective?

Our findings

People and relatives advised us staff had the skills and knowledge to offer care appropriately. The provider had a clear training programme and was able to demonstrate how many staff had completed each course and provide information on the detail of each training course. Staff enjoyed the training and felt it equipped them to be able to carry out their roles; they reported the training in dementia care had been particularly very good. The PIR (Provider Information Return) advised this would be started again in July 2016. The registered manager confirmed this had not re-started and was looking at finding the time to re-start this training. This was a practical training course and gave people a feel of what it was like to live with dementia.

The registered manager listened to staff's training requests, for example a CHAP had requested tissue viability training and this had been arranged. A programme of supervision was in place for all staff. The registered manager informed us this had taken longer to put in place than anticipated as some senior staff had not given supervision as they had not felt confident giving the supervision to other members of staff. Annual appraisals had started; the registered manager confirmed she was a bit behind on this, but staff now had dates set for these. Staff told us they had received a good induction. One staff member told us, "There is shadowing and new staff are assigned to 'lighter shifts' at first, this ensures care staff are trusted and competent."

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. It was clear staff had a good knowledge of The Mental Capacity Act. Staff described "asking permission" before supporting people with personal care. Two people on covert medication (this is medication that may be disguised in food or fluids) had appropriate documentation such as mental capacity assessments and best interests decisions recorded in their care plans. This showed that medication was being administered with full understanding of The Mental Capacity Act. We saw people had mental capacity assessments regarding specific decisions throughout their care plans with best interest decisions made where necessary with the relevant people being involved.

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 Mental Capacity Act 2005. 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 on authorisations to deprive a person of their liberty were being met. The registered manager and staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had appropriately been made to the local authority responsible for making these decisions.

People were supported to have sufficient to eat and drink. People's individual wishes and preferences were taken into account. People were supported by staff to go to the dining room at their own pace and in a way which respected their individual mobility needs. Some people were supported to sit with their mobility aids

in reach, and people were asked where they would like to sit. The dining rooms were airy and bright, and the atmosphere was pleasant with lots of banter between the staff and people. On one floor a smaller dining room had been set up with the intention of creating a small 'gentleman's club'. This was open to women too but on the day of our inspection it was occupied by men who very much enjoyed their dining experience. Some people had chosen to have lunch in their rooms and they did not have to wait for their lunch as there was enough staff to assist them, and this included the activity coordinators and a kitchen assistant. Food was nicely presented on the plate; pureed food was also nicely piped on the plates and looked appetising. A few residents who needed assistance with eating were not rushed. It was noted two people who did not eat and drink much in the dining room were later supported to have additional food and drink. One person was given a small plate of finger food in their room which they ate and one person was supported to drink once back in the lounge area.

People's support needs at meal times were recorded in their care plans. For example, if people needed specific cutlery or a plate guard this was clearly documented and we could see these items were provided for people at meal times. Referrals had been made appropriately to the speech and language therapist and their recommendations were recorded in people's care plans and on the handover sheets. The chef also had access to this information in the kitchen and reported there was very good communication between the care staff and the kitchen to ensure people's nutritional needs were met. People's weight was monitored on a monthly basis unless a reason was identified why this needed to be completed more regularly.

People told us they were supported with their health needs. They reported if they wanted visits from the local GP appointments would be made. From records we could see the registered manager would follow up referrals which were made to other professionals to ensure people's needs were met. These included the speech and language therapy service, occupational therapist and community psychiatric nurse, tissue viability nurse and social services.

Is the service caring?

Our findings

Staff presented as caring and had knowledge of individual people's needs. One person told us, "The carers are very kind, I couldn't wish for better carers". They told us their visitors were always made welcome.

We saw staff were chatty and attentive to people even when busy. People were treated with kindness and it was clear staff knew and treated people as individuals. Staff gave appropriate assistance, for example a staff member offered a person their arm to walk down the corridor. Staff would talk to people about their relatives and their personal histories. Staff described how they would show empathy and emotional support for a person with Parkinson's disease in understanding their frustrations. One person told us they had been "traumatised" when they had to give up her own home and move into Woodcot, but told us, "Staff have been lovely".

