Laudcare Limited

Oaktree Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was a focused inspection because we had received some concerns about the service from relatives. This was about the response from the service to complaints, electrical equipment and pressure mattresses and concerns about care delivery. There has also been an increase in notifications of incidents that affect the well-being of a people in the last three weeks prior to the inspection around falls and unexplained bruising. We focused on these areas to check whether the service was safe, responsive to people needs and whether the service was well led.

The inspection was completed on the 25 April 2018 and was unannounced. The service was last inspected in February 2017 and was rated as good in all areas with no breaches in regulation.

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

Oaktree Care Home is registered to provide personal and nursing care for up to 78 people. The service is divided over two separate floors. The ground floor was called Bluebell is for those who require nursing care and the upper floor is dedicated to those people living with dementia and is called Primrose. Since the last inspection, a further unit had been opened on the first floor called Snowdrop, which provided support to people living with dementia but did not need nursing care. There were 59 people living at Oaktree Care Home when we inspected.

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

From our inspection, it was evident that not everyone felt their concerns were listened too and acted upon swiftly. This was because people and their relatives were not receiving an acknowledgement or a prompt response on what action had been taken to address their concerns. Some concerns were taking longer time to investigate than the provider's complaint policy and not all concerns/complaints were recorded on the central record. This meant the provider and registered manager were unable to look for any themes. We have asked the provider and registered manager to make improvements in this area.

Concerns were raised with us prior to this inspection on how some of the equipment was maintained such as electrical appliances and pressure relieving mattresses. We saw that checks were completed on the electrical appliances annually. However, it was evident that the external contractor had missed items in people's bedrooms and two bedrooms had not been checked. The provider has reviewed their contract with this company and new contractor has been commissioned. This was because they could not be assured all items had been checked. Assurances were provided that this would be completed the day after the

inspection.

Staff completed regular checks on the mattresses with records maintained. Where the family had raised concerns, this had been addressed with actions being taken to reduce further risk. Where staff were checking floor and chair sensor mats the records could potentially indicate there was a gap in recording because there was no record to indicate that they had changed position such as moving to another area of the home or had retired to bed. Assurances were given by the unit manager and the registered manager that this would be addressed. The registered manager was aware that there were some shortfalls in recording and was addressing this through team meetings and via one to one with staff members.

People told us the staff were usually responsive to their requests for assistance when using their call bell. One person told us they had to wait, which on occasions had caused them distress. The registered manager monitors call bell response times and dependency levels of people to determine whether there were sufficient staffing in place. Because of occupancy, staffing had increased on Bluebell the nursing unit. This would ensure people's health care needs were met as the nursing staff had been increased from one to two per shift during the morning, afternoon and evening. Staffing was kept under review in accordance with people's dependency and occupancy.

Because of occupancy, there had been increase in agency staff being used to cover the shortfall. This was until permanent staff had been recruited and their induction completed. This was having an impact on staff morale and how responsive the service was to meeting people's needs. In response to this, each person had an overview of their care needs in their bedroom to ensure they were supported safely and staff could respond to people's individual needs. This meant staff had a quick guide on how to support people rather than reading the full care plan. Measures were being taken to ensure regular and familiar agency staff were being used until new staff could be recruited.

There had been some pressure on the management of the service, with the increase in occupancy, the new unit opening, reportable incidents, complaints and the ongoing recruitment of new staff. The provider had provided additional support to assist with this period and moving forward had assisted in the investigations of ongoing concerns. Assurances were provided that this was now being addressed.

We found there was a breach 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 copy 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?

Good

The service was safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

Risks to people were being assessed and monitored. Where risks had been identified, management plans were in place.

Staff were provided with sufficient and up to date information, which assisted in keeping people safe.

Sufficient numbers of staff were available to meet the needs of the people. This was kept under review and ongoing recruitment was taking place.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a complaints policy and procedure in place. People and their relatives knew how to make a complaint if needed. Some people felt their complaints were not responded to seriously.

People had been assessed and their care and support needs identified. Care plans were in place to ensure people received care, which was met their needs, wishes and aspirations. Staff were knowledgeable about the people they were supporting. Improvements were required in respect of the documentation of the delivery of care.

People were supported to take part in activities in the home and the local community.

Is the service well-led?

