

Florence Care Homes Limited

The Oaks Residential Care Home

Inspection report

14 St Mary's Road, Aingers Green
Great Bentley
Colchester
Essex
CO7 8NN

Tel: 01206250415

Date of inspection visit:
02 July 2019
08 July 2019

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06 September 2019

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

About the service

The Oaks is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

People's experience of using this service and what we found

The service did not have appropriate and detailed evacuation plans in place for staff to follow should there be an emergency at the service.

Improvements to the environment had been made to the service since the last inspection, however further improvements were still required. We have recommended a maintenance schedule is implemented to address environmental improvements at the service.

Staffing levels had not been assessed appropriately in line with people's needs. People and staff told us there were not always enough staff available.

We recommend the provider reviews dependency scores for people to ensure staffing levels are appropriate

Staff lacked confidence in the manager and did not feel the service was well led. The service lacked oversight by both the provider and manager, meaning issues were not always identified and managed appropriately.

End of life planning required further development. We have made a recommendation about end of life care planning.

People could take part in a range of activities during the morning, however there was a lack of stimulation in the afternoon for people.

Staff were recruited safely, were visible in the service and responded to people quickly.

People's health was well managed and there were positive links with other services to ensure that individual health and nutritional needs were met.

People received their medicines when they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection – The last rating for this service was requires improvement (published 25 July 2018).

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

The Oaks Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an assistant inspector conducted the inspection.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission (CQC). The service was in the process of interviewing for a new manager at the time of inspection, and the deputy manager was managing the service in the interim. Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. This inspection was undertaken on 2 and 8 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

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

During the inspection-

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the manager, assistant manager, senior, and care workers. The nominated individual was not available at the time of inspection due to personal reasons however we spoke with them following our site visits. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Fire safety arrangements placed people at potential risk. Risk assessments relating to the environment were not robust and did not mitigate risk. At the last inspection, we found that Personal Emergency Evacuation Plans (PEEP) were not in place for people living in the service. At this inspection, we found that detailed, individual PEEPs were still not in place, giving staff information for use in case of an emergency. We spoke with staff, who were not able to tell us what they would do in an emergency and how they would evacuate people to ensure their safety. This was raised with the manager immediately, who told they would begin putting these into place for people.
- An audit by the local fire and rescue service in May 2019 found the service non-compliant with fire safety. We found action had been taken by the registered provider, however due to our concerns about people's safety, we referred back to the local fire service on 2 July 2019. We checked again when we returned to the service on 8 July 2019 if the issues raised had been rectified. We found people's PEEPs had been updated and training had been arranged for staff.
- Personalised risk assessments in people's care plans provided staff with guidance on providing safe care. This included risks associated with people's medicines, mobilising and behaviours that challenge others.

Staffing and recruitment

- People, staff and relatives told us there were not enough staff to meet people's needs. One person told us, "Sometimes there are enough staff, it depends on the time of the day." A relative told us, "To be honest they need more staff in the morning, they can seem to rush about, I know there is a lot of people that need more support so that takes the girls away." One staff member told us, "We don't have enough staff, we are always chasing ourselves and most people need two carers. Sometimes, we only have three care staff so one staff member has to stay in the lounge. This does mean that sometimes when people become wet, someone will have to wait until someone is free."
- Rota's confirmed shifts were covered by staff and the manager. However, staffing levels had not been based on the assessment of people's dependency levels. As part of the inspection, we requested a copy of the dependency tool. We found this had not been updated with all people living at the service included. This led to a lack of care hours (staff hours did not match those required as per the dependency tool.) This meant staffing hours did not reflect people's holistic needs and include time for staff to spend with people when the activities co-ordinator was available. The manager told us, "It was only until you asked for the dependency scores that I saw not all the people had been added to the dependency scores." We discussed this with the manager who confirmed this had now been updated and staffing had been adjusted.

We recommend the provider reviews dependency scores for people to ensure staffing levels are appropriate.

