

# Yorkshire Property Investment Fund Limited

## Ernelesthorp Manor & Lodge

### Inspection report

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Date of inspection visit:

12 June 2017

13 June 2017

Date of publication:

17 July 2017

### 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

The inspection took place on 12 and 13 June 2017 and was unannounced on the first day. The home was previously inspected in December 2015. It was overall rated good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ernelesthorp Manor & Lodge' on our website at '[www.cqc.org.uk](http://www.cqc.org.uk)'.

The service had a registered manager who had been registered with the Care Quality Commission since January 2011. 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.

Ernelesthorp Manor & Lodge is registered to provide nursing and residential care for up to 65 people. It is a purpose built care home situated in the village of Armthorpe, near to Doncaster. The home is in two units, the Manor and the Lodge. The Lodge is more geared to supporting people who are living with dementia. At the time of our inspection 43 people were living at the home. There were 27 people living in the Manor and 16 people were living in the Lodge.

We found improvements were needed to the way medication was stored to prevent over stocking. The store room needed painting and the room was cluttered and untidy. We found medication was administered safely and key staff had received training and had their competencies checked periodically. Following the first day of our inspection, the registered provider and registered manager acted swiftly to make improvements. This included a full stock check of medication and the return of some items that were no longer required.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The support plans we looked at included risk assessments, which identified any risks associated with people's care and had been devised to help minimise and monitor the risks without placing undue restrictions on people.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so that appropriate referrals to health professionals could be made.

There were sufficient staff with the right skills and competencies employed and on duty to meet the

assessed needs of people living in the home. Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

We found improvements were needed to make the environment more dementia friendly. The registered provider told us they had identified this and they sent us a refurbishment programme which confirmed improvements were due to be completed within the next six months.

We identified the kitchenette on the Lodge required deep cleaning to prevent the risk of cross infection. On the second day of the inspection we saw this had been actioned and a new fridge had been ordered to replace the broken fridge seen on the first day of the inspection.

On the first day of the inspection we did not see any activities taking place. We were told the activity co-ordinator was unavailable to facilitate activities. On the second day of the inspection we observed the activity co-ordinator organising games of bingo. The atmosphere was much improved and people were more stimulated.

Overall, we found the service had a friendly, relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. Everyone we spoke with told us that they felt staff knew them well, and their likes and dislikes.

Formal supervision's took place at the frequency required by the provider. Staff we spoke with told us they had recently received supervision and they told us that they felt supported by the registered manager.

The complaints process was clear and people's comments and complaints were taken very seriously, investigated and responded to in a timely way. People didn't have any complaints to tell us about and indicated they were happy living at the home. Relatives we spoke with raised no concerns about the care provided at the service.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress. However, actions identified were not always given a date for when they needed to be completed by and, at times, lacked in detail. We told the registered manager and regional manager about this, who told us they would ensure more detail and a completion date were added in future.

## 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 knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff employed to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medication was administered safely and staff had the required competencies and training. However, the medication store required attention as it was cluttered and untidy and some PRN protocols needed further detail.

### Is the service effective?

**Good** ●

The service remains 'good'.

Some refresher training was overdue but this was not identified through audit systems in place.

### Is the service caring?

**Good** ●

The service remains 'good'.

### Is the service responsive?

**Good** ●

The service remains 'good'.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The service promoted a positive and open culture, where staff and people living at the home had confidence in the registered

manager.

Audits were carried out regularly, although systems were not always effective in identifying required improvements and action plans did not always contain enough detail.

Surveys were sent out to regularly to gain people's views about the home.

# Ernelesthorp Manor & 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 was 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 12 and 13 June 2017 and was unannounced on the first day. The inspection team consisted of three adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection consisted of two adult social care inspectors.

At the time of our inspection there were 43 people using the service. We spoke with the regional manager, the registered manager, two nurses, two senior care workers, six care workers, the activity co-ordinator and the cook. We also spoke with six people who used the service and three visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also 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.

Prior to the inspection we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We spoke with the local authority quality assurance officer who also undertakes periodic visits to the home.

Before our inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR). This is a document that asks the provider to give some key

information about the service, what the service does well and any improvements they plan to make.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe. One person said; "Oh yes, I feel safe. The carers are very good." One visiting relative told us; "I definitely feel that my relative is safe. If I have any concerns about that, I'd speak to [the registered manager]."

One care worker we spoke with told us; "I feel that people are safe. If we see anything that we think is unsafe, we tell [the registered manager] and she makes sure the right action is taken. We review care files every month too so if there are any risks, they are identified then as well and updated in the plans."

People confirmed they received their medicines at the right times, and in a way they liked. One person said; "I get my medicines every day. Some in the morning and some at night."