Requires Improvement

The service had not always been consistently well led and improvements were needed. This was because recent events and high agency usage has had an impact on the management of the service and staff. Plans were in place to address this to ensure positive relationships with family and staff were maintained. This

included on-going recruitment to reduce agency usage.

The quality of the service was regularly reviewed by the provider/registered manager and staff. The registered manager was aware of the areas that required improvement with an action plan in place.

Oaktree Care Home

Detailed findings

Background to this inspection

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

The inspection was prompted in part by an increase of reportable notifications of incidents in relation to people sustaining unexplained bruising. These had been reported by the provider. In addition we had received concerns by two relatives about how the service had responded to concerns they had raised. These concerns and reportable incidents had been shared with the local authority's safeguarding team. .

This inspection took place on 25 April and was unannounced. The membership of the inspection team consisted of one inspector, an assistant 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 and supporting a person living with dementia.

We spent time on both floors. The upstairs was home to people living with dementia. There were two units upstairs called Primrose and Snowdrop. Primrose provided support to people living with dementia with nursing needs. Snowdrop was a residential unit. The downstairs was called Bluebell and was for people with nursing needs.

Prior to the inspection, we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We did not request a Provider Information Record (PIR) because this was a focussed inspection. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted health and social care professionals to obtain their views on the service and how it was being managed. This included South Gloucestershire Council's commissioning and safeguarding team, the local Commissioning group for Continuing Health and health care professionals. You can see what they told us in the main body of the report.

We looked at two people's care records to see if they were accurate and up to date and a further eight files that were kept in people's bedrooms. We also looked at records relating to the management of the service. These included staff rotas, recruitment and audits that had been completed.

We spoke with the registered manager, two senior representatives from Laudcare Ltd, three nurses, six care staff, 11 people who used the service and three relatives and visitors.

Good

Is the service safe?

Our findings

Concerns had been raised with us prior to the inspection about the testing of the electrical equipment. We saw records confirming the electrical equipment testing was completed annually by an external contractor. This had been completed in March 2017 and then again in April 2018. During the inspection it was noted when this had been completed in April 2018 that some equipment had been not been checked and two bedrooms had been missed completely. This was discussed with the maintenance person and the registered manager. As a consequence, the provider reviewed the company that completed these checks. A new contractor was being commissioned and they were planning to review all the electrical equipment the day after our inspection. This was because the provider was not satisfied all the electrical equipment had been checked and therefore safe.

People told us they felt safe. Comments included, "I feel safe absolutely, always someone checking on me making sure I am ok. I feel at ease always plenty of people to talk to. I keep myself to myself that is my choice. There is always enough staff I have never had a problem getting hold of the staff if I need them. If I press the bell, the staff will come. I am bed bound so I am hoisted and I feel very confident in their care. They are very competent in my opinion", "I have been here a week and I feel safe and not afraid, my room is nice and warm and the carers are quite good and always check if I am alright" and "Very safe quite nice here. If I call the staff, they will come and see to me but often do not have time for a chat, as they are so busy. If I was worried I would tell the staff as they are very good in my opinion".

One person told us they felt the staff were more responsive to call bells at night. They told us at times they felt the staff during the day were more stretched but they told us they do come and support. Staff felt people were safe. They explained that sometimes when agency staff that were less familiar with the layout of the building it would take them some time to find people's rooms, which may delay response times. However, overall they felt they responded promptly to ensure people were safe.

Relatives also felt their loved ones were safe. Comments included, "I feel my father is safe here particularly during the night as I know he does not sleep well", another relative told us, "I am much happier now mum has moved here, it is different from the previous home. There are plenty of staff and I know they will contact me if there is a problem. Nothing is too much trouble".

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. This included risks due to choking, poor nutrition, pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed. Other professionals such as physiotherapists and speech and language therapists had been involved in advising on safe practices and equipment required.

Staff described to us, how they ensured people's safety in all aspects of their care. There was an overview of risks in each person's room so that staff that who were new or not so familiar had information readily

available to them to keep people safe. Staff told us if they were concerned about another member of staff's practice, they would discuss this with the senior nurse or carer in charge of the shift.

Staff confirmed there were sufficient hoists available in the home. The registered manager told us there were two moving and handling trainer and assessors working and supporting staff. Staff were checked periodically to ensure staff were assisting people safely and in accordance with the person's plan of care.

