

Barchester Healthcare Homes Limited

Corrina Lodge

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

Summary of findings

Overall summary

This unannounced inspection took place on 2 August 2017.

Corrina Lodge provides nursing and personal care for up to 58 people. There were 57 people living at the service at the time of the inspection. People were living with a range of complex health care needs. This included people who have had a stroke, diabetes and Parkinson's disease. Some people had a degree of memory loss associated with their age and physical health conditions. Most people required a variety of help and support from staff in relation to their health, mobility and personal care needs. Accommodation was provided over two floors with a passenger lift that provided level access to all parts of the home.

There was a registered manager in post who was present during the inspection. 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 and associated Regulations about how the service is run.

During the inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient staff were not deployed to meet people's needs in a timely manner. People routinely needed to wait for their personal care needs to be met in the morning and we observed people spent considerable time without staff interaction. Staff did not consistently receive training updates and supervision records did not reflect that concerns regarding staff performance were followed up on.

Quality assurance processes were not always effective in ensuring continuous improvements. Where auditing processes identified shortfalls in the service, these were not always addressed in a timely manner. Records regarding the care people received were repetitive and task focussed. Although staff knew people's needs well, care plans did not always reflect people's current needs and preferences.

Care records contained up to date risk management plans which contained guidance for staff regarding how to support people in managing risks to their safety. Accidents and incidents were reported and action taken to update risk management strategies where required. Staff were aware of their responsibilities in safeguarding people from abuse and concerns were appropriately reported. Robust recruitment processes were in place to ensure staff employed were suitable to work at the service. The provider had developed a contingency plan which detailed the arrangements in place should an emergency occur.

People received their medicines in line with their prescriptions. Medicine administration records were accurate and consistently completed. People received support to access healthcare professionals and where advice was provided this was followed. People had a choice of foods and their nutritional and hydration needs were monitored. People told us they enjoyed the food provided and were able to request alternatives.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. People were provided with choices and their wishes were respected. People were supported by staff who knew them well and understood their needs and preferences. Staff encouraged people to develop and maintain their independence. People told us that staff treated them with kindness and people's dignity and privacy were respected.

People received support in line with their needs and staff responded to people's changing in needs in a timely manner. People had access to a range of activities both within the service and in the community.

People, relatives and staff told us that the registered manager was approachable and responded well to suggestions and any concerns raised. There was a complaints policy in place and any concerns raised were responded to and monitored. The registered manager was committed to creating an open culture with the service and staff told us they were encouraged to work as a team. People had the opportunity to contribute to the running of the service and felt their views were listened to.

We last inspected Corrina Lodge on the 22 and 23 June 2015 were no concerns were identified.

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.

Sufficient staff were not deployed to meet people's needs in a timely manner.

Risks to people's safety were identified and control measures implemented.

Staff completed a thorough recruitment process to ensure suitable staff were employed.

Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People did not receive support from staff who were appropriately trained and whose practices were appraised.

Staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People had a choice of food and nutritional needs were monitored.

People had access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People told us that staff treated them with kindness.

People's privacy and dignity were respected.

People were supported to maintain their independence

Visitors were welcomed to the service.

Is the service responsive?

Good 

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available to people and their views listened to.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Quality assurance systems were not always effective in identifying where improvements were required.

Records did not always reflect people's up to date needs.

People, relatives and staff were involved in the development of the service.

The registered manager was working alongside staff and there was a positive culture in the service.

Staff told us the registered manager was approachable and that they felt supported.

Corrina Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 02 August 2017 and was unannounced. The inspection was carried out by two inspectors, a nurse specialist and an expert by experience. The nurse advisor specialised in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed records held by the Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

As part of our inspection we spoke with ten people who lived at Corrina Lodge and observed the care and support provided to them. We spoke with eleven relatives, six staff, two healthcare professionals, the manager and a member of the senior leadership team for the provider. We also reviewed a variety of documents which included the care plans for nine people, five staff files, medicines records and various other documentation relevant to the management of the service.

Is the service safe?

Our findings

People and their relatives told us that they felt safe living at Corrina Lodge although some expressed concern regarding staffing levels within the service. One person told us, "I feel safe here, occasionally there's not enough staff, it's getting better in the day time." One relative told us, "The staff are run ragged, I've only noticed since last year, since Mums needs have increased. It's brought to light the lack of staff." Another relative said, "He's safe in the sense everyone does their best but there's not enough staff sometimes, he's quite isolated." A third relative told us, "She has always been told it's 5 star and now she's not getting the 5 star treatment due to lack of staff."