On the first day of the inspection we looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs). We checked several MAR's for people who were prescribed pain relief 'as and when required' (often referred to as PRN) to assess if the service had detailed protocols for when the medication was to be administered. These were in place for those people who had nursing needs. However, some required further detail on the residential unit. The unit manager was able to describe the signs and symptoms people displayed when PRN's for pain relief were needed. Therefore the impact on people's wellbeing was reduced. The unit manager told us they would ensure these were put in place for people where needed.

Staff who were responsible for administering medication had received training, or were awaiting further training to update their knowledge and skills. We also found periodic competency checks were carried out to make sure staff were working to expected standards. We observed staff administering medication to people who used the service. They did this in a safe way that reflected good practice guidance, such as signing for medicines only when they had been taken by the person.

There was a system in place to make sure staff had followed the home's medication procedure. Regular checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medication tallied with the stock held. Actions identified from audits were recorded on action plans and signed off when completed. However, we found that audits were not always effective as the store room had been identified as needing attention to sort out stock and no date was put on the action plan when this should have been completed by.

We found the medication store room was untidy, with a large amount of safe disposal bins, and in need of redecoration. The nurse told us that the medication disposal bins were collected every two to three months, which meant there was a lot of medication in the bins, waiting for disposal at any one time. The controlled drugs (CD's) cupboard contained drugs including those used for people receiving end of life care. CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. We discussed the issues around the storage, disposal and audit of medication with the registered provider and registered manager and were given assurances that immediate action would be taken. When we



returned for the second day of the inspection significant improvements had been made.

Care and support was delivered in a way that promoted people's safety and welfare. Care files checked showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. For example the risks associated with falls were managed by making referrals to the falls team when required. Additional checks and monitoring were put in place to help reduce further the risk of falls until people were assessed by the falls team. For example, we saw monitoring charts were in place where staff checked lounges every fifteen minutes. This demonstrated the service worked closely with other health professionals where a particular risk was identified. Staff also obtained equipment such as falls mats to alert staff, if the person got out of bed, in order to reduce the risk of the person falling. However, we identified one person who refused to sit on their pressure cushion and audits carried out failed to identify the need for an alternative to be sought. We discussed this with the registered manager, who told us they put in additional checks for this person. This included closely monitoring the person's skin integrity for any signs of redness. They also agreed to put more detail of their actions into the care plan for the person.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints and concerns. We saw the monthly analysis for accidents and incidents monitored where accidents occurred and the times and injuries sustained. We were told this was used to identify trends, and people who would be referred to the falls clinic for advice. This reduced the risks to people and helped the service to continually improve.

Each person also had a personal evacuation plan in case of fire. We were told that these were easily accessible if required in the event of an emergency. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements.

We observed staff helping people to move around the home, with and without the use of aids. In each case they assisted people in a safe way.

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported.

Staff were aware of the safeguarding policies and procedures which were in line with the local authorities procedures. Staff would refer to them for guidance if needed. They said they would report anything straight away to the care unit manager or the registered manager. Staff had a good understanding about the service's whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

Overall the people we spoke with felt there were enough staff available to meet their needs. One person told us; "There always seems to be enough staff on duty. If I need a carer I can always find one within a few minutes." However a relative said they thought additional staff would be beneficial at key times, such as mealtimes and when people want to get up or go to bed.

We looked at the number of staff that were on duty and checked the staff rotas to confirm the number were correct. The registered provider told us that staffing levels were regularly reviewed based on people's dependency and the number of people who were using the service. From our observations during the inspection, we found staff were able to spend a limited amount of time with individuals, and we found the

interactions when they did take place to be positive and meaningful. We found on the second day of the inspection interactions were more frequent and people were more alert and stimulated. The activity coordinator's presence seemed to help with this.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We checked around the home to see if it was clean and tidy. There were no obvious trip hazards and communal areas were clean. We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building. We did however find the kitchenette in the Lodge was dirty and the fridge was not working efficiently. A mop was stored in dirty water, the toaster was dirty and rusty and the trays used to drain crockery and cutlery were not clean. Work surfaces and shelving were also dirty and in need of a deep clean. This had not been identified through audits. We showed the registered manager what we had found and she gave us reassurance that it would receive immediate attention. When we returned on the second day of the inspection we found it had been deep cleaned and a new fridge was on order.

## Is the service effective?

### Our findings

People we spoke with who lived at the home confirmed the home was effective in meeting their needs. People also told us they felt supported to eat and drink well. One person we spoke with told us; "The food is good" and another said; "I enjoy the food and [staff] always ask if I want anything else or a drink."

One person who lived at the home told us; "I needed to see my doctor so staff made sure they came out to see me. The staff are brilliant, it's a hard job."

