Mondial Care Ltd

Oakland Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 20 October 2017 and was unannounced. This meant the provider did not know we would be visiting. A second day of inspection took place on 30 October 2017 and this was announced.

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

Oakland Nursing Home can accommodate up to 27 people. At the time of this inspection, 24 people were using the service who had nursing care needs.

There was a registered manager in post who had registered with the Care Quality Commission (CQC) in May 2016. A registered manager is a person who has registered with the CQC 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.

At the last comprehensive inspection in August 2015 we found the provider was meeting regulations and awarded a rating of 'good'. At this inspection, we found some improvements were required and identified breaches in regulation.

The registered manager had not ensured staff had the appropriate skills and knowledge to provide effective care and support to people. Records showed that many staff had training which had expired and no refresher training had been arranged. Staff had not received effective support within their role. Records showed that regular one to one supervisions and appraisals had not taken place.

We judged this to be a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager completed monthly audits to monitor the service. However, we found example's where the registered manager's quality assurance systems had not been effective in recognising and rectifying issues. Records of the provider's audits contained very basic information and evidenced that they did not have robust systems and processes in place to assess and monitor the service.

Where people required support with their medicines, these had been administered as prescribed. Medicines were stored securely. However, assessments had not been completed on staff to ensure they were competent in administering medicines.

We judged this to be a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulation 2014.

Safe recruitment procedures were not always followed. Full employment history was not always recorded. We also found that two references were not available for one of the staff files we looked at.

People were confident in approaching staff if they required assistance. However, people were not always supported to communicate effectively and observations showed that people were sometimes left for long periods of time at mealtimes without any interaction. There was a significant lack of activities on offer. Planned activities did not take place and we observed people sat in communal areas with no stimulation other than a television. We have made a recommendation about the lack of activities.

The adaptation and design of the building was not always suitable to meet people's needs. We found that doors did not always contain appropriate signage.

The provider had a 'Safeguarding Adults Policy & Procedures' document which set out the responsibilities of employees. The staff we spoke with were all aware of the different types of abuse and what actions needed to be taken to report any concerns.

Care files contained detailed risk assessments which were specific to each person's needs. People were kept safe from the risk of emergencies in the home.

New staff had completed an induction when they joined the service.

Care plans contained detailed information to ensure people who were at risk of being malnourished were being monitored. People told us the food provided was satisfactory although the dining experience could be improved. People were clear about how they could get access to their own GP and that staff in the home would arrange this for them.

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

People spoke positively about the staff and their caring approach.

Care plans were person-centred and focused on the support needs of the individual. Care plans had been reviewed on a monthly basis and updated if needed. Care records evidenced people's end of life wishes had been discussed and recorded.

The provider had a complaints policy and procedure in place. Feedback from people had been sought through satisfaction surveys, although regular resident meetings had not taken place. People we spoke with were aware of who the registered manager was and spoke positively about their approach.

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.

Safe recruitment procedures were not always followed.

Medicines were administered safely and stored securely. However, staff competencies were not assessed.

Staff had not always been deployed effectively.

People were protected from the risk of avoidable harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns.

Risk assessments had been developed and were in place when required.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received regular training to ensure they had the skills and knowledge to carry out their roles and responsibilities. Regular one to one supervisions and appraisals had not taken place.

The registered provider was working within the principles of the MCA. Staff supported people to make decisions.

People were supported to maintain a balanced diet. Care plans contained detailed information to ensure people who were at risk of being malnourished were being monitored.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always supported to communicate effectively.

People told us staff treated them with dignity and respect. People's spiritual beliefs had been considered.

Care records detailed people's wishes and preferences around the care and treatment that was provided.

End of life care plans had been developed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a lack of activities on offer. People told us activities needed to be improved.

People's care plans recorded information about their individual care needs and preferences.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems or processes to ensure good governance had not always been
established or operated effectively.

Feedback from people had been sought through satisfaction surveys.

People we spoke with were aware who the registered manager was and spoke positively about their approach.

Oakland Nursing 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 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 20 October 2017 and was unannounced. A second day of inspection took place on 30 October 2017 which was announced.

