Samalodge Limited

# Anita Jane's Lodge

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

The inspection took place on 29 December 2016 and 3 January 2017. The visit was unannounced.

Anita Janes Lodge is a residential home which provides care to people with mental health needs. It is registered to provide care for up to 16 people. At the time of our inspection visit there were 11 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was responsible for the management of two homes. There was also support manager in post to manage the day-to-day running of the service.

People using the service we spoke with said they thought the home was safe. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area. People's risk assessments had provided staff with information of how to support people safely. People using the service told us they thought medicines were given safely and on time. Staff had been subject to checks to ensure they were appropriate to work with the people who used the service.

Staff had been trained, in the main, to ensure they had skills and knowledge to meet people's needs. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives. People had plenty to eat and drink and everyone told us they liked the food provided. People's health care needs had been protected by referral to health care professionals when necessary.

People told us they liked the staff and got on very well with them, and we saw examples of staff working with people in a supportive and caring way. People and their representatives were involved in making decisions about care, treatment and support.

Care plans were individual to the people using the service and usually covered their health and social care needs. There were not sufficient numbers of staff to ensure that people's needs could be responded to in good time, though this was later rectified by the registered manager. Activities were in place to provide some stimulation for people and people took part in activities in their chosen community activities.

People told us they would tell staff if they had any concerns and were confident that proper action would be taken. People and staff were satisfied with how the home was run by the registered manager and the management team. Management carried out audits to check that the home was running properly to meet people's needs, though not all essential systems had been audited.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People told us said that they were safe living in the service. Risk assessments contained enough detail to protect people's safety. Staff recruitment checks were in place to protect people from unsuitable staff. Staff knew how to report any suspected abuse to their management, and staff knew how to contact relevant agencies if abuse occurred. Medicine had been supplied to people as prescribed for them.

### Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to meet people's needs, though more training was needed to provide fully comprehensive training to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People had plenty to eat and drink and told us they liked the food served. There was positive collaboration with and referral to health services.

### Is the service caring?

Good

The service was caring.

People told us that staff were friendly and caring. We found this to be the case in the conversations we heard between people and staff. Staff protected people's rights to dignity, choice and privacy. People had been involved in planning and deciding what care they needed.

### Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Activities based on people's preferences and choices were available to them. People told us that management listened to and acted on their comments and concerns.

## Is the service well-led?

Requires Improvement

The service was not consistently well led.

Some systems had been audited in order to provide a quality service, though not all issues identified had been followed up. People told us that management listened to and acted on their comments and concerns. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs.

# Anita Jane's 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.

This inspection took place on 29 December 2016 and 3 January 2017. The inspection was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of people with mental health needs.

Before the inspection visit we looked at our own systems to see if we had received any concerns or compliments about Anita Janes Lodge. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home. We spoke with commissioning staff from the local authority who told us that for the last quality monitoring visit they had carried out, they found the provider was operating effectively.

The provider is required to send us a Provider Information Return (PIR). This allows the provider to provide some key information about the service, what the service does well and improvements they plan to make. We took that information into account when judging whether the service met people's needs.

During the inspection we spoke with eight people who used the service, five relatives, the registered manager, the care manager and four care workers.

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living in the home. A relative told us, "I am sure he is safe here." Relatives said the registered manager had made some welcomed improvements to security as they had introduced a key code lock to the doors and a signing in book so that access to the building was controlled and a record of people who visited the building was kept.

We observed how that people who presented challenges to the service were managed by staff. Staff would give them their space and let them calm on their own accord. Staff would intervene if there was sign of anyone in danger of being harmed. This protected the safety of people living in the service, as incidents did not escalate.

We saw that people's care and support had been planned and delivered in a way that had, in the main, ensured their safety and welfare. Care records identified risks to the person. Risk assessments provided detailed information for staff to manage the risk.

For example, one person was assessed as having behaviour that challenged the service. The risk assessment included information about how to manage the behaviour such as diverting the person's attention and making them a hot drink. We saw that the person was able to go out with staff on a regular basis to provide more activity for them, and they received one-to-one personal care for activities on a daily basis.

Staff told us how they would keep people safe. For example, to verbally deescalate situations by speaking calmly to the person and to make frequent checks to see that people were safe. Also, to advise a person to use another route through the service that did not go past the bedroom door of another person they were frequently in conflict with. We also saw action that kept people safe such as search as staff checking on a person to ensure their safety and the safety of other people living in the service.

