

Seth Homes Limited

# Stoneacre Lodge Residential 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?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 20 August 2018 and was unannounced, which meant that nobody at the service knew we would be visiting. The last comprehensive inspection took place in July 2017 when we identified three breaches of regulation. This was because there was a system in place to receive record and respond to complaints made by people who used the service or others, however this was not being used. Also, systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and staff were not provided with appropriate supervision and appraisal as is necessary to enable them to carry out their duties. The service was rated as 'requires improvement'.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do to improve the key questions safe, effective, responsive and well led, to at least 'good'.

At this inspection we checked if improvements had been made. We found the registered provider had made improvements but not addressed all the concerns raised at our last inspection and the service continues to be rated 'requires improvement.' This is the fourth time the service has been rated 'requires improvement.'

You can read the report from our last inspections, by selecting the 'all reports' link for 'Stoneacre Lodge' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Stoneacre Lodge is a 'care home' that provides care for up to 31 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The management team were unsure about their responsibilities in notifying relevant people in relation to accidents, incidents and safeguarding. We found some potential safeguarding concerns, which had been recorded as accidents but not notified to us or reported to the safeguarding authority. We did not have concerns that these accidents had caused a detrimental effect on people's health and wellbeing. However, this meant concerns may not be investigated in line with current safeguarding protocols, which could place people at risk.

People received their medicines at the right time and in the right way to meet their needs. However, we found a discrepancy in the stock amount of one medicine and found two staff had not always signed when controlled drugs were administered. These concerns had not been identified on the managers weekly audit of medicines.

Staff employed at the home had been recruited in a way that helped to keep people safe because thorough checks were completed prior to them being offered a post.

Staff were not provided with appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Also, there was no clear system in place to record staff training. Which meant the registered provider and registered manager could not be assured all staff had completed the required training.

Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

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 support this practice.

Staff knew the people they were supporting and provided a personalised service. Support plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. This included being helped to maintain good health, through a well-balanced diet.

We observed staff displayed caring and meaningful interactions with people and treated people with respect. We observed people's dignity and privacy was actively promoted by the staff, supporting them in a situation where some people could not speak up for themselves.

A varied range of activities were made available and we saw staff were proactive in engaging people with individual activities which most people enjoyed.

The registered provider and registered manager had addressed some of the areas for improvement in the previous inspection report. However, issues of concern regarding staffing and good governance of the service were still found. This showed that more in-depth monitoring of the quality of the service was needed.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Medicines were not always administered safely and in line with safe medicines management procedures.

Staff were unclear about the process for reporting accidents to the safeguarding authority to protect people from the risk of harm.

People who used the service were protected by the registered provider's recruitment practices.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff were not given appropriate support through a programme of regular and on-going supervision and appraisal. Also, appropriate systems were not in place to support staff with their training and development needs.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

People were supported by staff to eat a balanced diet and meet their health care needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People who used the service and their relatives made positive comments about the staff and told us they were treated with dignity and respect.

The relationships between people who used the service and staff were warm and friendly. The atmosphere in the home was calm and relaxed.

**Good** ●

### Is the service responsive?

The service was responsive.

People were involved in the planning of their care and support, which included details of people's needs and preferences.

Staff supported people to take part in meaningful activities at home and in the community.

There was a complaints procedure made available to people should they wish to raise any concerns about the service.

Good 

### Is the service well-led?

The service was not always well led.

The registered provider and registered manager had not addressed all the areas for improvement in the previous inspection report. Continuing issues of concern regarding the governance of the service showed that more in-depth monitoring of the quality of the service was needed.

People who used the service and their relatives were asked their opinions of the home and felt listened to. However, staff did not always feel supported and listened to.

Requires Improvement 

# Stoneacre Lodge Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 20 August 2018 and was unannounced. The inspection was carried out by one adult social care inspector, one adult social care inspection manager 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. At the time of our inspection there were 24 people using the service.

Prior to our inspection we gathered and reviewed information about the service to help us to plan and identify areas to focus on in the inspection. We considered all the information we held about the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people living at Stoneacre Lodge and two relatives. We spent time observing people going about their daily lives and looked round the home's facilities, including people's rooms, communal areas and bathing facilities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven staff including senior care workers, care workers, the deputy manager, the registered manager, catering staff and activity co-coordinators. The registered provider was also present for most of the inspection.

Prior to the inspection we contacted healthcare professionals who were involved with supporting people who lived at the home, such as the local authority and the specialist dietitians. We also contacted Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at five people's care files and four staff records. We also looked at records relating to the management of the home. These included minutes of meetings, medication records and quality and monitoring checks carried out to ensure the home was operating to expected standards.