- Observations during inspection did not find staff were overly stretched and were able to support people.
- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People's medication records confirmed they had received their medicines as prescribed. We carried out a stock check of medicines and found that stock levels held were correct.
- People received support to manage their 'as required' (PRN) medicines. Protocols and procedures were in place for staff, so they knew how to respond to people and administer their medicines appropriately. One staff member told us, "Information about someone's PRN is in their care plan especially where medicines are taken to reduce behaviour. We have information on how to reduce and calm the person first and if this didn't work, I would give the medicines as per the information."

Learning lessons when things go wrong

- Lessons were not consistently learnt in the service when issues happened. The manager told us how one person living in the service kept having re-occurring falls. They told us, "We had one person who kept falling in the home, an. So, I came in and looked at his bedroom and realised he was falling over some of his furniture when trying to move his television, so I moved his furniture around, bought a new cable so the television could be moved. Since then, [person] has not fallen." However, where issues had been raised, action had not always been taken to prevent re-occurrence.

Systems and processes to safeguard people from the risk of abuse

- People received safe care. One person told us, "The home just feels safe!"
- Staff had received training on safeguarding of adults and knew how to recognise and protect people from the risk of abuse.
- Staff knew how to report any safeguarding concerns, within the service, and externally. A staff member told us, "I have had safeguarding training. I would report, for example, financial and physical abuse. Since I have worked here, I have raised safeguards."
- The registered manager and provider were aware of their responsibility in reporting any concerns and knew how to contact the local safeguarding authority.

Preventing and controlling infection

- People were protected by the prevention and control of infection and staff received training in infection control. The service was clean and free from odours.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good.

Staff support: induction, training, skills and experience

- People told us they felt staff were trained and knew what they were doing. One person told us, "Staff know what they are doing!" Another person told us, "Staff know their job and what they are doing."
- Staff had a clear understanding of their role and what was expected of them. Training was completed mainly via e learning including SOVA and MCA and DoLs.
- Staff gave us mixed feedback on whether they had the training they needed to support people's individual needs. One staff member told us, "I have been in care a long time, so I do understand about catheters. But I do think new staff who are brand new to care should have it as just showing them isn't enough." Another staff member told us, "I think we have enough training to support people." Records showed that training had not always been updated in line with the services own training policy.
- We found an incident had occurred where a person's catheter had bypassed and this had not been recognised by staff. Training records showed that this member of staff had not received formal training in catheter care.

We recommend that the provider sources training, based on current best practice, in relation to catheter care.

- Staff were not always trained and assessed as competent before they administered medicines. Night checks identified staff on duty did not have relevant training. Processes were not in place to manage medicines at night if staff on shift were not trained. We spoke to the manager and asked what actions had been taken. The manager told us no action had been taken. We checked again when we returned to the service on 8 July 2019 and staff had undertaken the appropriate training and processes were now in place.
- The Care Certificate had been completed by staff who did not have prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff received an induction programme, however they told us it had not always supported them. One staff member told us, "The induction wasn't as long as it should have been, it was learning as you go along. I did one or two shadowing shifts, they should have been watching but I was hands-on. If the induction was better, then it would reduce the number of things where there are errors or do something very differently." Another told us, "I had an induction by the former manager, but don't think there was enough time to do things. The induction could be improved by staff coming in and learning new paperwork and people on a day they are not on shift." We spoke to the deputy manager about this who told us, "If the induction is done properly, then it is fine. Staff need to be reminded that they can read as go along." We did not see any impact on people as a result of this.

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

- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely. The manager told us, "I will go and meet the person and do a full assessment with them. I am honest with people and tell them about the home, the issues the home has had and what we are trying to do to improve it."

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

- Staff supported people to eat and drink enough to maintain a balanced diet, and people chose what they ate. Staff understood the importance of giving people healthy choices of food and we observed fresh fruit was available during the inspection.
- People's care plans contained information about their nutritional needs, specialist diet, likes and dislikes. People told us they enjoyed the food. One person commented, "The food is wonderful and is fresh. We get a choice over what we want." Staff told us how they knew people's likes and dislikes with food. One told us, "Information will be in people's care plans and on forms in the kitchen on the wall. We also find out by talking to people who can have a chat."
- Staff understood how to support people with swallowing difficulties. A new cook had been recently employed and told us how they were aware of people's dietary requirements. They said, "I have a list which I work from that tells me not just what they like, but also anything specific such as a different textured meal."

