

Bel-Air Care Limited

Oakleigh Care Home

Inspection report

Oakleigh Road
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Tel: 01274880330

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection was unannounced and took place on 3 May 2017. There were six people living in the home when we visited.

Oakleigh is registered to provide personal care for a maximum of 31 people. It is a converted property and the accommodation is provided in single and shared rooms. The home is within walking distance of all the amenities in the village of Clayton and is close to a bus route

The last inspection was in November 2016. At that time we found the provider was not meeting all the regulations; they were in breach of four regulations. One of these Regulation 19 (Fit and proper persons employed) was a continued breach since the previous inspection. The other breaches were in relation to Regulation 18 (Staffing), Regulation 9 (Person centred care) and Regulation 17 (Good governance). During this inspection we found some of the issues we had identified had been addressed but others had not. We found the provider remained in breach of the regulations about good governance and person centred care and we identified two further breaches of regulation in relation to the safe management of medicines and consent to care and treatment.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe and staff knew how to recognise and report abuse. No new staff had been recruited since the last inspection but the provider had put new recruitment policies and procedures in place to help protect people from the risk of being cared for by unsuitable staff.

People spoke very highly of the staff and there were enough staff to provide people with the care and support they needed.

People's medicines were for the most part managed safely. However, there was a risk that people would not be able to get prescribed medication at night because, at times, there were no staff on the premises with the necessary training.

Although risks associated with people's individual care needs, such as pressure sores and falls, were well managed we found shortfalls in how other areas of risk were managed. For example, we found bedrooms being used for storage were unlocked which meant people going in there could be at risk of injury. We also found torn floor coverings which created a trip hazard and found there was no bath thermometer to enable staff to check the hot water temperature and reduce the risk of scalding. None of these issues had been identified by the service prior to our inspection.

We found that staff had received training and the provider had put new and up to date induction standards in place. However, we found staff needed more support to put their training into practice for the benefit of people living in the home.

We heard staff asking people for consent before supporting them. However, we found there were no measures in place to ensure relatives who signed consent forms on people's behalf had the legal authority to do so. This meant there was a risk people's rights were not always promoted and protected.

People told us the food was fair. People's weights were monitored and action was taken in response to unplanned weight loss. However, we found that although there was lots of information about how to add extra calories to food the necessary ingredients were not available. We recommended the provider should consult current guidance about best practice in supporting people to eat and drink.

We saw people were supported to maintain their health and had access to the full range of NHS services.

People told us staff treated them with dignity and respect and we observed this during our visit. We saw staff supported people in a kind and compassion way. People were supported to keep in touch with family and friends and said visitors were always welcomed and offered refreshment.

Staff knew people well, however, we observed care was not always delivered in a way that took account of these needs and preferences.

People were supported to take part in a variety of in house activities which took account of their individual interests.

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There was a complaints procedure in place; none of the people we spoke with had any complaints about the service.

People who used the service had the opportunity to share their views by means of meetings and surveys.

The provider had systems in place to monitor, assess and improve the quality of the services. However, we found these systems were not operated effectively.

We found the provider was in breach of four regulations. Two of these Regulation 9 (Person centred care) and Regulation 17 (Good governance) were continued breaches since the last inspection. The other breaches were in relation to Regulation 12 (Safe care and treatment) and Regulation 11 (Need for consent).

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This

will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 consistently safe.

There were enough staff to meet people's needs.

Staff knew how to recognise and report abuse and this helped to keep people safe.

Risks to the health safety, and welfare of people who used the service, staff and others were not always managed effectively.

People's medicines were not always managed safely.

The home was clean.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff received training but needed more support to help them apply their learning to practice in order to improve the experiences of people who used the service.

People's rights were not always promoted and protected because staff did not have a clear understanding of their responsibilities under the Mental Capacity Act 2005.

People's views about the meals were mixed.

People were supported to access the full range of NHS services to ensure their healthcare needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect.

Staff knew about people's needs.

Visitors were welcomed and offered refreshments.

Good ●

Is the service responsive?

The service was not consistently responsive.

Peoples did not always experience care and support which was appropriate to their needs and took account of their preferences.

People were supported to follow their interests and take part in activities within the home.

There was a complaints procedure in place to make sure complaints or concerns were dealt with in an appropriate way.

Requires Improvement 

Is the service well-led?

The service was not well led.