Sufficient staff were not deployed in order to meet people's needs. During the inspection we observed that people were still being supported with their morning personal care at midday. Staff told us this was the normal routine for the service. One staff member told us, "It's normally about 12:30pm when we finish care. If the ratio of staff were different we would have more time to spend talking to residents." Another staff member said, "It's a heavy job and we're always rushing. It would be good to have an extra pair of hands to answer call bells, give drinks and check on people. We get things done but it's always a rush, especially in the mornings. We don't really get time to chat to people."

During the morning of the inspection we observed people sat in downstairs communal areas and their bedrooms received support with personal care and drinks. However, outside of this staff did not spend time with people. We spent 45 minutes sat with three people in the downstairs lounge area. No staff members were present during this time. One person asked us if we knew where the staff were as they were wondering if the morning tea would be served soon. We tried for five minutes to find a staff member to support the person but could find no staff available. A staff member arrived with drinks ten minutes later. We reviewed call bell response times for the previous three days which indicated how long people had needed to wait for their call bell to be responded to. Whilst the majority of call bells were answered within five minutes we noted that three people had waited for between ten and fifteen minutes for their call to be answered. On the day of the inspection six people went out for a day trip. The registered manager told us that additional staffing levels had been provided for the excursion so the number of staff remaining on duty at the service was not affected. This did not therefore have an impact on our observations regarding staffing levels not being sufficient to meet people's needs.

We spoke to the manager and area manager about staffing levels within the service. They told us that a dependency tool was used to assess the staffing levels required and that apart from occasional last minute sickness, these numbers were consistently met. Following our feedback they told us they would monitor the staffing levels and speak to people, relatives and staff to gain their feedback.

Failing to ensure that sufficient numbers of staff were deployed in the service was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate recruitment checks were undertaken before staff began work. We looked at staff files containing recruitment information for five staff members. Records showed criminal records checks had been

undertaken with the Disclosure and Barring Service (DBS). There were also copies of other relevant documentation including full employment histories, professional and character references, interview notes and immigration status information in staff files. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with people living at Corrina Lodge.

People were protected from the risk of harm or abuse as staff understood their responsibilities in keeping people safe. Staff had completed safeguarding training and were able to describe the possible types of abuse people may experience, signs to be aware of and reporting procedures. One staff member told us, "If I was concerned about anyone I would make sure they were okay and then speak to the manager or clinical lead. I have details of the whistle-blowing line and could speak to the police if needed. Another staff member said, "I could whistle blow to Social Services if the manager wouldn't act, but I know they would". The provider had clear policies and procedures in place relating to safeguarding adults which were accessible to staff. Records showed that appropriate referrals to the local safeguarding team were made when required.

Risks to people's safety were identified and assessed. Where required, guidance was available to staff to help mitigate these risks and keep people safe. Risk assessments were completed in areas including falls, mobility, skin integrity and malnutrition. Where people had been assessed as being at high risk of their skin breaking down appropriate pressure relieving equipment was in place and checked daily. Where required people were supported to change their position at regular intervals and detailed records of this were maintained. Guidance was available to staff on managing individual risks to people such as epilepsy and diabetes. These included the signs staff should look for that people may become unwell and the action they should take to keep people safe. Staff we spoke to were knowledgeable about the risks to people and the measures in place to protect them.

Accidents and incidents were monitored by the registered manager and action taken to minimise the risk of them happening again. Records showed that one person had experienced a number of falls. A medicines review had been completed and staff had closely monitored the person's blood pressure to identify any health concerns which may be leading to them falling. Additional staff support had also been put in place to support the person to mobilise. Since these changes the person had not experienced any falls. The registered manager also regularly completed a trends analysis in order to identify common themes in accidents and incidents, such as time, place and individuals particularly at risk.

Safe medicines management systems were in place. All medicines were stored securely in locked cabinets and clear records were kept. A medicines administration chart (MAR) was in place for each person which highlighted any allergies. MAR charts were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN) and pain charts were completed for each person to guide staff on when people may require PRN pain relief. Regular medicine audits were carried out by senior staff and an annual audit was completed by a visiting pharmacist. We observed that any concerns identified were addressed promptly. The registered manager completed regular competency checks for all staff responsible for administering medicines. This helped to ensure people received their medicines safely.