The inspection was carried out by an inspector, a nurse specialist advisor 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 service. The area of their expertise was in older people.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider had been asked to complete a provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had submitted the PIR within the required timescales.

During the inspection, we reviewed a range of records. These included five people's care records containing care planning documentation and daily records. We looked at five staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection, we spoke with seven members of staff including the registered manager. We also spoke with eight people who used the service and two relatives to seek their views about the service. We

looked at all the facilities provided including communal lounges and dining area, bathrooms and people's bedrooms.

Requires Improvement

Is the service safe?

Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found some areas of the service required improvements to be safe.

People told us they felt safe. Comments included, "I feel safer than I would at home", "I feel safe and reassured that if something happens, I have someone to look after me" and "I do feel safe and I have no concerns."

The provider had a 'Safeguarding Adults Policy & Procedures' document which set out the responsibilities of employees. The staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns. One member of staff told us, "I would always report concerns. It is my job to make sure people are safe."

Staff told us the registered manager would respond appropriately to any concerns. We looked at training records in relation to safeguarding and could see that not all staff had received training in this area. We discussed this with the registered manager and when we returned for day two of the inspection, training had been provided.

During the inspection, we looked at five staff recruitment files. We could see from these records that the provider's safe recruitment procedures were not always followed. Applications and interviews had been completed. However, a full employment history was not recorded for two staff and this was not explored during interview. We also found two references were not available on two of the staff files we looked at. Ensuring such checks are completed before employment commences helps employers make safer recruiting decisions. We discussed this with the registered manager who took action to ensure a second reference was sourced. A Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service. These checks ensured the potential candidate had not been excluded from working with adults who may be at risk.

We looked at how the registered manager managed risks and prevented people being harmed. Care files we viewed contained detailed risk assessments which were specific to each person's needs. For example, one person was at risk of falls and a falls risk assessment had been completed which detailed measures which had been put in place to reduce the risk, such as mobility aids. Risk assessments were reviewed on a monthly basis or when people's needs changed. They contained concise, accurate and up-to-date information.

People's use of medicines was recorded using medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and the recording when they have been administered. A list of staff signatures for those staff administering medicines was stored in the front of the MARs. This helped create a clear record of who was administering medicines. We reviewed the MARs for 10 people and saw they had been completed accurately.

Some people were prescribed 'as and when required' (PRN) medicines. There was clear guidance in place for staff to follow which detailed when PRN medicines should be administered. Records confirmed PRN medicines had been administered appropriately.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called 'controlled drugs'. We saw controlled drug records were accurately maintained. The administering of these medicines and the balance remaining was checked by two appropriately trained staff. Temperatures of storage of medicines were taken and recorded daily; this included the medicines fridge and the temperature of the room where the medicines were kept.

We asked the registered manager how they ensured staff were competent in administering medicines. They told us that they did not complete any competency assessments, but staff received training. We discussed the importance of assessing staff competencies with regards to administering medicines in line with National Institute for Health and Social Care Excellence (NICE) guidance. When we returned for day two of the inspection, medicines competency assessments had been completed.

During the day, we saw there was one registered nurse and six care workers on duty to support 24 people. However, at night there was one registered nurse and one care worker on duty. We asked the registered manager how they ensured the level of staff on duty was safe. They told us they did not use a dependency tool and that staffing levels had remained at these levels for a long period of time. We found no night time observations were completed to ensure staffing levels were adequate. The registered manager told us they had regular discussions with night staff and that any concerns would be highlighted, however these were not recorded.

We asked people if there was enough staff on duty. One person said, "I would love to sit and chat with the staff but they are so busy." A relative we spoke with told us, "They appear to be plenty of staff on duty but they are all extremely busy." People told us that if they required assistance during the night staff responded in a timely manner.

Staff we spoke with told us there was enough staff on duty. Comments included, "Mornings can be busy because everyone needs some assistance, and lunch time is quite busy too as some people need help with meal but I think there is enough staff" and "I would say there is enough staff. I work nights and do not find we have any problems." The clinical lead told us they would not hesitate to request additional staff if people's needs changed.

We observed times during the inspection when the deployment of staff was not effective. For example, at lunch time people were left for long periods of time without any interaction or support. We discussed this with the registered manager who told us they would seek guidance to ensure staff were deployed effectively.