The provider did not have effective systems in place to monitor, assess and improve the quality of the services provided.

The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Inadequate 

Oakleigh Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 May 2017 and was unannounced.

The inspection was carried out by two adult social care inspectors. There were six people living in the home when we inspected.

We spoke with two people who used the service, one relative, three care workers and the registered manager. We looked at three people's care records which included medication records. We looked at two staff files and other records relating to the day to day running of the home such as training records, maintenance records, meeting notes, survey results and audits. We observed people being cared for and supported in the communal rooms and looked around the home.

Before the inspection we looked at the information we have about the service including notifications sent to us by the registered manager. We contacted the local commissioning and safeguarding teams to ask for their views on the service.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form which gives the provider the opportunity to tell us about their service and any Improvements they plan to make.

Is the service safe?

Our findings

Senior care workers who administered medicines had received training and competency checks had been made to make sure they followed the correct procedures. However, there was not always a member of staff on night duty who could administer medicines. We saw one person had prescribed 'as required' medicine for their breathing and for angina. We asked the registered manager what would happen if this person needed either of these medicines at night. They told us there were care workers, who lived nearby who could be called in.

We concluded this was not safe practice as these medicines would need to be administered quickly should they be required. This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service how their medicines were managed. One person told us, "They [the staff] look after my tablets and make sure I get them at the right times." Another person explained they needed to take one of their tablets before meals and staff made sure this happened. The relative we spoke with told us they had no concerns about the way medicines were managed.

We found medicines were stored securely. The temperatures of the storage area and fridge were monitored to make sure medicines were stored at the recommended temperatures.

We saw the senior care worker who was responsible for administering medicines checked the medicines to be given against the medication administration record. (MAR). This ensured the correct medicines were being given at the right time. Once the person's medicines had been prepared they were taken to the individual, together with a drink. The senior care worker then stayed with the person until the medicines had been taken. We saw people being supported to do this in a kind and patient way. The senior care worker then signed the MAR to confirm the medicines had been given and taken.

We saw MARs had been consistently signed by staff to show medicines had been given as prescribed, including any prescribed topical creams or lotions. We saw one person had been prescribed a number of topical creams/lotions and whilst the senior care worker was able to tell us exactly where these needed to be applied, there were no detailed instructions with the MARs for staff to follow.

We saw protocols had been introduced since our last inspection for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled drugs. At the time of the inspection no controlled medicines were being held.

During the November 2016 inspection the ground floor was the only part of the home occupied by people who used the service. During this inspection we found this had not changed. The passenger lift was not

working but on this occasion we found the stair lift was working.

When we looked around the home we found a number of issues in relation to safety and maintenance which had not been identified by the environment checks carried out by the service. The registered manager told us the checks should be done monthly by the maintenance person. The last recorded health and safety check was carried out by the service was 21 March 2017. There was a checklist dated 18 April 2017 in the file but this was blank.

During our tour of the building we found bedrooms on the first floor which were being used to store furniture and equipment were unlocked, the sluice room where the cleaning trolley (with cleaning materials) was stored was unlocked and the door leading to the attic area, also used for storage, was unlocked. There was nothing to deter people who lived in the home, some of whom were living with dementia, from going into these areas where they would have been at risk. In the bedrooms of people living in the home we found broken drawers and handles missing from drawers and wardrobe doors. In the ground floor bathroom we found a bottle of bleach in an unlocked cupboard; this was locked away when we brought it to the attention of the registered manager. In the conservatory we found a number of windows were wide open and others were unlocked which presented a safety and security risk. The floor covering in front of the electric organ was torn creating a trip hazard. There was no bath thermometer in the bathroom to check the temperature of the water before people got into the bath. Care staff told us they checked the water temperature by hand.

The kitchen had been inspected by the local authority environmental health department in March 2017 and awarded a score of 4, (good); their previous rating had been 5 (very good). We found some of the issues identified had been dealt with, for example, the tin opener and fridge seals had been cleaned. However, the torn floor covering in the middle of the kitchen floor had not been dealt with. This made it difficult to clean the floor thoroughly and created a trip hazard. The registered manager told us they did not know what the provider's plans were in relation to replacing or repair the kitchen flooring.