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

- People's rooms were personalised, accessible, comfortable and decorated with photos. The registered manager told us people had been involved in choosing the decorations and objects in their rooms.
- The environment had been maintained and improved since the last inspection. A maintenance person had been employed to undertake jobs to ensure the service was safe and maintained.
- Improvements had been made to the environment to make it more dementia friendly and nicer looking. This included laying of new flooring, decoration and furniture in people's bedrooms. The improvements had not been fully completed throughout and some areas still required improvement.

We recommend the provider develops a maintenance schedule of works to continually improve the environment.

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We recommend the provider develops a maintenance schedule of works to continually improve the environment.

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

- People were supported to maintain good health and had access to a range of health care professionals including dentists, GPs, and Speech and Language Therapists. Referrals were made in a timely manner and recommendations they made were followed by staff.
- People and their relatives told us people were supported with their healthcare. One person told us, "If you need a doctor then they will call one or they take us to the surgery." A relative told us, "Staff will get the GP or district nurse when [person] needs it. They are good at keeping [person] healthy."
- The service was part of the 'Red bag scheme.' This is a collaboration between care homes and the NHS to share vital information about people's health and to improve the transition process between services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Related assessments and decisions had been properly taken.
- Where people were being deprived of their liberty to keep them safe, the provider had applied for this to be authorised under DoLS.
- Staff received training and told us they understood the requirements of the Mental Capacity Act in their day to day job. One staff member told us, "It's the ability to make a decision at a specific time and have the ability to make an unwise decision."
- Staff understood the importance of gaining consent before providing support. Observations of staff with people consistently showed us this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. We observed staff being kind to people and assisting them with tasks and activities they had chosen to do.
- Throughout the inspection, staff were supporting people in a caring, inclusive manner. We saw how they adapted their approach to ensure their interaction was meaningful to the person and enhanced their wellbeing.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. One person told us, "Staff know my needs. They know I have sight problems." Another person told us, "I think staff know me well because we talk a lot!"
- People had their life history recorded, which staff used to get to know people and to build positive relationship with them. Records provided information and guidance on historic health or social issues that staff needed to be aware of.

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

- People told us they and their relatives were involved in their care. One person told us, "I am involved in decisions with my care." The manager told us, "One of the residents wanted to move on and we worked with the social worker and supported them to access an advocate to make sure this was the best decision"
- Resident meetings were held regularly. Minutes from these meetings showed people could discuss what activities they wanted as well as any other issues.
- Relatives and where required, advocates were involved in making decisions about the support people received.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, dignity and independence was respected. People's care records provided staff with guidance on how to ensure this.
- People told us staff promoted their dignity and independence. One person told us, "Staff are always calling me by my name and they are respectful." Another person told us, "I do a lot of the care myself and the staff only help if I ask them too."
- Staff understood how to promote people's dignity and independence. One staff member told us, "When giving personal care, we always cover people and tell them what you are doing. We try and promote independence by knowing people's abilities, for example, by passing them a towel or flannel and asking

them if they want to wash themselves."

- People were supported to maintain relationships with those who were important to them. Relatives told us they were kept up to date with any issues. One relative told us, "Staff always tell me about anything that has happened with [person] when I visit or if its urgent, they will call me."

Is the service responsive?

Our findings

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

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

This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People did not always have access to meaningful activities throughout the day. Observations showed that when the activities co-ordinator spent time meaningful time with people, it enhanced their wellbeing. However, when the activities co-ordinator was not there, staff did not have enough time to spend with people in a meaningful way.
- An activities rota was displayed in the service and this showed on both days of inspection, the activities planned were. However, no meaningful activities took place during the afternoon on either day of inspection. We spoke with the nominated individual following the inspection about this who told us that since the inspection, an advertisement has been made for a co-ordinator in the afternoon.
- Staff told us they did not have time to engage in activities and spend time talking to people to enhance their wellbeing. One member of staff told us, "We don't tend to do any activities at the weekend but will put music on." We spoke with the manager about our findings and they agreed that the provision of activities needed to be improved. They told us, "I would like to get the activity co-ordinator more hours than they currently do so they can do a full day, so we can do more for people."