We looked at records of accidents and incidents. These had been appropriately recorded and we could see action had been taken, when needed, such as seeking medical advice when injuries had occurred. However, the registered manager did not monitor accidents and incidents to look for trends or any lessons learnt to reduce the risk of re-occurrence. We discussed this with the registered manager who told us they would take action to address this concern.

We saw people were kept safe from the risk of emergencies in the home. People had a risk assessment in their care files for the environment and a personal emergency evacuation plan (PEEP). PEEPs are documents, which advise of the support people need to leave the home in the event of an evacuation taking

place.

The registered provider had contracts in place to keep the home safe and these included gas and electric test certificates, equipment for the moving and handling of people, test certificates and maintenance of water outlets to control the risks from legionella. We also saw evidence of monthly checks of window restrictors and fire equipment and exits. All of these checks were up-to-date.

Requires Improvement

Is the service effective?

Our findings

At the last inspection, we found the service was effective and awarded a rating of good. At this inspection, we found some areas of the service required improvements to become effective.

The registered manager had not ensured staff had the appropriate skills and knowledge to provide effective care and support to people. Records showed a significant number of staff had training which had expired and no refresher training had been arranged. New staff who had recently commenced employment had not completed all training the provider considered mandatory. For example, one member of staff who commenced employment in April 2017 had only completed training in moving and handling. However, this member of staff was supporting people with all aspects of their care despite relevant raining not being provided.

We looked at four training files for staff who had been employed for over 12 months. Two of the four staff members had not completed training in safeguarding or mental capacity despite a number of people living at the service living with a dementia. Whilst it was clear the registered nursing staff had received specialist training in areas such as Huntington's disease, Parkinson's disease and end of life care, other staff had not been given the opportunity to develop their skills and knowledge in these areas which were specific to people living at the service. We also found observations of staff practice in areas such as medicine administration and moving and handling had not been completed to ensure staff were competent within their role.

We discussed the lack of training opportunities and competency assessments with the registered manager who told us they were in the process of commencing a new contract with a different training provider, as they had been unsatisfied with the quality of the previous trainer. Additional training courses had been planned and were due to take place following the first day of inspection. They also told us they were not aware they were required to completed competency assessments. When we returned for the second day of inspection, additional training had been provided to six members of staff in dementia, safeguarding, health and safety and fire safety. Medication competencies had also been completed for all staff administering medicines.

We looked to see how staff were supported within their role. Records showed that regular one to one supervisions had not taken place. Supervisions are usually a one to one discussion between the manager and member of staff to discuss their progress, wellbeing and any areas of concern. We asked the registered manager how staff were given the opportunity to reflect on their performance and share concerns. They told us group supervisions were conducted on a regular basis Records showed these focused on operational issues and were not specific to staff. The registered manager agreed improvements in this area were needed.

Failure to provide appropriate support, training, supervision and appraisal is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

New staff had completed an induction when they joined the service and records we looked at confirmed this. The induction took place over three days and consisted of staff familiarising themselves with policies and procedures as well as the layout of the building and fire procedures. New staff also worked alongside experienced members of staff to allow them to build relationship with people.

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. Where people lacked capacity this was clearly recorded and we could see capacity assessments had been completed. Best interest decisions were also clearly recorded and included who had been involved in making such decisions. Discussion with the clinical lead demonstrated they were very knowledgeable with regards to MCA requirements. The registered manager told us two people had a DoLS authorisation in place and a further 12 were pending authorisation. Records we looked at confirmed this.

A chef was employed at the service who had many years' experience working in the catering industry. They were responsible for providing breakfast, lunch and an evening meal and staff had access to the kitchen when the chef was not working so they could prepare snacks and hot drinks. However, records showed care staff had not received food hygiene training.

We observed a dining experience. There was one large table in the centre of the room. Tables were dressed with table clothes, napkins and cutlery; however, the tables were bare with no condiments or menus displayed. Three people chose to eat in the dining area with other people choosing to remain in the lounge, foyer or their own rooms to eat and this was accommodated. One person was provided with specially adapted cutlery so they could eat independently. However, we saw other people struggling with their meals with no adaptations or assistance provided.