We concluded the provider was not operating effective systems to assess and mitigate risks to the health, safety and welfare of people who used the service and others. This was a breach of Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we were concerned that all the staff employed at the home had not taken part in fire drills. We found this had been addressed and regular fire drills were being carried out involving both day and night staff. We looked at a selection of maintenance records and found checks on gas, electricity and water systems were up to date. This included the weekly fire safety checks which had not been up to date during our inspection in November 2016.

People who used the service told us they felt safe at Oakleigh. One person said, "Yes I feel safe because the staff are good." Another person said, "Yes I feel safe because there are always people around." A visitor told us, "It has given the family peace of mind and relief knowing Mum is being well cared for here."

We saw there were safeguarding policies and procedures in place and these were also on display. We spoke with staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. They told us they would not hesitate to report any concerns to the manager, the Care Quality Commission or the local Adult Protection Unit. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This showed staff understood how to keep people safe.

There had not been any changes to the staffing arrangements since the last inspection. The registered

manager told us there were two care staff on duty during the day and at night. This was confirmed by staff and people who used the service. The registered manager was included in the staff numbers and not allocated any additional time to carry out their management responsibilities. In addition to providing care and support to people the care staff were responsible for cooking, cleaning and laundry duties. Staff told us there were enough staff because there were only six people living in the home at the time of our inspection. One care worker told us, "We all get on and there is no animosity and we are like one big family."

At the last inspection we had concerns that robust recruitment procedures were not in place to protect people who used the service. During this inspection we found no new staff had been recruited since November 2016. There was a trainee working in the home who was preparing to undertake an apprenticeship in social care. The registered manager told us, and the records confirmed, pre placement checks had been carried out in conjunction with the trainee's college. In addition, the trainee was supervised by one of the permanent staff at all times and was not allowed to support people with personal care. The provider had updated their recruitment procedures to take account of current legislation.

We asked people if they liked their accommodation. One person told us, "My room is clean and I have a comfortable bed."

We found the home was clean and free of unpleasant odours. The home had been inspected by the local authority infection control team in June 2016 and achieved a compliance score of 95.25%. The manager told us the night staff carried out most of the cleaning.

The management of people's tissue viability was good. We saw one person was using a specialist mattress, which had been supplied by the district nursing team. Their relative told us when they had moved into the home they had pressure ulcers but these had healed because the staff had made sure they were repositioned regularly and staff had received training about the management of 'bed sores.'

We saw, prior to moving to Oakleigh, some people had fallen, however, since moving to the service no falls had been recorded. Care workers told us this was because staff were always available to assist people.

The records showed and the registered manager confirmed there had been no accidents or incidents since the last inspection in November 2016.

At the last inspection we found the lighting levels in the lounge and dining room were dull with little or no light being emitted from the light bulbs. People with deteriorating eye sight need good lighting levels, poorly illuminated areas could increase the risk of people falling. This had not changed, the lighting levels remained dull.

Is the service effective?

Our findings

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 authorisation 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. None of the people living in the home had a DoLS authorisation in place and none had been applied for.

We found again on this inspection, although staff had received training, they did not fully understand the principles of this legislation. For example, when we asked staff about the MCA one knew there were five principles, but could only recall three and the other could not recall any.

The care files we looked at did not contain information about any Lasting Power of Attorney (LPA) orders which were in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care.

We saw the consent to care and treatment forms in two files had been signed by relatives. We spoke to the registered manager who told us the relatives did not have LPA's in place for health and care. This meant they did not have the legal authority to make decisions about the person's care and treatment.

This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in November 2016 we found staff were not being properly trained and supported to carry out their roles.

During this inspection we looked at the training matrix which showed staff training was up to date. Training had been provided on subjects such as safeguarding, food safety, nutrition and hydration, infection control and dementia awareness.

At the last inspection we were concerned that new staff induction training was based on out of date induction standards. This had been addressed by the introduction of new policies and procedures which included information about the Care Certificate. The Care Certificate is a set of nationally recognised

standards for health and social care workers designed to support them to deliver good and compassionate care. As no new staff had been employed since the last inspection we were unable to assess how the new policies worked in practice. However, we did see that one of the existing staff members was completing the Care Certificate modules.

Although staff had received moving and handling training this was theory based and they had not receiving practical training in the use of equipment. At the time of our inspection there was only one person who needed support to move and the registered manager told us they had referred this person to the district nurses for an in-depth moving and handling assessment. Despite asking the registered manager on more than one occasion we were unable to find out how staff would be trained in the use of any equipment provided as a result of this assessment.