Staff told us how they had noticed a person who lived with dementia became distressed when their family visitors left at a certain time, but not at other times. Arrangements had been made with the family about visiting at certain times to avoid the distress to this person. People were supported to make decisions and staff tried to support people in these choices. For example, one person was supported to wear makeup which was important to them and another person liked all their clothes to match. When setting up the room for bingo, the activities co-ordinators ensured a space was set for person who had to be near and facing the door. Consideration was made to ensure all the pens were working before people sat down to this activity. Families of people who had passed on continued to visit Woodcot and were welcomed by staff. A staff member had heard

one person's spouse had no recent photos of them together, so they took some photographs of them.

People were encouraged to make choices during the day, including the clothes, makeup and jewellery they chose to wear, activities they took part in and in respect of food. People's cultural and spiritual needs were taken into consideration and accommodated. For example, one person told us that their minister visited the home regularly so they could receive communion. Bible reading had been arranged for another person. Privacy and dignity was included in the providers training programme. Staff were able to give us examples of how they ensured people's privacy and dignity was maintained. A staff member told us how they respected if any one says "no". Staff knocked on people's doors and waited for a response before they entered.

Care was taken to ensure people's care plans were held securely to maintain people's privacy. Some daily records were held in people's own rooms. One person had not wanted their daily records kept in their room, "for everyone to see". Their request to ensure their privacy was respected.

Is the service responsive?

Our findings

We had previously identified at our inspections in February 2014, June 2014, September 2014 and March 2015 a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponded to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In our inspections of September /October 2015 and April 2016 we found a breach regarding Regulation 9, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as care and treatment had not always been person centred and people's needs had not been met in an appropriate way.

During this inspection we found the provider was now compliant with Regulation 9 and people received personalised care.

People had assessments before they moved into the home and where possible they were encouraged to come and look around the home before they moved in to ensure the home was suitable for them. From these assessments care plans were developed. A staff member told us during the inspection they had been out to reassess a person who had been admitted to hospital. The staff member was clear the staff had to be able to meet the needs of the person despite wanting the person to return home. This demonstrated they were aware of the need to be able to provide personalised care to the person.

Records relating to people's needs and how to meet these were still in the process of being improved and during the inspection staff were busy working on these. There were discussions which indicated the provider as a whole was looking at how their care plans were formatted. Staff received information on people's needs from handovers on each shift and feedback from head of department meetings each morning. Assessments of new residents were discussed with staff and staff felt they had enough information to meet people's needs and any changing needs.

Whilst in some records it could be difficult from people's care plans to easily identify people's current needs, it was clear staff had a good knowledge of people's needs and how to meet these. Staff had a good knowledge of people's personal histories, preferences and tried to ensure these were part of their daily activities. A staff member told us knowing people's life histories was a, "Powerful tool to unlock memories".

Activities had been organised to ensure there was a mixture of large and smaller group activities and individual activities. The activities co-coordinators demonstrated a good knowledge of people's preferences. They took account of people's likes and dislikes of activities. They informed us bingo was very popular and family members donated prizes, which were used as 'winnings'. The prizes were often given back to visitors which improved people's self-esteem and made family visits more enjoyable. A choir had been started, which people spoke of enjoying. Individual activities were based on people's hobbies and interests, for example bird watching and bird feeders being installed outside someone's window. The registered manager had arranged for care staff to shadow the activities coordinator to share information about people's life history. They felt this would help them when supporting people with personal care, as they would know more about the person. A good relationship had been developed with the local primary school where small groups of older children came to talk and take part in ball games, quizzes and singing.

One service user had been invited to be guest of honour at the school's leaving assembly. People spoke very positively of these events and there had been positive feedback from the teachers of the school.

The provider had a policy and procedure on complaints. A log was maintained of all complaints and we could see these were investigated and the complainant received a response regarding their complaint. The registered manager advised if there was any possible learning from the investigation into the complaint, this would be shared with the all staff. People and visitors told us they would tell staff if they had any concerns or a complaint and they were confident staff would act on the information and there would be an investigation into the complaint.

Is the service well-led?