We discussed the lack of menus with the registered manager who showed us a three weekly menu which was displayed, in small print, on the wall in the dining area. However, people we spoke with told us they did not always know what they would be receiving for their meals. One person told us, "Sometimes I am not sure what I am getting. There are no menu's to look at." The accessible information standard stipulates that people should be provided with information they can access and understand and we found this was not being followed.

One person told us, "The food is fine, nothing flash, but it's ok." Another person told us, "It's just ok. Not always what I would like." We fed this information back to the registered manager who told us they were aware people were not "100% satisfied with the meals provided" due to a recent satisfaction survey that had been distributed however, no action had been taken to address this. The registered manager told us they would arrange a meeting to discuss meals with people.

Care plans contained detailed information to ensure people who were at risk of being malnourished were

being monitored. We saw the 'Malnutrition Universal Screening Tool' ('MUST') was used. These were completed monthly or weekly where required. Where risks were identified, we saw the person's care and support plan had been updated. Action taken included, referrals to the dietician, doctor's reviews and appointments to see the speech and language therapists.

People were clear about how they could get access to their own GP and that staff in the home would arrange this for them. A GP visited the service weekly where they would visit anyone who requested this.

The service was supporting a number of people who were living with a dementia. However, during a tour of the service, we noted that doors did not always contain appropriate signage to help people with a cognitive impairment navigate around the building. For example, one bathroom was out of use and being used for storage. The door to this room was open and accessible for all and there was no signage to notify people the bathroom was out of use. People's bedroom doors did not always contain names or numbers. We discussed this with the registered manager who told us they would take action to address these concerns.

Requires Improvement

Is the service caring?

Our findings

At the last inspection, we found the service required improvement to become caring. This was because people had not received kind and caring support at all times. At this inspection, we found the service still required improvement to become caring.

People spoke positively about the staff and their caring approach. One person told us, "I like the fact that I can have a wander and I know they [staff] are always looking out for me." Another person told us, "The staff are very caring, but too busy to chat, sadly."

Our observations showed that people were sometimes left for long periods of time without any interaction at lunch time. For example, one person was having lunch in the dining area. They had finished their lunch, but were left at the table with no interaction for over half an hour. Another person chose to remain in their room. We were told this person had requested to have their door open, but because there was no dorgard in place this was not possible due to fire risks. Dorgard is a safety device that allows fire doors to be propped open safely whilst automatically releasing them in the event of a fire. We discussed the risk of social isolation to this person with the registered manager. They told us they had addressed the issues and dorgards had been ordered. On the second day of inspection, the dorgards had been delivered and arrangements had been made for these to be fitted.

People were not always supported to communicate effectively. One person had difficulty with speech and as a result flash cards had been purchased by the service to provide the person with the opportunity to communicate with staff. However, on the first day of inspection these were not being used. We asked a member of staff if we could view the flash cards, but they were unable to locate them. We discussed this with the registered manager who told us they would ensure the picture cards were available at all times.

Privacy and dignity was something the staff at Oakland Nursing Home were keen to deliver. People we spoke with praised the approach of staff when delivering personal care. One person told us, "The staff are very respectful. At first, I was not sure how I would feel about staff helping me with personal care, but it was fine. The staff make me feel comfortable and are very respectful when I need help." During the inspection, we found staff respected people's privacy and dignity, closing bedroom doors when providing personal care and giving people personal space when using the toilet. One member of staff told us, "I enjoy my work and as long as the residents are happy then I am happy. Being respectful is a big part of being a care professional. I think all staff respect people's dignity."

We found people were confident in approaching staff if they required assistance. They were familiar with the staff that were providing support and called them by their first names. We heard banter and laughter throughout our visit although it was evident staff did not always have time to chat with people. One person told us, "They do a grand job, but they are so busy. They never have any time to sit and have a cuppa and a chat."

People's religious beliefs had been taken into consideration and requirements were clearly detailed in their

care records. For example, one person had a dementia. It was detailed in their spiritual care plan that they should be reminded to 'say their prayers every night' and 'ensure [person's name] puts on their crucifix every morning when being assisted to dress.' We noted this person was wearing their crucifix on both days of inspection.