# Is the service safe?

## Our findings

Everyone we spoke with said they felt they were safe living in the home. They all felt the staff could look after them if they were ill or if anything untoward was to happen in the home. Their comments included, "I'm quite content here, we're in it together," "Yes I'm safe but I've got to be careful walking" and "Yes I feel safe, I don't know why I just do. From what I can see there is enough staff. I get myself up and downstairs. I'm happy enough. I think it's kept clean and tidy."

Relatives who were visiting expressed they had no worries about the home. They told us, "They're [staff] brilliant. It's not a posh place, but you can't buy what these staff give my [family member]," "Oh, definitely safe, I know they'll let me know if there's anything. I feel they look after [name] how I like them to be looked after. They've sat with [name] and built her up. They try so hard. To us it's like home from home" and "I can't fault them [staff]. They're under paid and over worked."

Some people told us staff supported them with their medicines. They told us, "Yes, I get my medicines okay. I get my medicines at breakfast and I get my eye drops" and "My medicines are here when I need them."

Staff had a good understanding of people's medicines and any precautions required, such as whether medicine needed to be taken with food and safe gaps between doses.

Records showed staff had received medicines training. The registered manager had introduced a system to observe staff and assess their competency when they supported people with their medicines, these observations had been completed.

When people had medicine prescribed for when required (PRN,) protocols were in place. These provided details of what the PRN medicine had been prescribed for and how it should be administered. When a medicine error had happened, staff had followed the reporting process and appropriate actions had been taken to avoid further incident and keep people safe.

We looked at accidents recorded and safeguarding referrals made to the local safeguarding authority. We saw falls were recorded in the accident book and some falls had been referred to the safeguarding authority. We asked the senior staff what constituted an accident or safeguarding incident but they were not clear and told us they felt confused of what should be reported to safeguarding. We did not see any evidence that individual accidents had not been dealt with appropriately. However, although there was a monthly log of accidents there was no review or analysis of these over time to identify any themes or trends and ensure that any action was identified and taken to prevent or reduce future occurrences.

All staff spoken with said they had attended safeguarding training and were aware of whistleblowing policies and procedures. Whistleblowing is the reporting by employees of suspected misconduct by colleagues and other individuals within their organisation.

Assessments had been completed that identified risks people experienced. When a risk had been identified

actions had been put in place to minimise the risk. Some people were at risk of falls and staff could describe safe moving and transferring practice and the aids people used to support their mobility. Technology had been introduced to reduce the risk of falls and included an electronic system that alerted staff to people awake at night and needing assistance.

We observed staff responding to people's calls for assistance in a timely manner and providing support at times of people's choice. Most people who used the service and relatives thought there were enough staff on duty. However, staff spoken with said there were times when an additional member of staff would be helpful in ensuring people were receiving care and support in a timely manner.

The registered provider completed a staff dependency tool. We saw the registered manager and deputy managers hours were included in the hours provided for care and we were told by the registered manager and deputy manager they did not provide care as their time was taken completing management and administration tasks. However, our observations of people's care and support, from our SOFI observation and from looking at care records did not evidence people were not receiving a satisfactory standard of care.

The registered provider told us they were working with the fire service to assess safe staffing numbers and had carried out practise evacuation procedures to look at ways of reducing the time taken to move people to a safe area in the event of a fire.

The service had a suitable recruitment procedure. We looked at the records for four staff that had been recruited over the last year. The files were well organised, contained all the information required and confirmed that appropriate pre- employment checks had been carried out including Disclosure and Barring Services (DBS) checks and references obtained. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

People were protected from avoidable risks from infection. We observed staff wearing gloves and aprons appropriately and hand sanitizers were available throughout the building. All areas of the home were clean. However, many of the homes fixtures and fittings were old and worn which made them harder to keep clean and odour free. On the day of the inspection we noted some areas of the home had an unpleasant odour and would have benefited from a deep clean.

## Is the service effective?

### Our findings

People spoken with generally thought the staff were well trained. Some people said they thought the staff could do with, "a bit more training," but weren't able to explain what further training they thought staff would benefit from. Peoples comments included, "Oh definitely yes, the staff get enough training," "They're so professional you can tell they're trained," "Yes I do think they're trained," "Some of them are trained but some like to act the idiot. I think some could do with a bit more training" and "I think it slips [knowledge and training] when the staff get overworked and pressurised."

At the previous inspection we issued a breach of regulations because staff were not provided with appropriate supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period, usually annually.

At this inspection we saw the registered manager had a supervision and appraisal matrix in place which showed the dates of supervisions/appraisals during 2018. Using the matrix, it was not possible to confirm if staff had received adequate supervision and appraisal to support their learning and development.