Relevant health and safety and fire systems checks were completed to ensure the building was safe. Each person had a personal emergency evacuation plan to guide staff on the support they would require should they need to leave the building in an emergency. A Business Continuity Plan was in place, which was up to date and accessible. It contained detailed and relevant information concerning the safe management of adverse events such as fire, flood, staff shortages and power cuts. These included emergency contact numbers and alternative accommodation arrangements. This meant that people would continue to receive their care in the event of an emergency.

Is the service effective?

Our findings

Staff told us they felt supported in their role and received regular supervision and appraisals. They told us they were able to raise concerns day to day rather than waiting for supervision. However, records showed that whilst supervisions were taking place records were not fully maintained and concerns identified were not followed up on. One staff member's records reflected that in June 2017 concerns had been identified regarding their ability to listen and understand information. There was no evidence available to show that this concern had been addressed or what additional support had been put in place for the staff member concerned.

Supervision records were completed on a tick box form and did not give the opportunity to show how the staff member had been involved or what discussions had taken place regarding their performance. The registered manager told us the form was in two parts with space to record discussions on the second part of the form. However, we found for the majority of staff this had not been completed. Nursing staff did not receive clinical supervision to support them in their professional development. A senior staff member told us that clinical supervisions were not currently taking place. They said that following recent recruitment of several nurses they were looking to introduce clinical supervisions along with reflective learning sessions.

Staff training was not regularly updated for all staff. Training records showed a compliance rate with completing training of 79%. This meant that not all staff had regularly updated their training in line with the provider's policy. The registered manager told us that this mainly related to staff completing their e-learning training on line. They had provided reminders to staff who were required to complete this and were aware that compliance levels were increasing.

The lack of consistent staff supervision, clinical supervision and updated training meant there was a risk that people may not receive their care from competent and skilled staff.

Failing to ensure staff received effective training and supervision to support them in their role is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the training they received was useful to them. Training available to staff included safeguarding, moving and handling, health and safety, infection control and first aid. One staff member told us, "I complete all my mandatory training yearly. New things come along and you can't always remember every detail so having refreshers is useful." Records confirmed that new staff received an induction which was in line with the Care Certificate, before working unsupervised. One staff member told us, "My mandatory training was all done before I started work. I shadowed (an experienced staff member) for three days before being part of the rota."

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

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's legal rights were protected as systems were in place to ensure the principles of the MCA were followed. Where appropriate, capacity assessments had been completed in relation to specific decisions. Decisions included people being unable to leave the building without supervision, the use of bed rails and administration of covert medicines. Where assessments showed that people did not have capacity to make specific decisions best interest records were maintained which evidenced decisions were made with involvement from relevant family members and healthcare professionals. The registered manager had submitted DoLS applications to the local authority relating to any restrictions in place. DoLS applications contained sufficient detail to support the application and staff continued to provide care to people in the least restrictive way.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. We spoke with two visiting professionals who told us they were satisfied that staff were competent and well informed about the health needs of the people they were caring for. They told us people had been referred to them appropriately and staff followed any advice or guidance given. Care records were updated following health appointments and information regarding changes in people's care was shared with staff through the handover process. Relatives told us they were regularly updated on any health concerns or appointments. One relative told us, "If I'm not due in they will always phone and let me know. They're very good like that."

People told us they enjoyed the food provided and were offered choices. One person told us, "The food is so good, I'll tell you what it's delicious." Another person told us, "I'm given a choice of food, even a full breakfast, it's very good." We observed people received their meal from attentive staff and choices were offered. Staff were aware of people's needs and offered support and prompting to people where required. People who preferred to eat in their room received their meal at the same time as those sat in the dining area. Kitchen and serving staff had information relating to those people requiring special diets or who needed their food to be of a modified consistency such as pureed. People were offered drinks throughout the day and snacks were always available in communal areas. Staff ensured people were weighed regularly and any significant changes were reported to healthcare professionals to ensure risks were minimised.

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness by staff and their dignity was respected. Comments included, "The staff are exceptionally kind and compassionate.", "Staff are all kind and caring, one or two are still learning the ropes but they're getting there.", "Our Mother is treated with such dignity, even walking around they say 'Hello (name)' and have a little chat." And, "The Manager herself is outstanding, she herself went to collect my prescription out of hours, she's a good example to them all."

Staff treated people with care and respect. We observed staff approached people in a kind manner, sitting next to them when speaking and using gentle touch to reassure people. Staff noted one person appeared uncomfortable in their wheelchair when they had fallen asleep in the lounge area. They gently rubbed the person's arm to rouse them and helped them to change their position. When passing people in the corridor staff were seen to enquire how they were and showed a genuine interest in people's well-being.