Where people required assistance with moving and handling, the equipment to be used was clearly described, along with how many staff should support the person to ensure their safety. Staff confirmed they received training in safe moving and handling procedures. There was an overview in each person's room detailing the level of support they needed and the equipment that was required. One person told us, "I have to use a hoist and I feel very safe and the staff are well trained to support me".

People were kept safe by staff who understood what abuse meant and what to look out for. Staff received training on the signs to look out for in respect of an allegation of abuse. Staff told us they would not have any hesitation to report poor practice.

Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. The registered manager had reported appropriately any information of concern to the local authority and steps had been taken to reduce any further risks.

Staff were vigilant to any bruising and recorded any injuries on a body map. This information was shared with the nurse in charge. Relatives had also been informed along with the local safeguarding team. The registered manager completed an internal investigation to ensure people were being supported safely. For example, for one person a review on how they were being supported with personal care and the use of the moving and handling equipment had been completed. For another person it was discussed with the GP and the care home liaison team. This is a team of professionals that advices the service and supports people enabling them to remain in the care home. This led to a medication review and a check to ensure there was no underlying medical condition that would increase the likelihood of bruising. Staff told us the person was now more settled and their anxiety levels had reduced.

Relatives confirmed that they had been informed of any injuries including any falls. One relative told us, "They let me know everything that is happening, sometimes it is too much as mum may have fallen but there are no injuries but they still contact me". They said they wanted to only know when it was serious. They told us they had discussed this with staff and agreed what information they wanted to know.

Staff told us they were usually sufficient staff to respond to people. On occasions, we were told people might have to wait up to ten minutes especially at busier times of the day and on the nursing unit. One person told us, "Staff are too slow around personal care needs. If I need to use the toilet I often end up having an accident and I have to shout to be listened to continuously. I hate it and I get really angry". The mixed response was discussed with the provider representative and the registered manager. They along with staff told us the increase in staffing in this area had improved the timescales for assisting people and they would continue to monitor this.

Sufficient numbers of staff were supporting people. This was confirmed in discussion with staff, people and their relatives. Staff told us any shortfalls in staffing were covered by the staff team and agency staff. Staff told us staffing had been recently increased in respect of the nursing staff because of occupancy and dependency. There were now two nurses working during the day/evening on Bluebell. Staff said this was

positive as it enabled them to respond promptly to people when needed. They also said the extra staff had enabled them more time to complete paperwork and support the GPs when they visited especially when there was more than one GP visiting the home.

The registered manager told us agency usage had recently increased over the last few months due to an increase in occupancy and the opening of the new unit Snowdrop. They told us there was ongoing recruitment of staff and five care staff were in the process of completing their induction. The registered manager told us the new staff were supernumerary and not counted in the numbers until they had completed their induction.

Three registered nurses were planning to start in the next six weeks. An agency nurse told us they regularly worked in Oaktree and found the staff team very supportive. They said they were given clear guidance on what was expected of them. They told us all the staff would quickly point out if they were doing something wrong and advise on the right approach. The registered manager told us they tried to use agency staff that were familiar to the service to ensure continuity of care for people. It was evident the registered manager was being proactive in the recruitment of staff to ensure the right staff were employed. Where concerns had been raised about the performance of agency staff this had been shared with the agency's management team and they had not returned to work at Oaktree Care Home.

The provider followed safe recruitment practices. We looked at the recruitment files for four newly appointed members of staff and found appropriate pre-employment checks had been completed. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Checks had been completed on the nurses to ensure they were registered with the Nursing and Midwifery Council (NMC). This meant the provider could be assured the nurses were fit to practice and suitable staff were employed.

The home was clean and free from odour. Domestic staff were employed to clean the home. A relative told us, "There is never an odour and it always looks clean when I visit".

We did not review the medicines during this focused inspection.

Requires Improvement

Is the service responsive?

Our findings

Most of the people and their relatives we spoke with during the inspection were confident that if they raised concerns the service would be receptive would address these. Comments included, "They look after me very well I have no complaints", "If I was unhappy about anything I would tell the staff or my family" and "If I was unhappy I would tell the staff but I have never had a reason to complain I find the staff very helpful, no problem at all".