We checked the monies of some people. We found the money kept on behalf of people tallied with records. Receipts and balances were recorded. Two staff signed every transaction so that the other staff could check the transaction had been correct. Both staff and people signed for each transaction, so as to ensure that people's money had been safely protected.

During the visit inspection we saw, in the main, no environmental hazards to put people's safety at risk from, for example, tripping and falling. The cupboard containing kitchen knives was secure which did not allow free access to potentially risky dangerous equipment. Emergency procedures regarding essential services such as electricity, gas and water were in place for staff to refer to. The homes water supply had been checked to ensure there had been no risk of Legionella. Risk assessments were in place with regards to managing risks in the environment such as trip hazards and protection from potentially harmful substances. Electrical appliances had been tested to ensure they were safe to use. We saw the lighting in the front lounge was very dim and cast shadows, which was a risk to people if they could not see where they were walking. This caused a potential risk of tripping for people. The registered manager said this would be reviewed and additional lighting installed.

Fire records showed that regular fire drills had taken place. A fire risk
assessment was in place. Fire equipment had been serviced such as fire extinguishers. There was regular testing of emergency lighting and fire bells. Regular fire drills had taken place to ensure staff knew what to do in case of fire. People had individual emergency evacuation plans in place, so that people's needs during an evacuation were highlighted to ensure safe evacuation in case of fire.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had usually been made with previous relevant persons and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character. We saw that a staff member had declared they had a previous record. There was a risk assessment in place to indicate whether there was a risk to the welfare of people living in the home and what action had been put in place to ensure people's safety.

Staff told us they believed there were sufficient staff on duty to ensure that people were safe. People also told us that staffing levels were enough to keep them safe and the relatives we spoke with also agreed this was the case. We saw there was one staff member on night duty. There was evidence that in the event of any issues arising at night, the staff member person was able to contact on duty staff, who were nearby and available to respond within a short time.

A procedure was in place which indicated that when a safeguarding incident occurred, staff were aware of the need to report this to the management of the service and report onto other appropriate authorities.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "I would not ignore this. I would report it to people outside the home, like social services." The provider's safeguarding (protecting people from abuse) policy set out the roles of the local authority in safeguarding investigations. The whistleblowing procedure set out detailed information for staff to follow if they did not feel confident that the management of the service would take the matter further, by contacting relevant agencies directly such as the local authority, police or CQC.

A person told us how they their received their medicine in a timely manner. A system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and only administered by staff trained and assessed as being able to do this safely. We saw people being supplied with their medicines. A drink was also supplied to make it easier for people to be able to take their medicines. Staff also encouraged people to take their medicines and made sure they had taken them before recording that medicines had been supplied.

We looked at the medication administration records for people using the service. These showed that medicines had been given and staff had signed to confirm this.
Information about people's allergies was recorded to ensure medicine that could be a danger to people's health was not supplied to them.

Where a person was prescribed PRN (as needed) medicines, protocols were in place to guide staff as to when people should be offered these medicines. This ensured that medicines were always consistently and safely supplied to people.

Good

# Is the service effective?

## Our findings

The people we spoke with said they received the care and support they needed. A person said, "They signed me up to the local doctor who is much better than my last doctor." Another person told us, "We have an eye test every two years and the dentist comes out every year." A relative told us, "Staff seem to be well trained. They seem to be able to cope with everything."

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "I have had all the training I need to do the job. For example, the diabetes training taught me how to record and act on blood sugar levels."

The staff training matrix showed that staff had training in essential issues such as medicines administration, health and safety and providing care. Some staff had not received training on relevant issues such as epilepsy and diabetes. The registered manager confirmed that this training would be supplied to staff. This will then ensure that staff had all the relevant skills to be able to effectively meet people's needs.

A staff member told us that when she had been employed, there was a lengthy period of shadowing with care staff so that they were able to learn all the aspects of their role. Records indicated that staff were provided with regular supervision to discuss their work performance and training needs. All the staff we spoke with told us there were always opportunities to discuss their needs with the support manager to make sure they provided effective support to 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We saw that staff had received training to be aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. We found that some people had an approved DoLS in place which covered issues such as needing assistance with personal care and medicine. There was evidence in place that all the people living in the home had been assessed for their capacity to make decisions.

We asked staff about how they provided care to people. They said that they talked with them, put them at ease and asked for their consent before supplying personal care. This showed us that they had awareness that they needed to check with people whether they wanted to receive care from staff and this was not forced on them.