Staff we spoke with were knowledgeable about their roles and responsibilities around the caring and supporting of people who lived at the home. Staff undertook refresher training in their own time via online e-learning. In addition, staff also received face to face training for subjects such as fire safety and moving and handling. They also used the local authority for training in areas of safeguarding. This was recommended by the local authority for consistency of information. The home's training matrix demonstrated that some staff were overdue training updates and we found that timescales for refresher training in some areas did not match with the provider's policies. For example, the training matrix demonstrated that staff should receive safeguarding refresher training every three years but the provider's policy stated this should be done annually. We spoke with the home manager and regional manager about this, who told us they would review their policies and update them so that they were in line with the local authority's recommended timescales for refresher training.

We spoke with several staff about the support they received. They confirmed they had had regular opportunities for formal supervision had also attended staff meetings. They said they felt supported by the registered manager and felt that their concerns were listened to. One staff member said; "I have recently returned to work after a period of sickness and the registered manager has been very supportive. We have regular talks to review my progress."

The registered manager told us all staff would complete a comprehensive induction at the start of their employment which included care principles, service specific training such as equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The registered manager was aware that new staff employed without prior experience would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. We spoke the registered manager about this, who told us about a member of staff, who had recently commenced employment at the service and was undertaking this training.

Staff told us that they attended a handover at the start of each shift which informed them of any concerns in relation to people's health. We observed staff attending a handover delivered by the nurse on duty. We found it very detailed and she gave additional information which was helpful for a new staff member

working her first shift at the home.

We found the service worked well with other health care agencies to ensure they followed best practice guidance. District nurses support people without nursing needs and we saw people also had access to chiropody, opticians and dentists.

We saw people had accessed healthcare professionals such as GPs and dieticians when additional support was required. People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk and care plans told staff how this would be managed. We also saw records had been maintained to monitor people's food and fluid intake, as well as their weight.

People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. Staff ensured people received the diets they needed. People who required additional supplements to enrich their calorie intake had this provided.

We looked at the care records for four people who used the service and there was evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example, we saw people had consented to the use of photographs on care plans and medical records. People were also consulted about their continuing involvement in care plan reviews. We saw care records were evaluated monthly.

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. The application procedures for this in care homes 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. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. We found the registered manager was working to the principles of the MCA and DoLS. They had made several applications to the supervisory body however, they were still awaiting decisions. We saw in care records we looked at that risk assessments were undertaken and plans put in place to protect people who were awaiting DoLS decisions. These plans had been written with the involvement of the person's family and relevant healthcare professionals.

## Is the service caring?

### Our findings

People we spoke with told us that staff were kind and caring, with a person who lived at the home telling us; "The carers are good." People also said they were involved in making decisions about their care and support and that they had their privacy and dignity maintained. Comments included; "[Staff] always knock on my door before they come in", "Whenever I get in the bath, [staff] close the door and make sure I'm covered up" and "I like to spend time in my room, on my own and [staff] make sure I can do that. They check on me every now and then but I like my private time."

Staff we spoke with were able to tell us about people who lived at the home, their preferences and personal histories. Staff spoke about people with warmth and it was clear that they cared for people and their wishes.

Care and support records demonstrated that people were asked about their religious or cultural needs. We saw in one care record that the person who lived at the home did not wish to attend church but that they wanted staff to know what religion they were. This meant staff could act in a way that was sensitive to the person's wishes regarding religion.

We observed staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect while taking into account what they wanted. We saw staff enabled them to be as independent as possible while providing support and assistance where required. Daily records made by staff described how the person had been throughout the day, tasks or activities they had taken part in and how their mood had been.

We saw people's rooms were personalised to meet their needs and preferences. This included family photos, mementos and small items of furniture. People we spoke with told us that they liked their bedroom where they could spend time with their family and friends.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; however we did observe one person who had indicated that they needed to go to the toilet. Staff did not respond quickly and the person became agitated and began to undo their clothing and expose themselves in the dining room where other people we sat. Staff then quickly attended to the person. We brought this to the attention of the registered manager, who told us they would speak to staff formally about the incident.

We observed that people were supported by staff to take a bath and that staff ensured that people's privacy and dignity was maintained. Bathroom doors were closed whilst assistance was provided and before entering, staff knocked and waited for a response from the person. Throughout both inspection days, we saw staff knock on people's bedroom doors before entering so the person could maintain a level of privacy and dignity.

The service had a strong commitment to supporting people and their relatives, before and after death. Some people had end of life care plans in place, we saw that next of kin and significant others had been

involved as appropriate. These plans clearly stated how they wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor.

## Is the service responsive?

### Our findings

People who lived at the home told us the home responded well to their needs and that, if they had a complaint or request, this was usually met, when possible. One person said; "Staff are very good, there's no need to complain." People also told us that they enjoyed the activities, when the activities coordinator was working. One person said; "Oh, I do enjoy a game of bingo, that's what we're doing today."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of four people's assessments and care plans. They gave a clear picture of people's needs. However, some needed more detail which we discussed with the registered manager.