Prior to this inspection two relatives had raised concerns about how the service had responded to their concerns. From reviewing the information that was shared with us, it was evident the relatives felt that the registered manager and the staff had been dismissive of their concerns and had not acted promptly. Another relative told us during the inspection, they had raised concerns and was not fully sure of the outcome. They had requested no male carers to support their loved one but were not sure if this was happening and no further contact had been made with them since raising the concern to provide them with the assurance they needed.

From reviewing the complaints log, concerns had not always been recorded or responded to promptly. The registered manager told us some of these had been received by head office and not directly at the service. However, these concerns had been shared with the service and a record maintained. We were told the delay in responding to some of the concerns was because the safeguarding team were involved and the registered manager was waiting for the outcome of the external investigation. The families had not always been told the reason for the delay in responding to them. The provider's policy states that where a person raises a complaint that this would be acknowledged within three working days and a response within 20 working days.

Investigations into complaints had been completed by the registered manager, deputy manager or a senior manager. No formal training had been given to the registered manager or the deputy manager. Reports of the investigations had not fully demonstrated who had been spoken with and were on occasions subjective. We were shown a communication book where concerns had been raised by a family member. Whilst recent improvements had been made, on occasions there was no information on what actions had been completed where a concern had been raised. These concerns had not been recorded in the central log of complaints.

This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Receiving and acting on complaints.

People told us staff usually responded promptly when they used their call bell and there were always staff available to help them. Where people were unable to use their call bell, regular checks were completed depending on the level risk. Staff told us this was usually every hour or more frequently if a person was unwell or particularly anxious. Records were maintained of these checks. A relative told us prior to the inspection they had been waiting for 30 minutes for a staff to respond to the call bell. The registered manager was investigating this. The registered manager told us they regularly reviewed the call bell

response times. This included when a person may have rung again shortly after the previous call bell. This was to ensure people received the care when they needed it.

We checked to ensure people had access to their call bell and drinks were in close proximity. Everyone had a call bell and people had jugs of water or squash close to where they were sitting. Tea and coffee was offered to people throughout the day.

Staff were promptly and calmly responding to call bells. Where a person required two staff, this was clearly explained to them, that they needed to find a colleague and they would return shorty. We observed two staff returning within a short timescale to support the person. One person told us, "The girls are good they are coming to help me in a minute, I have no problems here". A relative told us their mum had recently moved to the home and they had been impressed with the attention that had been paid to mum and the family. They told us nothing was too much trouble and their mum had settled in well.

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming. Care plans included the support people needed in respect of personal care detailing what a person could do and the help they needed. People were encouraged to maintain their independence. One person told us, "If I ask for anything like a shower or bath or to have my hair washed they are very obliging. They look after me very well I have no complaints". Another person told us, "I take care of myself but If you were slovenly they would be on top of this".

Records were maintained of personal care delivery including when people declined this. What was not clear was what action had been taken where a person had continually declined personal care. For example for the month of April one person had refused support with oral care. For another person staff had recorded 'not applicable' on their oral health care plan. A member of staff told us this was because the person did not have any teeth. They told us they used mouth swabs. There were no mouth swabs in this person's room. It was not clear how staff should support with ensuring healthy gums. There was no evidence that the person who was refusing assistance in this area had been checked by a dentist. This was fed back to the unit manager and the registered manager to address.

Some people were at risk of falls. This was closely monitored by the unit managers and the registered manager. Where people were at risk of falls, risk assessments were in place. Staff liaised with the person's GP in relation to the increase in falls and referrals were made to the falls clinic and other health care professionals. Where people were at risk of falls, additional equipment was put in place to keep people safe such as floor or chair sensor mats. These were checked hourly by the staff.

However, when we looked at the records, it was not always clear why the checks were not being completed. Staff told us this may be because the person was in bed and the bed sensor mat was checked instead. We have advised that this should be clear on the record as it could indicate a gap in recording.

Some people were at risk of pressure wounds. A relative had raised concerns in respect of a pressure mattress that had deflated. This had been investigated by the registered manager and action taken to address the concern. Where concerns were raised these had been addressed by the maintenance person and the supplier.

Regular checks were completed by the staff to ensure pressure relieving equipment was working. This included ensuring the mattress was at the correct setting. Where people required assistance to keep mobile, they were supported at regular intervals by staff to change their position. Records were maintained of these hourly, two or four hourly checks depending on the level of risks. Where people had a pressure wound,

records were maintained of treatment and the healing process. Staff also received training in this area including the use of equipment. This meant that people were supported appropriately and staff had the skills to respond promptly to any areas of concern.