People's dignity was respected. When entering people's rooms staff knocked on people's doors and alerted people to who they were before entering. One staff member told us, "I knock on doors before going in anyone's room. I always tell people why I'm there and ask if it's okay. It's their room and their privacy." Staff ensured that doors and curtains were closed when supporting people with their personal care. One staff member told us, "I wouldn't leave someone sat completely naked. I'd cover them with a towel and wash one area at a time. You treat people with the respect you'd want for your family."

People were supported by staff who knew them well. Staff we spoke with were able to describe people's personal histories and tell us how they preferred their support to be provided. One person chose to spend the majority of their time in their room. Staff were aware of which staff members the person preferred to support them and were able to tell us the types of music and television programmes the person enjoyed. Another person responded better to staff if they were approached them in a particular manner. We observed that staff followed this guidance and the person responded well. Staff were aware of people's family connections and used this information when communicating with people. One staff member approached a person and said, "Congratulations, I hear it's your wedding anniversary. Your family will be coming in later."

People were supported to maintain their independence. We observed where people were able to mobilise independently staff encouraged them to do so. Suitable equipment was provided to people to enable them to move around the service using their wheelchairs. Where people required adapted crockery and cutlery to support them in eating independently this was provided.

People were involved in making decisions regarding their care. Care records contained evidence of people and their relatives being involved in reviews of their care. We viewed one person's records who was living with a health condition which had a significant impact on their well-being. The service had ensured that the person had been referred to relevant healthcare professionals in order for them to have up to date information regarding the treatment options available. This meant the person had been able to make informed decisions regarding their care going forward.

People and their relatives told us they were made to feel welcome and there were no restrictions on visiting times. One person told us, "There's no restriction on visiting, they come anytime." One relative told us, "We visit anytime; it's always welcoming, very." Another relative said, "I was in here 7.30am last week, it was no problem at all, I got the same friendly welcome." We observed there were many relatives visiting during the inspection and staff were welcoming and accommodating.

Is the service responsive?

Our findings

People and their relatives told that the service responded well to their needs and that the activities offered were varied. One person told us, "The staff are on the ball. I get all the help I need." Another person said, "They encourage hobbies and interests. They are always doing something, I don't know where the time goes." A third person told us, "I've only stayed in my room today because I felt like it. They give you a list of activities, there's loads to do." One relative told us, "The Manager was keen to help our son get out and about, she realised he had this need, she is so supportive and encouraging and really involves us."

People had access to a range of activities which reflected their individual interests. There was a dedicated team of activity staff employed who supported activities every day. On the day of our inspection we observed a group of people went out for the day for a boat trip on the Thames. People told us that day trips were a regular event and they enjoyed this. In addition, an activity programme was in place which highlighted activities including Bingo, exercises, book reading, pamper sessions and one to one sessions for people who chose to spend their time in their rooms. A number of guest entertainers visited the service on a regular basis and people told us they enjoyed this. During the afternoon of the inspection a large number of people participated in an 'ageless golf' session with an external entertainer. People were very engaged in this activity and staff supported people to join in. One person took responsibility for compiling a league table of results which also included results from competing care homes in the area. Activity records were detailed and included evidence that people who chose to spend time in their rooms received one to one support from activity staff.

People were supported by staff who knew their needs well. Staff we spoke with were knowledgeable about people's specific needs and we observed support was offered in line with people's preferences. One person's records showed they had a very specific night time routine and preferred to sleep in their chair. Healthcare professionals had been involved in the person's care planning and a routine developed to reduce the risks of the person developing pressure areas. Staff were aware of these concerns and supported the person appropriately with their care. Staff knew that another person was at risk of isolating themselves and encouraged them to join other people in the dining room for their lunch. Staff understood that the person preferred not to eat their lunch immediately and gave them time and space to eat at their own pace. Staff interacted nicely with the person but did not mention eating their lunch as they were aware this would further delay the person starting to eat.

Relatives told us they were updated when their family member's care needs changed or if they were unwell. One relative told us, "They're actually very good, they always ring if Mum snags her skin for example or if anything changes." Another relative said, "It's good to know they keep an eye on everything and let us know if anything happens. It makes me rest easy." Care records contained evidence that people were involved in regular reviews of their care were and relatives were involved where appropriate. However, some relatives told us they would prefer to be more involved in the care planning process. One relative said, "In 18 months we've never had a care plan. There have been lots of promises but we've never seen it." Another relative told us, "This manager is very responsive. There is a care plan but I've not seen it, a long time ago I was told I had to apply for it so I didn't pursue it." We spoke to the registered manager about this who informed us that

they would discuss these issues with the relatives concerned.