All the people we spoke with said they liked the food they were offered. One person said, "The staff here can all cook."

Staff told us that the support manager consulted people on a weekly basis as to what food they wanted for the following week. Staff said that a one person liked noodles and often went out with them to shop for noodles, so they were able to receive food they liked. People told us food was freshly made, which they appreciated. We saw fresh vegetable soup being made by staff, which people appeared to enjoy. A choice of food was made available to people, which was shown then recorded in food records. A range of fresh fruit and vegetables were available for people to eat. People confirmed to us that fruit was always available for people to help themselves to, which helped them follow a healthy diet.

People said that drinks were freely available. We saw people going into the kitchen and making themselves a drink when they wanted. Having the opportunity to have drinks at all times prevented people from suffering from dehydration.

Records indicated that a person's relative supplied food to them that they liked. There was information in place that they had discussed with the person, who had a particular health condition and needed to eat healthier food, and their relative to supply healthier food options such as brown rice.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

People felt that their health needs were met. One person told us that there was always staff support if they needed to go to see health professionals. We saw staff talking with a person about making them an appointment with a GP and then escorting them to the appointment.

A relative told us, "Staff arrange appointments when needed like the chiropodist or the consultant. They get the doctor when he needs [a visit] and they tell me about anything that is important."

Records confirmed people were supported to receive health services, such as hospital appointments, GPs, dentists, opticians. There was a grab sheet in place in people's records which outlined their health needs, if they went to hospital, so that hospital staff were aware of the needs of the person. We saw in a person's care plan that they had attended hospital and the outcome of the treatment was documented in their care plan. Records also recorded indicated that another person had regular blood tests and the community nursing team was always available for advice with regard to seizures the person experienced. Records confirmed that the person had their eyes regularly screened so that their health could be monitored due to their diabetic condition.

A staff member told us that people were referred to the GP if they were unwell. For example, a person appeared to have developed confusion, so a GP appointment was made. An assessment was subsequently carried out, to deal with any possible health issues. A staff member told us that if people needed medical help, staff would contact the local surgery and obtain this. For example, when a person was mistakenly supplied with extra medication, staff contacted the GP for advice and carried out instructions with regard to testing the person's blood and regularly observed them. We also saw in records that staff had called the GP to see a person as they had been continuously coughing.

A medical professional we spoke with also stated that she had noted that staff were friendly and supportive to people living in the service. They told us that staff had followed medical directions given to them and she was impressed by the effectiveness of staff support supplied to the person.

We looked out accident records. We found staff had contacted medical professionals when there had been a health issue, such as a person falling and hurting themselves.

These issues showed people were provided with an effective service to meet their health needs.

Good

# Is the service caring?

## Our findings

People using the service that we spoke with were very positive about staff and how caring they were. One person said, "I'm happy here as I was all alone at home. Here it's like a family; we all look after one another." A relative told us, "Staff are very nice. I have not seen anything that has caused me any concern about the staff." A community nurse told us that staff always appeared friendly and encouraging to people. We also saw that people stated in the residents' surveys that staff treated them with dignity and respect.

We saw that when staff were dealing with people they were considerate. For instance, one person was upset about a personal matter and a staff member took the time to reassure them everything was okay and that they were there to help support them.

All people using the service said that staff respected their privacy and dignity. One person said, "Staff always knock and wait for me to answer before entering."

People felt supported in making their own decisions. They said they would decide when they wanted to drink alcohol, when to go out, what to eat, what to wear. People also told us that they had choices about what they wanted to do such as when to get up and go to bed, they could choose which clothes they wanted to wear, they chose what they did with their day, whether they wanted to take part activities, staying in their bedrooms if they wanted and what food they wanted to eat.

Throughout our inspection we noted that staff demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We saw positive interactions as staff provided support to people and having ordinary everyday conversations and joking with people. They asked people if they were okay and chatted with them when they had time to do so.

The care at the home was set out in the literature of the service. This emphasised respect for people, encouraged independence and respecting privacy. This guided staff to provide a caring service to people.

People told us they had been involved in setting up their care plans and we found evidence in plans that they had signed agreeing to the assessed support to meet their needs. This meant people had a say in the care that they needed.

Staff told us that they respected people's privacy and dignity. They said they always knocked on people's doors before entering their bedroom. One staff member told us, "We have been trained to respect people's dignity and that is what everyone is trying to do." A staff member told us that they a person intended to change their clothes in a communal area. They were encouraged to go to their bedroom to do this instead, which maintained their dignity and privacy. Staff told us that people were called by their preferred names, which maintained their choice and dignity.