The four staff files we looked at contained some supervision records although these varied in frequency. For example, one file contained six supervision records and another file for a staff member who had been employed for a similar length of time contained only two supervision records.

Staff spoken with were unsure about what 'supervision' was and how often they had it. They told us they had short meetings with the senior staff but not normally on a one to one basis. They said a meeting usually took place when managers had some information they wanted to give them. Staff told us they did not have meetings with the managers to talk through such things as their professional development and competency. The registered manager and registered provider told us when they had tried to carry out supervisions with staff they had found staff had only wanted to talk about their 'personal life.'

One staff member spoken with told us they did remember having an appraisal, "A few months ago." Most staff were recorded on the matrix to have their yearly appraisal in October 2019. From records seen it was not possible to confirm if staff had received an appraisal prior to this.

Staff files we looked at had various training certificates in place to confirm training had taken place and a lot of these were face to face training with the local council.

We reviewed the computer spreadsheet for staff training and updates. We saw several gaps in the training identified by the registered provider as required. We explored some of the gaps that were indicated on the training record and the registered manager and deputy manager were not able to confirm if training had been received. Some of the records had not been updated which made it difficult to confirm if training had been completed. There was no clear oversight from the records which staff had completed training and

when updates were required.

Staff spoken with said they had received all the necessary training when they had started work at the service but said often updates and refresher training was cancelled. Staff spoken with were not sure what training they were due to update, but did confirm they had recently completed a moving and handling course.

This is a repeated breach of Regulation 18 – Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us staff supported their family members to see healthcare professionals so they would remain as well as possible. People described visits from GPs, opticians, chiropodists and dietitians, so plans could be agreed to meet people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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).

People's care records demonstrated their capacity had been assessed when planning care and that DoLS applications, had been made when necessary to the supervisory body. People's rights to make choices about their care and lifestyle was promoted and understood by staff. Best interest discussions had taken place when people had been assessed as lacking capacity to decide. For one person we found their DoLS authorisation had expired and we saw evidence that a new application had been submitted and this had been followed up.

People told us they enjoyed the food provided. Their comments included, "The food is lovely, I like marmite and they have it in for me. They know what I mean when I say I like cremated toast," "The food is very, very good. I've been an army cook for three years so I know," "There's more than enough food for me. I only drink lemon tea and yes, they do make it for me" and "The food is good and bad. It's not what I'd have at home."

We observed the dining experience was positive at the home. During lunchtime we saw good interaction between care staff and those they were caring for. One person threw some tea over another person. Staff intervened and calmed both people. Staff then escorted one person discretely out of the lounge to help them to change their clothing, this diffused the situation effectively. We saw when people asked for drinks, staff responded quickly to their requests.

The menu was displayed on the board in the dining room. Tables were set with the current weeks menu, cutlery, napkins and condiments. The food was nicely presented and served hot. One person asked for bread and butter and this was served promptly. Everyone was given a hot drink with their meal.

Some people received support with nutrition and hydration. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. The (Malnutrition Universal Screening Tool (MUST) was used to help staff complete individual risk assessments in relation to the risk of malnutrition and dehydration. This helped staff identify the level of risk and apply appropriate preventative measures.

Staff monitored some people's food and fluid intake to minimise their risk of malnutrition or dehydration. This was recorded on a chart, checked and evaluated to decide if further action should be taken. For example, referral to a GP, dietician or speech and language therapist. One healthcare professional told us, "Stoneacre Lodge staff have an active role in monitoring the MUST and will contact us when support is needed. The care home is pretty much self-sufficient and referral numbers are very low. From my knowledge Stoneacre Lodge have not had to refer to us since undergoing the MUST training."

Kitchen staff were regularly updated with changes to people's dietary requirements. The care files we reviewed showed people's likes and dislikes and showed there was communication between kitchen and care staff to support people's nutritional and cultural needs.

## Is the service caring?

### Our findings

There was a calm and homely atmosphere at the home. People who used the service, relatives and staff looked comfortable in each other's company. People told us they felt well cared for. Their comments included, "Yes they're [staff] very good. I just shout and they're there," "The staff I have dealings with are very good. I've never heard anyone talk sharp or lose their patience with anyone. I can talk to anyone, no one avoids me," "I've settled myself in and they're all nice. It's like home from home" and "Yes, I think the staff are caring, I like them anyway. They knock on doors and don't just come in when I'm eating my breakfast in my room."

