

Eastwood Hall Limited

Broad Oaks

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

The last inspection was undertaken on 24 and 25 May 2016 and two breaches of regulatory requirements were made in relation to Regulation 11 and Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan which outlined the actions they would take to make the necessary improvements. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection we found that the majority of these improvements had been made, however further improvements were still required in relation to the provider's quality assurance arrangements and staffs' training.

This inspection took place on 18 July 2017.

Broadoaks is registered to provide accommodation with personal care to up to 20 older people, some of whom may be living with dementia related needs. There were nine people receiving a service at the time of our inspection. The registered manager told us that the reduced number of people reflected the current building works to extend the premises. The registered manager told us it was envisaged that these works would be completed by October 2017.

A registered manager was in post. 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.

Improvements were still needed to ensure that all staff received the training needed to enable them to carry out their role effectively. Although a rationale was provided by the registered manager as to why staff had not undertaken this training, this was not acceptable and action had not been taken by the registered manager or the provider to address this. Additionally, although an induction programme was in place that prepares newly employed staff for their role, no set timeframe for the completion of the 'Care Certificate' or an equivalent had been agreed with staff and some staff employed for the period six to 12 months had still not completed this.

Whilst arrangements were in place to regularly assess and monitor the quality of the service provided, these measures were not as robust or effective as they should be. Though the majority of improvements as highlighted at our last inspection in May 2016 had been accomplished, the provider and registered manager had failed to take proactive action to make the necessary improvements required in relation to staff training.

People told us the service was a safe place to live and there were always sufficient staff available to meet their care and support needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed to ensure their safety.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff felt supported and received appropriate formal supervision at regular intervals. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure theirs' and others' safety.

People who used the service and their relatives were involved in making decisions about their care and support. People's capacity to make day-to-day decisions had now been assessed.

The dining experience for people was positive and people were very complimentary about the quality of meals provided. Where people were at risk of poor nutrition or hydration, this was monitored and appropriate healthcare professionals sought for advice and interventions.

Care plans accurately reflected people's care and support needs and people received appropriate support to have their social care needs met. People told us that their healthcare needs were well managed. Staff were friendly, kind and caring towards the people they supported and care provided met people's individual care and support needs.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse and the risk of harm. However, not all staff employed at the service had attained safeguarding training.

Suitable arrangements were evident for managing and reviewing risks to people's safety and wellbeing. Where risks were highlighted or brought to the registered manager's attention, immediate action was taken to address these.

The deployment of staff was suitable to meet people's care and support needs.

The provider's arrangements to manage people's medicines were suitable and ensured people received their prescribed medication as they should. Improvements were needed to ensure there were suitably trained staff throughout the day and night.

Suitable procedures were in place to recruit staff safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not received training that was relevant to their role and responsibilities and significant improvement was required. The majority of staff employed at the service had not completed their induction despite being employed at the service for some considerable time.

Staff felt supported and staff had received regular supervision and an annual appraisal of their overall performance.

The service was compliant with legislation around the Mental Capacity Act [2005].

The dining experience for people was positive and people were supported to have adequate food and drinks throughout the day.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. We observed that staff were friendly, kind and caring towards the people they supported.

Staff interactions were person centred and not task and routine led.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and recorded people's care and support needs and how these were to be delivered by staff. There were varied social activities available to support people's social care needs.

People knew who and how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Although the majority of improvements since our last inspection had been addressed as part of the provider's quality assurance arrangements, improvements relating to staffs' training remained outstanding and had not been addressed.

People who used the service and staff found the registered manager and deputy manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Broadoaks

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 checked 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 18 July 2017 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we reviewed the Provider's Information Report [PIR]. This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 spoke with three people who used the service, two people's relatives, three members of staff, the registered manager and the deputy manager.