Care records we looked at demonstrated that people were supported to receive their care and support in a way they liked. There were documents in place regarding the person's life history, preferences and activities they enjoyed so that staff could support people to meet their wishes and aspirations. During monthly reviews of care and support plans, information was updated or added to, to ensure it was still correct and relevant.

Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day. We observed the hand over which was informative and we heard staff ask questions for clarity.

People were able to access activities and the service employed an activity coordinator for 35 hours each week. On the first day of the inspection the coordinator was not working and we found people in lounges slept for long periods and were disinterested in televisions that were on in the two main lounges. On the second day of the inspection the coordinator was working and she was enthusiastic about her role. She showed us a plan of activities which included spending one to one time with people who spent most of their day in the bedrooms. We observed a lively game of bingo taking place and people chatted in between games. The coordinator told us that Thursday pub nights were popular, where people could have a glass of shandy or a snowball while they played dominoes, darts and cards. Outings had also taken place to the Yorkshire wildlife park and to the coast for fish and chips.

We saw through our observations that staff ensured people were supported with their needs around communication. For example, we saw one person sat in the lounge area when a staff member entered and asked them where their glasses were. The staff member knew that the person needed their glasses to be able to see properly to engage in activities and conversation. The person had left their glasses in their room so the staff member brought them to the lounge for the person to wear. This meant that the person was then at less risk of social isolation as they were able to communicate better with others.

The registered manager told us there was a comprehensive complaints policy and procedure and this was explained to everyone who received a service. It was written in plain English and displayed on the notice board in the entrance. The registered manager told us that they met regularly with staff and people who

used the service to learn from any concerns raised to ensure they delivered a good quality service. The people we spoke with said they had not raised any complaints but knew who to speak with if any concerns arose. At 'resident and relative' meeting, areas discussed included activities, planned events, fundraising, refurbishment plans and complaints or compliments. The registered manager also operated an 'open-door' policy, where people could come to have discussions at any time, as long as the registered manager was available. This gave people several routes to raise any complaints they had.



## Is the service well-led?

### Our findings

People we spoke with were complimentary about staff and the registered manager. They said the registered manager was approachable and always willing to listen to them and act on things they spoke with her about. One relative told us, "She [the registered manager] is visible, understanding, responsive and approachable."

Staff told us they worked well together and were a strong, supportive team. They said that the registered manager was approachable and always had time to listen. There were regular staff meetings held with the registered manager and staff felt communication was good. Actions, requests or recommendations identified during team meetings were considered and responded to, if possible and appropriate.

The home's statement of purpose contained values covering dignity, independence and involvement and these values were understood by staff. The registered manager carried out daily walk-arounds of the home so that they could keep under constant review the attitudes, values and behaviours of staff.

Staff supervision records showed us that regular supervisions took place, where constructive feedback was given so staff knew any actions they needed to take. When we spoke with staff, they told us that the registered manager was open, transparent and approachable. It was clear that staff had a lot of respect for the registered manager.

It is a condition of registration with the Care Quality Commission (CQC) that the home has a registered manager in place. 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. The registered manager was present on the days of our inspection and had been registered with the Care Quality Commission at this location since 2011. We spoke with the registered manager throughout the two days and they were able to explain to us their responsibilities to deliver what was required. The registered manager understood the challenges, achievements, concerns and risks and shared these with other staff, as appropriate.

Regular audits were carried out in areas including; care planning, medications, maintenance and the environment. We saw that these audits were completed with appropriate frequency and actions identified were recorded on action plans. However, we found that audits were not always effective and did not always identify required actions that we identified during our inspection. For example, a medication audit carried out in May 2017 on the Lodge side of the home had identified that the medication storage room was in need of re-organisation but a date for completion had not been added. The action plan stated that the nurse was aware of the need to reorganise the treatment room and stock levels but no further information regarding actions to be taken was recorded. During our first day of inspection, we found that the medication storage room on the Manor side of the home was untidy and in need of redecoration. There were shelves with excessive amounts of medications and boxes of dressings stored on the floor. The need for reorganisation or redecoration of this treatment room had not been identified on the latest audit. We also saw that audits and

checks of staff training had not been effective in identifying and addressing overdue training. There were five areas where more than 30% of staff required refresher training, and 12 areas where 10% to 30% of staff required refresher training. There were only two areas where at least 90% of staff were up to date with training, which were fire awareness and infection control. We also found that environmental audits carried out in the kitchenette of the Lodge had not been effective in identifying the need for a deep clean and replacement refrigerator. This meant audits at the home were not always effective in identifying and addressing actions for improvement.

The above evidence in relation to audits at the home demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Audit systems were not always effective in identifying required improvements and action plans did not always contain enough detail.
Treatment of disease, disorder or injury	