Care records evidence people's end of life wishes had been discussed and recorded. These records detailed people's preferences in relation to where they wished to remain during end of life, funeral arrangements and involvement of relatives and friends.

The clinical lead told us that, at the time of the inspection, there was no one receiving end of life support. However, they were able to detail action they would take to support a person if end of life care was needed. They said, "We would arrange a meeting with the person, their relatives and any other professionals involved in their care to discuss their wishes further. I would also ensure the GP was actively involved so we could have access to anticipatory drugs when needed." Anticipatory drugs are medicines that are made available to people at the end stages of life so symptoms can be controlled in people's final days. They also explained how accommodation could be provided to relatives and, if a person had no relatives, then a member of staff would support the person to ensure they were not alone.

Some people had 'do not attempt cardiopulmonary resuscitation' orders (DNACPR) in place and these were contained within the care files. All staff were aware of who had a DNACPR in place and where these were stored. DNACPR's evidenced that people and relatives had been involved in making the decision to have these orders in place.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found some areas of the service required improvements to become responsive.

We asked people about the activities on offer at the service. One visiting relative told us, "I am not 100% happy with the care because of the lack of stimulation. My [relative] is not old and there is no stimulation for them. There is no encouragement for them to do anything." Another person told us, "We don't really do any activities at all. I enjoy reading and there is a lovely member of staff who goes out of her way to bring me books in, but that is about it."

There was an activities coordinator employed by the service who spent their time providing nail care and taking people for short walks in the community. We asked the registered manager if an activities weekly plan was available to show what activities were on offer. They told us planned activities did not take place. They said, "Because this is a nursing home, people generally do not want to participate in activities. When we had planned activities in the past, no one wanted to join in so we haven't had any for a while now. The activities coordinator spends most of their time providing one to one support."

We observed people sat in communal areas with no stimulation other than a television, which was on in the lounge area. One person had their own hand held tablet which they were using independently throughout the inspection. Another person was sat reading a magazine, whilst many other people were left without interaction for long periods of time.

Activities records were poor and we saw some people had not received any one to one support or participated in any activities for a number of weeks. For example, one person's activity record documented that in August 2017 they had visited a sensory room. The next entry in the activities record was in October 2017. Another person's record showed the only activity they had participated in from April 2017 to September 2017 was 'nail care'.

We discussed the lack of activities and stimulation available for people with the registered manager and the importance of providing stimulation and the opportunity for people to participate in their areas of interest or hobbies. They told us they had identified that activities was an area of the service that required improvement. They told us they would arrange a residents meeting to discuss activities moving forward.

We recommend that the service seek advice and guidance from a reputable source, about suitable activities and stimulation for people.

Care records began with a pre-admission assessment, which had been completed before the person moved to the service. This showed us the provider ensured they could meet people's care needs before they moved to the service and looked at areas including medical history, mobility, skin condition and communication needs.

Care plans were person-centred and focused on the support needs of the individual. For example, one care plan detailed how a person wished to be supported to bathe, what they could manage independently and what they wished staff to assist with. Background information had also been recorded and was documented in a 'life history' record. Information included previous occupation, marital status, family, hobbies and interests and what was important to the person.

We found there was little evidence to document who had been involved in the development of the care plans. Most people we spoke with were aware of the care plans that were in place and told us they had been involved in making decisions about their care. One person said, "I know I have a care plan and they ask me questions about my care." However, two relatives we spoke with told us they had not been involved in the development of care plans and said they were not sure of the content.

We discussed this with the clinical lead who told us, "We always include relatives in care planning. That is how we get person centred information and information about people's life history. They maybe do not understand this is part of the care planning process as it is done as a general discussion not a formal meeting as such. We will make this clear to relatives moving forward."

Care plans had been reviewed on a monthly basis and updated if needed. The clinical lead told us, "Care plans will usually be evaluated on a monthly basis or as and when required if people's health had deteriorated."

The provider had a complaints policy and procedure in place. The procedure provided people with details about who to contact should they wish to make a complaint and timescales for actions. We looked at the records of complaints and could see there had been no complaints raised in the past 12 months.