We saw that the provider had installed CCTV to view communal areas. The registered manager said this was to protect people's safety. We looked at records and found that people had been consulted about this issue

and had agreed to this installation. However, the majority of staff had been opposed to the installation stating that it made them feel nervous carrying out their jobs, and did not protect people's right to privacy. The registered manager said that the system would be regularly reviewed to ensure that its use was still agreed by people living in the service, to ensure they did not feel their privacy was compromised.

We saw people making themselves drinks. This was confirmed by staff we spoke with who told us that one of the aims of the service was promoting people's independence. Another staff member told us that staff helped people to do their laundry, which again promoted their independence.

We found that staff respected people's religious requirements, as people told us they were able to go to church if they chose. These preferences were recorded in people's care plans. For example, we saw that having space to pray in their bedrooms was important to some people, and this was respected.

These issues showed that staff presented as caring, supportive and friendly to people and respected their rights.

Good

# Is the service responsive?

## Our findings

People told us that staff looked after their care and health needs. Staff displayed an understanding of people's needs and also took the time to understand these needs if it had not been clear what the needs of the person were. For instance, we observed a person who had difficulty in communicating verbally asking for items they had purchased on a shopping trip, which had been locked away in the office. The staff member took the time to work out what they wanted. Also if they required anything else before the staff member finished their shift.

A person told us he had issues with another person living in the service but said staff had worked to create a better way of working things out which had helped reduced this friction.

We saw staff responded to people's needs. For example, we saw that a staff member asked a person if they needed any help in getting a GP appointment as they said they hadn't felt well. This was an instance of staff responding to people's needs.

People told us there were enough staff on duty at all times and staff supported them to go to appointments to see medical professionals such as the GP or nurses. Some staff we spoke with said that they could not spend very much time with people as they had a range of duties including cooking and cleaning. We looked at the staff rota. We found there were three care staff on duty from the morning to the evening period of five days a week. However, at the weekend, this reduced to two staff. This meant that staff had to carry out all duties over the weekend period, which meant they could not spend time with people living in the service. They did not seem any reason as to why staffing numbers should reduce with the same amount of duties. The registered manager said the support manager was available during the week but that the weekend rota would be reviewed. We were informed by the registered manager after the inspection that an additional staff member would be employed to cover the daytime shift at weekends to increase the number of staff available to provide care that responded to people's needs.

We looked at care plans for three people using the service. People's needs had been assessed prior to them moving to the service. Information was available about their needs. This covered relevant issues such as staying healthy, and how to effectively communicate with people. For example, for a person with a poor diet there was information in place to encourage the person to take their medicine, reduce their alcohol use and to help them to control their anger.

There was information about people's past history, their likes and dislikes and their lifestyle preferences. This meant staff had been provided with personalised information about how to respond to people and their individual needs.

The information gained from assessments was used to develop care plans to aim to ensure that people received the care and support they needed and to respond to their emotional needs. Staff told us that the support manager had asked them to read care plans and they were able to tell us important information about people's needs and how to meet them. They said that information about people's changing needs

had always been communicated to them through handovers. However, one staff member was unaware that a person was living with dementia. The registered manager said this issue would be taken up with staff to ensure they had all closely read people's care plans, so that what they were aware of all of people's needs.

A person told us their relative was able to visit regularly and were always welcomed by staff. We saw that people were able to use the office phone freely to contact relatives. This showed that people were supported to maintain contact with people who were important to them.

People said they had activities to do during the week and that they could also make their own arrangements. A relative told us, "I know they take him out more now which gives him something to do."

We saw evidence of people being offered community activities such as shopping, and that activities were discussed in residents regular meetings. There were daily activity charts in place. The activities included things like quizzes, arts and crafts, board games, cooking, reading, music sessions and pampering sessions. Information was in place which indicated that the majority of people had refused to take part in activities that there was no indication whether they have been offered alternative activities of their choice. The registered manager said this issue would be followed up.

People told us they did not think they needed any more activities. They told us about different things they had done and enjoyed, such as having a day trip to the seaside and a trip to another residential home where they attended a summer fair.

People told us they felt confident that they could approach the support manager and issues would be dealt with. We found that people were confident about expressing any concerns or issues they had. One person said "If I've got an issue I just go to the office with it." This indicated that the service was committed to taking action on any issues brought to their attention. We looked at the complaints book. There had been a small number of recorded complaints made in the previous 12 months, which had been properly investigated and a response provided to the complainant. This process meant people were encouraged to express any concerns so they could be properly followed up.