People were supported to maintain relationships with family members as they wished and relatives were welcomed by staff in a warm and friendly manner. Relatives stressed how comfortable the staff made them feel, and they were confident their kindness was genuine. One relative told us, "You can't buy what they do for [name of person using service], they're brilliant. They're so patient and so caring and nothing is ever too much trouble. We can come anytime and we're always made very welcome."

Some of the staff had worked at the service for many years and had developed important relationships with people and their relatives. Staff told us they had supported people through illnesses, bereavement and difficult changes, as well as happy times such as special outings, birthdays and other celebrations.

We conducted two SOFI observations in two of the lounge areas after lunch. There were activities taking place in one lounge. This activity was carried out by the activity coordinator and consisted of singing and using musical instruments. There was a very inclusive and welcoming atmosphere. The activity was lively with many people using a musical instrument or flag and it was clear people were actively engaged and enjoying this. The activity coordinator encouraged people individually to join in and took time to engage with each person during this time. In the other lounge people were sat enjoying personal activities and hobbies, such as reading, knitting and watching television.

Staff who came into the lounges engaged with people as they were passing through and it was clear they knew people well. For example, a member of staff brought another person into the room as they had seen the person was on their own in another lounge. The activity coordinator immediately engaged this person to ensure they felt included and it was evident they were happy and enjoyed this.

The activity coordinator brought out bubbles and was moving around the room blowing these so that each person could see. The activity coordinator asked one person about how they used to make bubbles as a child and talked to them about a book 'Doncaster then and now' that they had shown them the day before.

People told us how they were encouraged to maintain their independence. For example, people were asked by staff how they wanted to spend their day. Some people chose to join in the planned activities, whilst other people chose to spend time in their rooms or the lounges and this was respected.

Staff demonstrated an appreciation of people's individual needs around privacy and dignity. Staff were seen

to be motivated to provide the best and most suitable support to people they worked with. We observed staff respecting the wishes of people who either wanted their doors left open or closed. Staff were seen knocking on doors and calling out the person's name before they entered their bedroom or toilet areas.

People and their relatives told us they felt listened to. We saw minutes from a 'residents and family' meeting held on 15 August 2018 which indicated ten people who used the service were present. There were no relatives in attendance. The minutes included activities and feedback from people who used the service about what they enjoyed. There were also suggestions of further activities to be explored such as 'pat the dog' service.

A visitor's questionnaire had been carried out on 10 October 2017. Eight responses had been received and positive feedback had been received. The responses had been reviewed and collated into a report.

## Is the service responsive?

### Our findings

People said the care was good and met their needs. People told us they had never had a reason to complain and said they would talk to someone if they had. People told us, "If I needed to complain I would speak to a senior member of staff and tell them what's what" and "I've had no reason to complain."

At the previous inspection we issued a breach of regulations because there was a system in place to receive, record and respond to complaints made by people who used the service or others, however this was not being used. At this inspection we found the breach had been met.

The registered provider's complaints policy and procedure was in the Statement of Purpose and on display in the entrance hall of the home. It provided details of how and who to complain to if anyone had any concerns. The procedure showed the timescales that people would be provided with the details and outcome of the investigation.

We looked at the complaints log and found where people had raised a concern or complaint this had been investigated. We saw people had been given feedback about the action taken to resolve their concern or complaint.

We found care plans were well organised and colour coded for each assessed area of care. Risks to people had been assessed and care had been planned to minimise or mitigate those risks such as nutrition and hydration, risk of pressure ulcers, weight loss and use of bed sides. Consent had been sought in relation to care such as the use of bed sides and we saw where the person could not give consent, this had been obtained from a person who had the legal authority to do so. Care plans had been reviewed monthly to ensure these remained up to date.

We saw referrals and advice from healthcare professionals had been obtained where required and visits and updates obtained were recorded. For example, one person was at risk of pressure ulcers and measures were in place to prevent these from developing. We saw they were regularly followed up by the district nurse and that their skin integrity was recorded as 'good'.

At the time of the inspection two people were being cared for in bed and were at the end of their life. We saw medicines, to prevent the person suffering pain, had been obtained from the GP and were ready to be given when required. End of life care plans were in place which recorded the person's wishes and preferences for the end of their life. Relatives of these people told us, "When we thought it was time for [name] to be moved downstairs, they moved them straight away, no problem. We've discussed changes to care and want to be involved in their care. We feel we need to be here and that's okay" and "The staff keep me informed and I'm very happy with the communication. They tell me when anything happens."

People who used the service told us they had recently been involved in meetings where they had raised that there was a need for more activities. They told us because of this another activity coordinator had been appointed. People told us, "Last week two young men came and had us doing exercises. They were throwing

balls and I hit one straight back into his face," "On birthdays and Christmas, we have parties. I'm sick of playing bingo and when they get dominoes out that's even worse," "A few months ago, we had two old gents in to dance and sing. They'd been on 'Britain's got talent', they were really good," "I'm ready for my nails done, the activities lady will do them for me" and "This afternoon I'm hoping to be lazy, I want to just read and do my puzzles."