We reviewed three people's care plans and care records. We looked at the staff personnel records for four members of staff. Additionally we looked at six members of staff's supervision and records relating to their training undertaken. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our last inspection to the service on 24 and 25 May 2016, we found that risks to the environment or the individual were not comprehensively assessed to support the safety of people using the service and staff employed. Where people were identified as at risk of falls from their bed, chairs had been placed by their bed and other equipment or measures had not been considered. Pressure mattress settings were not being monitored to ensure these were correct and according to people's weight. A risk assessment in relation to Legionella was not available and water temperatures were not frequently monitored to ensure they were safe. Not all staff had achieved safeguarding training. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection we found that all of the improvements had been made, with the exception of safeguarding training for staff.

People told us that staff looked after them well, that their safety was maintained and they had no worries or concerns. People confirmed they felt safe and secure living at the service. One person told us, "I am definitely kept safe. The staff ensure I am and nothing is ever too much trouble." Another person stated, "I know I am safe here, staff are around if I need them." Relatives corroborated what people told us and stated they had no concerns about their member of family's safety at Broadoaks.

Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or registered provider were not responsive. Staff were confident that the registered manager and deputy manager would act appropriately on people's behalf. However, the staff training matrix provided showed that seven out of 18 members of staff [not including the registered manager and deputy manager] had not received safeguarding training. This was outstanding from our previous inspection to the service in May 2016. We discussed this with the registered manager and deputy manager. The rationale provided for the above was that many of the staff employed at the service were reluctant to undertake training.

Where risks were identified to people's health and wellbeing, staff were aware of people's individual risks. For example, staff were able to tell us who were at risk of poor mobility and who required assistance to mobilise safely. Additionally, staff were also able to state who was at risk of developing pressure ulcers, people who were at nutritional risk and the arrangements in place to help them to manage this safely. Risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Our observations showed that staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. For example, safe moving and handling support was provided by staff and this was in line with people's care and support needs. A risk assessment was in place for one person who was at risk of choking as a result of experiencing swallowing difficulties. Staff were observed to provide appropriate care and support to make sure the person did not choke.

Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP). The provider had received a recent letter from the Local Authority regarding the provider's legal duties with respect to fire safety following a recent nationally reported major fire incident in June 2017. A fire risk assessment was in place; however this required reviewing as it still referred to three people who no longer resided at the service and two people recently admitted to the service were not included. We discussed this with the deputy manager and immediate action was taken to rectify the document so as to ensure it was accurate. The registered manager confirmed that appropriate fire detection, warning systems and fire fighting equipment were in place and checked to ensure they remained effective. These ensured that the provider was able to respond effectively to fire related emergencies that may occur at the service. Fire drills within the service were last completed in April 2017. The staff training matrix showed that nine out of 18 members of staff [not including the registered manager and deputy manager] had not received fire safety training. The rationale provided by the registered manager and deputy manager as to why this had not been undertaken was the same as highlighted above.

Comments about the provider's medication arrangements from people using the service were positive. One person told us when asked if they received their medication as they should, "I always get my medication. The staff give me my tablets each day without fail." A second person told us, "Yes, I get my tablets. The staff make sure I have a drink with my tablets and always ask me if I want them [to relieve the symptoms of pain]." Medicines were stored safely for the protection of people who used the service. The temperatures for storing medicines were monitored each day and within recommended guidelines. Our observation of staff practice in relation to medicines management was good and staff were seen to undertake this task with both dignity and respect for the people they supported.

People received their medication in a timely manner and the medication rounds were evenly spaced out throughout the day to ensure that people did not receive their medication too close together or too late. Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for six out of nine people living at the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Where people were prescribed medication dependent on the results of a blood test, for example Warfarin, information relating to this was kept with the MAR form and specific instructions and adjustments relating to the dose of this medication were followed.

People's and relative's comments about staffing levels at the service were positive. People told us there were sufficient numbers of staff available to meet their care and support needs and when assistance was required, staff were prompt and care provided was undertaken in a timely manner. Our observations showed the deployment of staff was suitable to meet people's care and support needs. However, it was noted there was no formal arrangements in place to assess people's dependency needs and use this information to determine and inform the staffing levels provided.