The registered manager told us they were up to date with staff supervisions and appraisals. This was supported by the records.

We asked people who used the service about the meals at Oakleigh. One person told us, "The food is fair [name] is the best cook, but it's the same every week. I get a lot of my own food brought in."

We saw the menu for the lunchtime and teatime meals was on display in the dining room. At breakfast time we saw people were offered cereals or porridge and a drink. No one was offered a cooked breakfast. We asked the care worker who was cooking if people could have a cooked breakfast if they wanted and they said they could, however, when we asked the registered manager they told us people did not want a cooked breakfast as they were full after eating the cereal. When we looked in the fridge we saw there were eggs available but no bacon or sausage and concluded cooked breakfast was not being offered on a daily basis.

We saw people's weights were being monitored and some people's food and fluid intake was being recorded so staff could check they were getting enough to eat and drink. We also saw there was information on display in the kitchen about how foods could be fortified for people to increase their calorie intake. However, when we looked in the food stores we saw many of the ingredients needed to fortify foods were not available. For example, there was no double cream, butter, milk powder or milk shake flavouring.

We saw nutritional risk assessments had been completed but were not always up to date.

We recommend the provider consults current guidance on best practice in relation to supporting people to meet their nutrition and hydration needs.

We asked people who used the service about their healthcare. One person told us, "They [staff] get the doctor if you need them, they can get dentists and opticians too. I think I am due to see the chiropodist soon." A second person said, "The nurse comes every Monday to check I haven't got any bed sores."

In the three care records we looked at we saw people had been seen by a range of health care professionals, including GPs, community matrons, district nurses and podiatrists. We saw from the records staff were vigilant and took timely action when people were unwell. We saw detailed records were made following any visits from health care professionals. We concluded people's health care needs were being met.

Is the service caring?

Our findings

We asked people using the service if they liked the staff. One person told us, "They are very good here it's a nice place." Another person said, "It's nice here and the staff are kind."

The relative we spoke with told us, "The staff are lovely, compassionate and very attentive. [Name of care worker] just treats her like she is her own mother. Mum loves her being on [duty]."

One person told us they had a birthday coming up. We asked them what happened when it was someone's birthday and they told us staff organised a cake and special tea to celebrate the occasion. We saw information recorded which detailed how each person wanted to celebrate their birthday.

We saw people who used the service were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs.

We saw people's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. This showed staff respected people and their belongings.

One person who lived in the home told us they liked to do some cleaning and we saw from the records that this happened.

We saw the care plans for people who used the service contained 'Life history' information and details of their interests and hobbies. People looked relaxed and comfortable around staff. There was a calm and friendly atmosphere and we saw staff had time to sit and chat with people. We observed care and support and saw staff treated people with kindness, dignity and respect. It was clear staff had developed good relationships with people and knew them well.

The relative we spoke with told us they were made to feel welcome and always offered a drink and usually biscuits as well.

At the last inspection the provider told us they had not done any specific work in the preceding 12 months to meet the needs of people with protected characteristics which include race, religion, gender, marital status and disability. During the inspection we found people were treated with respect and we were satisfied they were protected from discrimination. We saw staff had undertaken training on equality and diversity.

Is the service responsive?

Our findings

At lunchtime we saw one person who had been losing weight and only had a BMI of 17, (Body Mass Index, 18.5 to 24.9 is classified as healthy), given a large portion of roast chicken, mashed potato and vegetables. They told the member of staff there was too much on the plate and were clearly 'over faced' by the plate of food and only ate a small amount.

We saw another person was struggling to eat their meal as they had not been provided with any specialist cutlery or crockery. We asked one of the care workers if they had any adapted crockery or cutlery and they told us they just had a plate guard. We concluded if this person had been provided with appropriate utensils they could have eaten independently.

When we looked in these people's records we found detailed care plans demonstrating how care workers should support them had not been put in place.

We concluded that although people were generally well cared for their care and support was not always appropriate to meet their needs and reflect their preferences. This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked one relative how they had chosen Oakleigh. They told us the family had visited on more than one occasion and although the premises were old they had found the staff team were very attentive and lovely with people.

At the last inspection we were concerned that people's needs were not properly assessed before they moved into the home. During this inspection we saw the registered manager had assessed people before they moved into the home to make sure staff would be able to meet their needs.