The activity worker told us there was a four weekly activities programme, but they didn't necessarily stick to it but asked each day what people wanted to do. On the day of the inspection we saw people take part in bingo and dancing and music. Outings for the autumn and Christmas had already been planned and included a boat trip, Christmas Fayre and 'pulse fitness'. They had also recently acquired some CDs called 'sweet and low.' They were made specifically for people living with dementia. They were popular songs being sung softly and without the music accompaniment. The activity worker told us these provided people living with dementia with gentle and soothing stimulation.

# Is the service well-led?

## Our findings

At the previous inspection we issued a breach of regulations in relation to the registered providers and registered managers effectiveness to monitor the quality of the service and improve the safety of the service and mitigate risks to the health, safety and welfare of people.

At this inspection we found this breach had not been satisfactorily met and other concerns about the monitoring of the service were identified.

The registered provider's policy and best practise guidelines stated controlled drugs must be signed and witnessed by two staff. We found only one staff member had signed for several controlled drugs administered to one person. This had not been identified by other senior staff administering medicines or as part of the medicines audit and monitoring system.

Staff were carrying out a daily count of a PRN medicine administered to a person. When we checked this the number of tablets did not match the record. Although staff administering medicines had signed to say they had checked this each day there were more tablets in stock than recorded on the 'count check sheet'. This had not been identified on the managers weekly audit of medicines.

Accidents and incidents were recorded and notified to CQC and the local authority. However, we saw some accident records which could have also required senior staff to raise a safeguarding alert. When we spoke with senior staff about this they told us they were unsure about the threshold for reporting an accident also as a safeguarding. The registered manager told us they were also unsure about the process and said they would ask for further training about this from the local authority.

The registered manager collated information each month regarding the number of accidents and incidents. However, there was no evidence this information was used to look at any trends or themes occurring so that action could be taken to protect people from further harm.

Policies and procedures shown to us on inspection were out of date and needed reviewing. Some referred to obsolete and out of date guidance, legislation and organisations. For example, section three of the safeguarding policy referred to the CQC predecessor organisation. There was no review date on the policy to ensure the information was up to date.

When we fed this back to the registered provider he told us we must have been looking at 'out of date information' and that all policies and procedures had been updated. We explained this was the information provided to us by the registered manager and deputy manager, which they had taken from the services computer system and which they believed were the most up to date version.

We received mixed comments from members of the staff team about the culture at the service. Some staff reported that they were very happy working at the service and found the registered manager approachable. Other staff told us they could go to the registered manager and registered provider and talk to them. However, they did not believe any action was taken when they raised their issues or concerns with them.

One staff member said, "Yes they listen, but then nothing seems to happen." Another staff member said, "I've completed a survey/questionnaire, but never had any feedback about it. I don't think anything has happened to make changes since I returned the form."

We found a staff questionnaire had been carried out on 23 October 2017. A high number of responses had been received which were mainly positive, however there were some areas where lower scores in relation to development, supervision, policies and procedures and communication had been received. There was no summary of the results or evidence to confirm these had been reviewed and no indication if any action had been taken in response to the negative aspects of the feedback.

We looked at a staff meeting agenda from 18 July 2018 which included discussion topics, however there were no minutes provided to support the outcomes of the meeting.

The findings above meant the systems and processes in place for good governance were not fully effective in practice and a repeated breach of Regulation 17 – Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they felt listened to. Their comments included, 'We said about the lack of activities and they've got another activities person now. They do seem to have taken suggestions on board' and "I can honestly say we're entirely happy for [name] to be here. From the very first time we came here we felt it and liked it."

Throughout the home there were posters with information for relatives. This included the dates of relative's meetings. We reviewed the minutes from the previous meeting which contained improvement ideas and feedback.

The registered manager told us in 2017 quality assurance surveys had been sent to people who used the service and relatives. When these were returned if there were issues or concerns reported staff would go and see the person to try and resolve their concerns. A report summarising what people had said was collated and made available for people to see.

There was a record of 'provider' meetings which included the dates, who was present and topics that were discussed. This included topics such as care home finances, staffing, induction and staffing contingency planning at night when only two staff were on duty. We explored this further with the registered provider and registered manager who explained there was an on-call system in the event of an emergency to obtain additional staff who lived nearby. The registered provider explained that although this was not a formal on call system, the staff would know who to contact in this event.

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  Systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not provided with appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.