People we spoke with told us they would be confident in raising a complaint and knew who to speak to. One person said, "I would speak to the clinical lead or manager. I suppose I could speak to any staff really and I think they would sort it out for me," Another person told us, "I guess I would speak to my family and then let them deal with it. I don't have anything to complain about to be honest."

The service had received a number of compliments in the past 12 months. Comments included, "Thank you for all your kindness", "Thank you for the compassion and consideration you showed us as a family at a very difficult time" and "You gave amazing care and we will be forever in your debt."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found some areas of the service required improvements to become well-led.

The manager had registered with CQC in May 2016. Prior to this, they had many years' experience working as a manager of a service for people with learning disabilities. This was their first post within a nursing home. They are not a registered nurse so were supported by a clinical lead who had the relevant qualifications and who took the lead with regards to clinical practice.

The registered manager completed monthly audits to monitor the service. However, we found example's where the registered manager's quality assurance systems had not been effective in recognising and rectifying issues. For example, the monthly medication audit did not identify that staff had not had their competencies assessed on a regular basis. Where concerns had been identified through audits, it was not clear whether appropriate action had been taken, as actions were not recorded. For example, a maintenance audit completed in August 2017 recorded one bedroom required a new door closure. There was no action plan developed so it was not clear if this action had been completed.

We found that care plan audits were completed on a regular basis. However, although concerns were identified, there were no action plans developed or timescales to indicate when and who needed to complete the actions.

Although the registered manager was aware staff training was not up-to-date, no action had been taken to address this. There were also gaps in some recruitment records which had not been identified via the recruitment checklist at the front of staff files.

Feedback from people had been sought through satisfaction surveys which had been distributed in July and August 2017. Feedback was positive, but some people raised issues with the food and lack of activities taking place. The registered manager told us an action plan was to be developed. However, this had not yet been completed and the registered manager had failed to act and respond to people's feedback to improve the service provided. We discussed the importance of developing an action plan in a timely manner and ensuring people's views were listened to.

We viewed an 'end of year improvement plan,' which had been developed by the registered manager in January 2017. Although some areas of the plan had been addressed, such as re-decoration and new carpets, other areas had not been actioned. For example, it was noted that the frequency of staff supervisions needed to improve with the aim of staff attending six supervisions spread throughout the year. It was clear from supervisions records this had not taken place.

We asked the registered manager what support they received from the provider. They told us the provider visited the service at least twice a month and that these visits were recorded. We looked at these records and found they contained very basic information and evidenced the provider did not have robust audits in

place. For example, there was a section within the audit which was titled 'inspection of records'. In April 2017 the provider recorded they had looked at 'care plans and medicines records', but no other information was recorded and no concerns had been found, despite competency assessments not taking place. Records from January 2017 to September 2017 recorded the provider had spoken to the same two people on each visit to ask them their views of the service. This did not demonstrate a robust or rigorous approach to gathering feedback about the service provided.

We discussed the lack of information recorded in the provider audits with the registered manager. They told us, "[The provider] is very supportive and is happy to fund any improvements that are required."

Systems or processes to ensure good governance had not been established or operated effectively. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with were aware of who the registered manager was and spoke positively about their approach. One person told us, "The manager is always around keeping an eye on things so I suppose that is good." Another person said, "I think things have changed for the better since [registered manager] came here." It was clear, throughout the inspection that the registered manager had a visible presence at the service and people were confident in approaching them.

Staff spoke positively about the support they received from the registered manager. Comments included, "[Registered manager] is a good manager. I think they manage issues very well and I would say there is an open door policy", "[Registered manager] listens" and "If we are unhappy about something then [registered manager] will do their best to try and sort it for us. I cannot grumble really."

Although there was a lack of one to one supervisions being provided, staff told us they were able to share concerns at any time and felt supported. One member of staff told us, "We have regular staff meetings and we discuss a lot of things. [Registered manager] is open to new ideas and our suggestions are listened to." We looked at the records of staff meetings and could see these had taken place on a regular basis.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes to ensure good governance had not been established or operated effectively. 17(1) (2)(a)(d)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensure staff received appropriate support, training and supervision necessary to enable them to carry out the duties they are employed to perform. 18(2)(a)(b)