Our findings

We had previously identified at our inspections in February 2014, June 2014 and March 2015 a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponded to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In our inspections of September /October 2015 and April 2016 we found a breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding the quality assurance processes in the home and the record keeping.

During this inspection we found the provider was now compliant with Regulation 17 regarding quality assurance processes but record keeping remained a breach of Regulation 17

Whilst there had been many improvements in how the home was being managed and led there were still problems with records being up to date and accurate. Care plans had often been updated, but it was difficult to find the updated information. It would take time for staff to read through the care plan before finding the most current information. In addition care plans made reference to the need to maintain daily records, but the daily records didn't always demonstrate this had been done. For example, some people for safety reasons needed to be observed every thirty minutes, or some people needed to be turned in their bed on a timed basis. Daily records were also used to record the application of prescribed topical creams. Daily records were not always well maintained to demonstrate the guidance in the care plan had been followed. For example we could not establish if some people had been moved as regularly as the care plan had suggested, or topical creams had been applied as prescribed. This was an issue the registered manager was aware of and had been discussed at staff meetings. The records especially of daily care were not demonstrating the care plan was being followed, which placed some people at risk of not receiving the appropriate care.

The failure to maintain accurate, complete and contemporaneous records for each person was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During the inspection all comments made regarding the registered manager were of a very positive nature. A staff member told us, "My manager is amazing, very strict but fair, best manager we have had, makes things done and will help". People and relatives spoke of the manager in a positive manner using their first name.

People, staff and relatives all told us the atmosphere of the home had improved; it was now calm and relaxed. Staff were clear about management's expectations of how they were to present themselves professionally. Staff told us teamwork was good and staff described Woodcot Lodge as, "A great home," and, "A family home". It was reported to us by the registered manager there were a few issues regarding the staff working together as a new team on one floor, with the integration of two previously separate staff teams since the closure of a floor. The provider was aware of these issues and had provided extra resources to try and support and resolve the issue. The registered manager spent time observing practice and ensuring the staff were working towards the values of the home. The provider's regional manager, who was described as 'approachable', also spent time walking around the home talking to people and staff and observing care. Staff felt they could make suggestions and they would be listened to.

The registered manager was aware of their responsibilities and was receiving a lot of support from the provider. This had resulted in a positive result with improvements being made across the home, which were being felt by people, staff and visitors. Notifications were being submitted appropriately and the registered manager worked closely with the safeguarding team from the local authority.

The registered manager used the 'datix system', which was a database where all incidents and accidents were logged. Information was also recorded into people's individual care plans. The information was analysed to look for any regular patterns and to see if there was any possible learning from these events. We noted one person had bruising on both legs and whilst this had been reported in the daily notes, it had not been recorded as an incident. This meant it could not be used in the analysis and it could have had implications for the person's safety, which could have been missed by the non-reporting. This was reported to the registered manager who advised she would look into the incident.

The provider had a range of methods to ensure the service delivered to people was of a high quality. These included visits from regional managers to carry out quality audits with reports being made of these visits and to provide supervision to the registered manager. Managers from the provider's Resident Experience Team and a manager from the provider's National Quality Team had been supporting the registered manager. The registered manager used Thematic Resident Care Audit (TRACA's) which were part of the internal audit questionnaire process used by the provider. There was feedback TRACA's for capturing relatives, residents, staff and external professional's feedback. The registered manager explained these could be captured electronically and could be anonymous if the person wished. These allowed a quick turnaround for response to people's comments in these questionnaires. For example one person had reported in their survey their bed was uncomfortable and a replacement bed had been provided almost immediately. The registered manager looked at the feedback TRACA's on a daily basis and was able to identify and share any concerns at the daily head of department briefing meeting which was attended by the chef, maintenance staff, assistant care co-ordinators, nurses, floor leads, housekeeping staff and activities co-ordinators. At this meeting individual health, medicines, skin integrity and needs of people were discussed. We were able to see there was learning from the use of the TRACA's, for example the registered manager had made contact with the tissue viability nurse regarding two people's skin integrity.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Accurate, completed and contemporaneous records for each person were not being maintained.
Treatment of disease, disorder or injury	