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were displayed at the entrance to the service. People told us they would speak with the manager if they had any concerns. One person told us, "The woman in charge is open to anything you say, she asks if you're alright and if you have any complaints." One relative told us, "If we have a complaint we can go straight to the Manager." Records showed the service responded to concerns and complaints in accordance with their own policy and procedure. The registered manager monitored all complaints to ensure that lessons were learnt and to minimise the risk of reoccurrence. There were no outstanding concerns or complaints at the time of the inspection.

Is the service well-led?

Our findings

People and their relatives told us they felt the service was managed well. One person told us, "The Manager is particularly compassionate and she teaches by example." One relative told us, "The Manager is a people person, my Mum always talks about her, she always has time, she always explains things to me. The level of care is excellent." Another relative said, "She's the first Manager to listen and makes suggestions to improve, she's very approachable and she'll let you go in anytime to speak to her."

Despite these comments we found concerns regarding effective quality monitoring of the service. . Systems were in place to monitor the quality of the service provided although areas found to require improvement were not always addressed. The registered manager completed a number of monthly audits to check the effectiveness of the service provided. These included audits of care plans, nutrition plans, pressure care, hospital admissions, accidents and incidents and complaints. In addition a quarterly provider audit was completed by a senior manager. Records showed that concerns had been raised following the last provider audit completed in May 2017 regarding staff training, care plans being updated and staff receiving regular supervision. However, during the inspection we found these areas had not been addressed. The concerns highlighted regarding the staffing levels within the service had not been identified by the registered manager or within provider audits. Following the inspection the registered manager told us that people, relatives and staff had the opportunity to give feedback on staffing levels within the service during resident and staff meeting. However, our finding during the inspection showed that this had not been effective in highlighting concerns.

Although staff were knowledgeable about people's needs and preferences, records were not consistently updated to reflect people's current care needs. We viewed one person's records whose personal circumstances had changed considerably during the past few months. Staff were able to describe to us in detail how the person had been supported during this time. However, this was not reflected in the person's care records. The person's care plan contained out of date contact details and did not reflect the change in circumstances or the impact this had had on their life. Daily notes were maintained regarding the care people received. However, we found that daily notes were repetitive and did not reflect individualised care was being provided.

The lack of effective quality monitoring and accurate record keeping was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported by the registered manager. One staff member said, "If I have any concerns I would discuss it and I've no doubt the manager would sort it out. We all work as a team and help each other." Another staff member told us, "Managers have come and gone since I started here. (Registered manager) is the best one. She's always around and approachable. There's an open door policy." Regular staff meetings were held within the service and included discussions regarding routines within the service, feedback from residents and relatives and reminders to staff regarding responsibilities. Staff told us they felt involved in the meetings and had the opportunity to contribute. One staff member said, "It's a good place to get things off your chest if you need to. Even small things like I mentioned having a second laundry trolley to

make things easier. The manager ordered one and it saves us time."

There was a positive culture within the service and staff told us they were encouraged to work as a team. One staff member said, "The best thing about working here is the people I work with. It's such a team environment and we all work together and help each other out." We observed this was the case during our inspection. Staff communicated well and offered support to colleagues when required. Staff were positive about their role and the way they engaged with people and their families. The registered manager told us, "I make the expectations of staff clear to them. We have to work together and embrace our job. I communicate with staff and have introduced heads of department meetings so we are all aware of our responsibilities."

People and their relatives were encouraged to contribute to the running of the service. Regular resident and relatives meetings were held to gain people's views. Areas discussed included activities, food, housekeeping, catering and maintenance. Where people had made requests or suggestions we saw that these had been implemented. Records showed that people had requested a trophy cabinet be purchased to accommodate the virtual golf trophies and that a tablet device would be useful in supporting people to access the internet. We observed that both items had been purchased and were being successfully used. When recruiting a new head chef for the service people were asked to support the manager with the interview process to ensure their views were represented. The registered manager told us they felt the views of the people living at Corrina Lodge should be a priority. They told us, "I make sure my presence is around the building and people and their relatives know me. I have moved the meeting schedule so I have the staff meeting after the residents meeting. This way I can make sure that information from the residents is shared with staff."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure effective quality monitoring and accurate record keeping was maintained throughout the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	<p>The provider had failed to ensure that sufficient numbers of staff were deployed in the service.</p> <p>The provider had failed to ensure staff received effective training and supervision to support them in their role.</p>