Not all staff involved in the administration of medication had received appropriate training or had their competency assessed at regular intervals. For example, although the staff training matrix recorded one member of night staff as requiring updated medication training in August 2017, no evidence to demonstrate they had previously undertaken this training was available at the time of the inspection. Following further discussion with the registered manager and deputy manager it was confirmed that no members of night staff were appropriately trained to administer medication, for example, PRN 'as and when required' medication if people using the service should require this. An assurance was provided by the registered manager that this would be highlighted to the provider for prompt action. Recurring medication audits had

been completed and highlighted and no areas required corrective action.

The provider's recruitment and selection procedures confirmed that relevant checks had been undertaken when employing staff. This was to make sure that the right staff were employed at the service and the arrangements to complete this were safe. Staff recruitment records for four members of staff appointed since our last inspection in May 2016, showed the provider had operated a thorough recruitment procedure in line with their policy and procedure. The recruitment procedure included processing prospective staff member's employment application, conducting interviews, seeking references and undertaking a Disclosure and Barring Service [DBS] check. This showed that staff employed had had the appropriate checks to ensure they were suitable to work with the people they supported.

Is the service effective?

Our findings

At our last inspection to the service on 24 and 25 May 2016, assessments of people's capacity had not been completed in line with the Mental Capacity Act 2005 [MCA] and staff had not received MCA or Deprivation of Liberty Safeguards [DoLS] training. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection we found that people's capacity to make decisions had been assessed. However, MCA and DoLS training for staff remained outstanding.

The deputy manager provided us with a copy of the staff training matrix and confirmed that this was up-to-date and accurate. This showed that not all care staff had completed the provider's own recommended training. For example, three out of 12 members of care staff [not including the registered manager and deputy manager] had not completed practical manual handling. One of the staff member's was noted to be on duty at the time of our inspection. They were observed throughout the day to assist people to mobilise within the service and to help them transfer from a wheelchair to a comfortable chair and vice versa. Though no poor manual handling practice was observed, they had not received practical manual handling training and had only scored 22.5 out of 30 in the theory test. There was no evidence to indicate they had been asked to retake test this so as to ensure their learning. Gaps in training were also noted in relation to basic first aid, food hygiene, infection control and health and safety. As stated previously, not all staff had attained training relating to safeguarding, medicines management and fire safety. Additionally, at our last inspection to the service in May 2016, not all staff had received training relating to the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. At this inspection we found that eight out of 13 members of staff [not including the registered manager and deputy manager] had not received this training. We discussed this with both the registered manager and deputy manager and were advised that many of the staff employed at the service were reluctant to undertake training. The registered manager stated, "We just cannot get staff to do it." Following the inspection we wrote to the provider and registered manager and requested written confirmation as to how they would address this for the future so as to ensure that staff employed at the service were supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

The registered manager confirmed that all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of the Skills for Care 'Care Certificate' or an equivalent. However, in relation to the latter we found that no set timeframe for the completion of the 'Care Certificate' had been agreed with each member of staff. This meant that some staff who had been employed at the service for over 12 months had still to complete the 'Care Certificate'. For example, one member of staff who had commenced in post in March 2016, had still not completed their 'Care Certificate' at the time of this inspection, some 16 months after they had first joined the organisation. Their latest supervision record confirmed this as accurate and recorded they were still 'working through' this induction process. Another member of staff, who commenced in post in July 2016, had still not completed their 'Care Certificate' at the time of this inspection, 12 months after they had first joined the organisation. Their last supervision record confirmed this as accurate and recorded this as still 'on going'.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Staff told us that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. One member of staff told us that as part of their induction they had completed three to four 'shadow' shifts. The registered manager confirmed that this could be flexible according to previous experience and staffs' level of competence.

Staff confirmed they received regular supervision and were supported by the registered manager and other members of the management team. Staff told us they felt valued by the registered manager and deputy manager and that they were approachable. In addition, staff told us and records confirmed that staff employed longer than 12 months had received an appraisal of their overall performance for the preceding 12 months.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the 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.

Records showed that each person who used the service had had their capacity to make decisions assessed. At the time of our inspection no person at the service was deemed to lack the capacity to make day-to-day decisions. Furthermore, no person at the service was subject to authorisation under the Deprivation of Liberty Safeguards. From our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, whether they required PRN 'as and when required' pain relief medication, where they ate their meals and whether or not they wished to participate in social activities.