We saw care plans were in place which identified what people could do for themselves and what support they required from staff to meet their personal care needs. One person told us they received help to get a bath.

The visitor we spoke with told us they had been fully involved in developing the care plan to ensure their relative received appropriate care and support. They said, "I am well satisfied her needs are being met."

We saw staff had time to provide both group and individual activities. We heard two staff holding a quiz which generated a lot of laughter from both people using the service and staff. We also saw care workers sitting with people on a one to one basis chatting and looking at photographs. Care workers told us they had time on a daily basis to do this and they clearly knew a lot about people's lives and interests. The visitor we spoke with told us staff spent time with their relative and they saw staff sitting down talking to people when they visited. We concluded people using the service were being kept occupied and provided with mental stimulation.

The complaints procedure which was on display in the entrance hall was out of date and was not accurate. However, we did see an up to date procedure in the policy and procedures file. One relative we spoke with told us they would be able to raise any concerns with staff as communication with them was good and they had built up good relationships.

We looked at the complaints log and saw no complaints had been received since 2014.

Is the service well-led?

Our findings

At the last inspection in November 2016 the provider told us they had engaged the services of a consultant help provide support and information about changes in regulations. They said the consultant would undertake monthly audits to ensure that the service was meeting people's needs and remained compliant with legislation. During this inspection we found there were no records of the consultant having visited since September 2016. We asked the registered manager and they were unable to confirm when the consultant had last visited. They confirmed the provider had not undertaken any quality monitoring visits since our last inspection.

The registered manager told us they carried out a series of monthly audits. They confirmed their audit schedule and processes had not changed since the last inspection despite the fact that the last inspection had found the audit processes to be ineffective. This showed the provider had failed to act on the findings of the last inspection. This was a breach of Regulations 17(2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found similar failings with the audit process. For example, the medication audits had not identified that people were at risk of not getting prescribed medicines at night in a timely manner because there were no staff on the premises trained to administer them. In another example, as detailed in the safe section of this report, we found the environmental checks that were being carried out had not identified risks to the safety and welfare of people who used the service.

When we looked in the kitchen we found many of the ingredients needed to fortify foods were not available. For example, there was no double cream, butter, milk powder or milk shake flavouring. This had not been picked up in the nutrition audit carried out by the service on 30 April 2017. Similarly the nutrition audit had not identified that the nutritional risk assessment for a person who was at risk of malnutrition had not been reviewed since 8 February 2017. The guidance note on the nutritional risk assessment stated it should be reviewed every month.

When we looked at how people's consent to their care and treatment was obtained and recorded we saw the consent to care and treatment forms in two files had been signed by their relatives. We spoke to the registered manager who told us the relatives did not have LPA's in place for health and care. This meant they did not have the legal authority to make decisions about the person's care and treatment. This had not been identified by the provider's quality monitoring processes.

We observed other issues which individually may seem minor but when taken in their entirety indicate a lack of effective monitoring. For example, we saw at the last food standards agency inspection of the kitchen they had awarded a rating of four, (good), for hygiene and this certificate was displayed on entry to the home. However, we also saw the previous certificate which had a rating of 5 (very good), was still on display outside of the lounge. We saw the statement of purpose for the service was available in the reception area; however, this document was out of date, referring to a previous manager and The National Care Standards Commission.

We saw a new statement of purpose in the file and found the new policies and procedures had been adapted from policies and procedures created for another service the provider was a director for.

There was CCTV in use outside the property but there were no signs to make people aware it was there.

We concluded the processes for ensuring compliance with the regulations and assessing and monitoring the quality and safety of the services providers were not operated effectively. This was a breach of Regulation 17(1)(2)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There was a registered manager in post. One of the people using the service pointed them out when they came into the lounge and told us they were in charge.

The registered manager told us they had meetings with people who lived in the home approximately every three months. We saw the last one had been in February 2017 and the topics discussed included food, activities and staff.

Surveys had been given to people living in the home and/or their relatives in April 2017 to ask for their views of the service. None had been returned at the time of our inspection.

Staff told us they felt well supported by the registered manager and we saw staff meetings were held about every six months.

In reaching our judgement of this domain we have taken into account the fact that, in addition to the continued breach of the regulations in relation to effective governance and person centred care our inspection identified two new breaches of regulation.