End of life care and support

- At the time of inspection, no-one was receiving end of life care. However, the management team knew how to access support from other healthcare professionals should this be required.
- Staff had not received end of life training and this training was not offered by the provider to staff.
- Documents to record the arrangements, choice and wishes people may have for the end of their life were not in place to ensure people's final wishes were met. We spoke with the manager who told us that following the inspection, this would be developed.

We recommend the provider develops and implements end of life care plans for people in line with current guidance.

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

- People had a person-centred care plan, which detailed their preferences about the way they wanted staff to give them care and support. The information was kept under regular review and updated as required. The manager told us, "I sat down with a new resident last week and went through their care plan with them,

asking them if there was anything they didn't understand, and we talked it through."

- Where people had complex needs, the service ensured significant people in the person's life, who had cared for them / knew them well, were involved in decision making. The manager told us, "We hold relatives meetings and if they can't attend, we send them out a copy of any minutes so everyone stays in the loop."

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

- Care records provide detailed guidance to staff on meeting people's communication needs. This included the most suitable format to use in giving information, as well as information on how people would communicate back.
- Staff demonstrated good awareness of people's individual communications needs, and how to support them.

Improving care quality in response to complaints or concerns

- Since the last inspection, no complaints had been received by the service. However, a complaints process was in place and displayed in the service including in easy read format.
- People and relatives told us they could raise complaints or concerns but had no reason to complain.
- Relatives said they felt able to speak to staff or the manager if needed. One relative told us, "I would go to the staff if I had an issue but if it was a big problem, I would go to the manager. I have not had an issue with the care provided."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Staff told us the service was not well led. One staff member told us, "The manager doesn't give any support. When there is a lack of staff, you are looking around and if there is only one person, you are looking for who will step up and the manager won't step up and support." Another member of staff told us, "We don't get any support from the current manager when we are short staffed."
- Quality assurance processes were ineffective. The lack of robust quality assurance meant people were at risk of receiving poor care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. The previous registered manager had completed monthly audits, however where issues were identified, no action been taken to rectify this. Issues found on inspection had not then been found or highlighted by the previous registered manager, manager or provider.

Due to ineffective quality assurance and lack of action taken where concerns were raised, this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not have a manager registered with the Care Quality Commission (CQC). The service was in the process of interviewing for a new manager at the time of inspection, and the deputy manager was stepping up into the role of manager in the interim. Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Continuous learning and improving care

- Incidents did not prompt learning to improve care. Following an incident involving catheter care, a meeting was held with a member of staff, but no action was taken by the service to prevent re-occurrence of the incident. We raised this with the manager who confirmed nothing had been done.
- Where audits were not effective in the service, improvements could not be identified and put into place.

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

- Relatives were positive about the service. Comments included, "I find it is a lovely place and I have no issue

with my relatives care."

- The culture of staff towards people was caring, and staff were passionate and motivated about supporting people. One member of staff told us, "I would recommend this home to my family because the carers really care." Another told us, "The care given by staff is just brilliant. When I came here, there were issues and I saw lots of things wrong, but these no longer happen."

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

- The registered manager and the staff team knew people and their families well which enabled positive relationships and good outcomes for people using the service.
- Relatives completed a survey of their views on the service. Feedback was collated, and an overview produced by the manager. At the time of inspection, this years survey's had been sent out and the manager was waiting for these to be returned.
- Staff received supervision of their performance and regular team meetings. Staff were provided an opportunity to feedback their views. However, staff told us they felt the provider and management did not always take this on-board or act on it. One staff member told us, "I would not raise any of my concerns with the owner, not sure why, but I just wouldn't." Another told us, "you need to complete this quote."

Working in partnership with others

- The service was connected to the local authority's provider forums. The registered manager had attended a local managers forum to share best practice. They had also supported the activities co-ordinator to attend a similar forum to work in partnership with others.
- The service was connected to the local authority's training programmes. The registered manager told us, "Being part of prosper is a good way forward and they hold really good days and we get to network with others. We have recently been working with them looking at creating an app for phones to support people to make sure they live well." Prosper is an initiative aimed at improving safety and reducing the risk of harm to vulnerable people.

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 Regulation 17 (2) (a) (b) The registered person's quality assurance systems were ineffective