The complaints procedure directed people to complain to CQC if they were not satisfied with the investigation carried out by the service. However, CQC has no legal role in the investigation of complaints. Information about the role of the local government ombudsman was also unclear, if the person was not satisfied with the action taken by the local authority. The registered manager said the procedure would be amended accordingly. The amended procedure was later supplied to us.

We looked at accident records. We saw that staff had ensured people were assessed and received proper medical treatment, if they needed this. There was evidence that staff had worked with the other agencies, such as the police, when a person went missing. This was an instance of staff working with relevant authorities to protect people's welfare.

Requires Improvement

# Is the service well-led?

## Our findings

Management had implemented systems to ensure quality was monitored and assessed within the service. The support manager carried out unannounced spot checks to monitor staff performance. Facilities were checked on a regular basis. There were regular reviews of people's care plans to check whether they were still relevant to people's needs. Accidents and incidents were audited. However, some issues had not been identified. We saw there were broken tiles and damaged paintwork in a ground floor toilet and damaged paintwork in another ground floor toilet and shower. Flooring to the main ground floor lounge was damaged. Some issues have not been addressed. For example, it was noted on the 'maintenance to-do list' dated 7 December 2016, that there were holes in the ground floor shower room. These had not been acted on. The registered manager said these issues would be addressed in the near future.

We saw that bathrooms and toilets were checked every hour. There was a check list on every bathroom and toilet with a staff signature to show it had been checked.
We saw that there were audits in place regarding checking relevant issues such as food hygiene, staffing levels and checking medicines had been properly supplied to people.

By having robust quality assurance systems in place, this would then fully protect the safety and welfare of people living in the service.

Staff understood their roles and what was required of them to deliver a good service to people. One person said, " "Staff here are great! They look after us and do a good job." A relative also said they were happy with the service and had no concerns with staff abilities.

All the people we spoke with knew who the registered manager and support manager were and said they were approachable, helpful and easy to talk with. They said that they thought the home was well managed. A relative told us, "Care is a lot better than what it was. There are a lot more activities now." They said they had always been informed by staff of any relevant information about their family member.

During the visit we observed that the registered manager and staff members were knowledgeable about the people that used the service. They were able to describe the overall culture and attitude of the service to maintain people's rights and help them to become more independent.

The registered manager and support manager had a clear vision about what person centred support meant for people using the service and they ensured that staff were supported to develop skills to be able to meet people's needs. We saw the registered manager and support manager had positive and friendly relationships with people living in the service.

The staff members we spoke with said they were well supported by the management of the service. A staff member told us, "If I have any queries, I can go to (support manager's name) and she will always help you." All the staff we spoke with agreed they could approach the support manager about any concerns they had. One staff member said, "I think there is good teamwork here. Staff try to make sure that people are happy."

Another staff member said, "Things are much better now. There have been big improvements on maintenance and getting things like new furniture in the lounge."

Staff members we spoke with told us that the registered manager and support manager always expected staff to treat people with dignity and respect. They told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Anita Janes Lodge were always put first.

There was evidence that residents meetings had taken place. The issues discussed were relevant to what people thought important, such as the food and activities. No one told us that any issues they discussed that needed following up.

Staff had been supported through having staff meetings which discussed relevant issues such as the care supplied to people, medicines, cleaning, staff training and complaints. There was evidence that staff had been asked about their views during the meetings. Staff confirmed to us that the support manager listened to their views and suggestions. There was also evidence that management meetings took place which discussed relevant issues such as promoting people's independence and life skills, ensuring that staff training was provided and promoting people's health and safety.

We saw that people had been asked their opinions of the service by way of completing satisfaction surveys. This was limited to three questions concerning whether people felt safe, whether they knew how to make a complaint and whether they were happy living in the service. The registered manager said this survey would be reviewed and a more detailed survey provided to people. In this survey, we saw that there was a high level of satisfaction with the running of the service. This gave an indication that people felt that the home was well managed and well led.

A staff survey had been carried out. This covered relevant issues such as what the service could do better and suggestions for improvement, whether the management were approachable and whether staff felt listened to and valued. Some issues were identified such as views that not all staff members were working well, more activities were needed for people, and more time was needed to be spent with people rather than cleaning. There was no action plan in place to address these issues. The registered manager said this would be followed up.