People were positive about the meals provided. One person told us, "The meals here are superb. I cannot fault the quality of the food or the choice of meals provided." Another person told us, "You get plenty of choice here, the staff are always giving you drinks and the meals are lovely. The pastry on the pie today was so crisp, it was absolutely lovely." Two relatives confirmed that the meals provided for their member of family were "brilliant". They told us that many of the food products were locally sourced and despite significant changes to their member of family's dietary needs these were well catered for and managed so as to ensure their safety, wellbeing and dignity.

The dining experience was noted to be relaxed, friendly and unhurried; with staff conversing with people using the service. People were supported to make daily choices from the menu provided and received food in sufficient quantities. The meals provided were attractively presented and people were offered a choice of vegetables and asked if they wished to have gravy or not. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. People were routinely offered a 'second helping' of the meal and people were asked if they had finished this before the plate was removed.

People were empowered to have a glass of wine or alternative cold drink with their meal and after eating people were offered a choice of hot drinks.

People told us that their healthcare needs were well managed. One person told us, "If you are unwell they [staff] will always call someone for you." Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP.

Is the service caring?

Our findings

People were very satisfied and happy with the care and support they received. One person told us they had previous experience of living in a care home. They stated, "The other home was not as good as this, it is much better here. You get the help and support that you need. I do not feel rushed or hurried. The staff are very nice and caring, particularly [name of member of staff]. They are lovely and we are getting to know one another. I hope they stay for a long time." Another person told us, "I cannot fault the care I receive. The staff are there for you. I can honestly say I am very satisfied how I am looked after." Two relatives confirmed they too were very happy with the care provided for their member of family. They told us, "We are more than happy with the care provided and thank the day a vacancy at Broadoaks was available. The care [name of person who uses the service] receives is superb and their needs are well catered for. I would definitely recommend this home to others. They [the service] not only look after the resident but families as well and it is very much appreciated."

We observed that staff interactions with people were positive. The atmosphere within the service was seen to be very relaxed, calm and friendly throughout the inspection. Staff were noted to have a good relationship and rapport with the people they supported and there was much good humoured chit-chat during the inspection which people appeared to enjoy and delight in.

Staff understood people's care and support needs and the things that were important to them in their lives, for example, members of their family and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their capabilities and strengths. For example, where appropriate people were encouraged to maintain their independence with eating and drinking and with some aspects of their personal care. One person told us, "The staff help me, but I always try to do as much as I am able myself. I can do some things like wash and dress but if I need help, I know the staff are there, particularly when I am unable to do my buttons up." This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us the care and support was provided in the least intrusive way and were always treated with courtesy and respect by staff. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. People who needed support with personal care were assisted discreetly to protect their modesty. For example, staff spoke quietly with people about matters relating to personal care so as to respect their dignity. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes that they liked, that suited their individual needs, were colour co-ordinated, included jewellery and were appropriate to the occasion and time of year.

People were supported to maintain relationships with others. People told us their relative and those acting on their behalf were able to visit them at any time. Relatives confirmed there were no restrictions when they

visited and that they were always made to feel welcome. Visitors told us they always felt welcomed when they visited the service and could stay as long as they wanted.

Is the service responsive?

Our findings

Suitable arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. This ensured that the service were able to meet the person's needs and provide sufficient information to inform the person's initial care plan. One person told us their family members had been invited to view the service prior to their admission. The family members had taken up this opportunity to ensure the service was the right one for their loved one. People were also encouraged to bring in personal possessions and items, for example, photographs and ornaments, so that their room was familiar to them and to help them settle into the new environment. One person confirmed this had made them feel comfortable and relaxed when they were admitted to the service.

People's care plans included information relating to their specific care needs and how they were to be supported by staff. An assessment detailing basic care information and relevant risk assessments were in place for one person who was relatively new to the service. The registered manager confirmed this care plan would be further developed as the management team and staff got to know the person. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. Relatives confirmed they had been actively involved in providing information to inform their member of family's care plan, particularly at the pre-admission stage and to explain their past interests and life history.

People told us they had the opportunity to participate in a range of activities and social events that suited their needs and abilities, including both group and individual activities. People confirmed they could choose as to whether or not they participated. One person told us they liked to colour intricate pictures, read the newspaper, complete the crossword and other puzzles and to sit outside in the garden when the weather was pleasant. People told us about the 'Mad Hatters' tea party in June 2016 and how enjoyable they had found this experience. The registered manager also told us about other social events planned up to December 2017, for example, the 'Strawberry Tea' party, Summer BBQ, quiz night and Christmas lunch whereby people's relatives or others acting on their behalf were invited to attend. The registered manager also confirmed the service was planning to have a fundraising event in September 2017, in aid of a nationally recognised cancer charity. It was also recognised by staff that some people preferred to spend time in their own bedroom and to follow their own lifestyle choices. One person stated, "I do go down to activities but I also prefer my own company on occasions. You're not made to do anything you do not want to do. Sometimes I just like to watch the television."

We found that suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. The provider had a complaints policy and procedure in place and this included the stages and timescales for the process. People spoken with confirmed they knew who to approach if they had any concerns or complaints. One person stated if they were not happy, they would not hesitate to talk to a member of their family, the management team or staff. Although the registered manager told us and records confirmed there had been no significant complaints since our last inspection in May 2016, they were aware that minor concerns and grumbles were not routinely logged and recorded. The registered manager confirmed that this had been discussed with the Local Authority following their most

recent review of the service. A record of compliments was also maintained so as to capture the service's achievements. A recent compliment recorded, 'A very big thank you for all the wonderful care and all the kindness and respect each and every one of you gave to our relative.'

Is the service well-led?

Our findings

At our last inspection to the service on 24 and 25 May 2016, improvements were required to ensure that the provider's arrangements for assessing and monitoring the quality of the service were effective so as to improve the service. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection the majority of improvements required since May 2016 had been addressed with the exception of staff training which remained outstanding.

The registered manager and deputy manager monitored the quality of the service through the completion of a number of audits and other checks so as to assess and monitor the quality of the service provided. The registered manager told us that information was collected and recorded in a variety of ways. Records showed that information and data collated was reported to the provider each month, for example, information relating to accidents and incidents, complaints and safeguarding concerns. In addition to this, a representative from the organisation visited the service each month and completed a written review of their findings. Although the above showed that systems were in place to assess and monitor the quality of the service provided at Broadoaks, this was not as robust or effective as it should be as these arrangements had not identified the areas of concern we found in relation to staffs' training or induction processes. As identified within the main text of the report, issues' relating to staffs' training was outstanding from our previous inspection to the service and had not been recorded as requiring improvement by the representative from the organisation or the registered manager. Therefore the arrangements in place to assess and monitor the quality of the service were not as fully effective as they should be and improvements were needed to address the identified shortfalls.

Arrangements were in place for collecting information from people using the service. This included seeking the views of people who used the service and those acting on their behalf and seeking the views of staff employed at the service.

The registered manager and deputy manager worked as part of the care staff team on occasions. This enabled them to know how the service was run on a day-to-day basis and the care people using the service received. The registered manager told us that it enabled them to ensure that the main aims and objectives of the service were achieved and people received the care they needed and in the way they preferred.

People, relatives and staff told us that the registered manager and deputy manager were visible and accessible. They further stated that they were approachable. Staff told us they felt valued and supported by the senior management team. They told us that the registered manager was approachable and there was an 'open and inclusive culture' at the service. Staff confirmed they enjoyed working at the service, that communication was good and that they felt listened to by the senior management team.

Staff told us they were well supported, that their views were respected and they were able to express their views and opinions freely. Staff meetings had been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service and minutes of the meetings confirmed this.

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 18 HSCA RA Regulations 2014 Staffing Staff employed at the service were not receiving appropriate training, learning and development to fulfil the requirements of their role. In addition, robust and effective arrangements must be place to ensure staff are skilled and assessed as competent to carry out their roles.