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them. People had a care plan based on their care and support needs.

People told us there were regular activities happening throughout the day. Some people told us they preferred to stay in their bedrooms. A new activity co-ordinator had been appointed. They completed small group activities and one to one sessions with people who may prefer not to participate in the group sessions. On the day of the inspection, a small group of people on the newly opened residential unit on the first floor were being supported by the care staff with activities. One person was doing a jigsaw, another person was doing painting and the other three people were engaged in general conversation. There was a group cooking activity also taking place on the ground floor. The activity co-ordinator said they tried to organise a baking session weekly, as people seemed to enjoy this. They told us they organise quizzes, weekly pub trips for lunch and arts and craft sessions.

The activity co-ordinator told us, "I have a range of sensory games which I use to meet their needs. I have arranged external entertainers to come in recently we have had the Bristol Ballet and regularly have pet therapy where different animals visit which residents thoroughly enjoy. I have also arranged for our local church to recommence services here which will begin in May".

Staff told us they felt activities had really improved over the last few months. They also told us about a recent trip to a local lake. Individual records were maintained of activities in each person's journal, which was kept in people's rooms. There was no overview record of activities that were taking place, who participated and whether the activity was enjoyed. This meant there was no overview of activities to enable the provider and registered manager to review to ensure they were appropriate and everyone was receiving meaningful activities.

We observed staff interacting with people in a positive way. Throughout the inspection, staff were observed to be engaged with people. Staff were seen spending time with people chatting in their rooms and in communal areas.

Requires Improvement

Is the service well-led?

Our findings

We undertook this inspection because we had concerns raised about how the service was responding to concerns and working in partnership with families. Feedback from people was varied; the majority of people telling us they were happy with the service. However, three relatives raised concerns about how the management team in particular the registered manager had responded to them when raising concerns and when incidents had happened. Improvements were needed to ensure the service was consistently managed and people and their relatives felt listened too.

We discussed this with the registered manager and the provider representative on how these failings had occurred. With hindsight, it was recognised by both, that the failings should not have happened and bridges had to be built. An action plan was in place to address these moving forward. The registered manager told us, "I took my eye of the ball". It was felt that the increase in occupancy and the high use of agency had impacted on the workload of the registered manager at a time when there was an increase in safeguarding concerns. In response, the provider's senior management team were supporting the manager on a weekly basis. This included assisting on some of the investigations in respect to incidents and complaints that had been raised.

The registered manager had been working in the home since October 2015. During this time, the manager had made significant improvements to the service. The service under a previous registered manager had been rated in some domains as inadequate and requires improvement. Under the present registered manager the service was rated as good at the inspection in February 2017.

We were provided with assurances during this inspection that the recent shortfalls in care delivery, management of complaints, staff retention and recruitment and the high use of agency was being addressed. This included the gaps in the recording of the delivery of care. The registered manager was addressing this shortfall through training, supervisions and team meetings. A visiting health professional told us they have not had any concerns about this service in the last two years. They told us they and their colleague visited weekly and found no concerns with staff knowing people well. Another health professional told us, "We interact with the nursing staff most of all, but from observation the care and nursing staff appear caring and attentive to patient's needs". They continued by telling us they believed the service to be safe, effective, caring, responsive and well led. We also contacted commissioners who had not received any information of concern.

The registered manager was supported by a deputy manager and two unit managers. The registered manager told us they were in the process of recruiting to a vacant unit manager's post on the nursing unit, Blue Bell. Overall feedback was positive about the management approach from talking with staff and people who use the service and their relatives. However, four of the eleven people we spoke with did not know the name of the registered manager. One person told us, "I am very happy to be here. The staff are extremely dedicated and will do everything. If you say something to the staff, they will respond and you feel that you are not talking to a brick wall. They are experienced people. If I was concerned I would speak to the manager or staff but I do not know who the manager is". Another three people echoed this. Another person

told us, "I know who the manager is but you do not see them very often".

When we discussed this with the registered manager they felt that it was possible that people saw them as member of regular staff, as she did not always introduce herself as the manager. They also told us this may because of the increase in occupancy. The provider had put in additional support to assist the registered manager with a senior representative working in the home at least three times a week. The regional manager told us they visited the service at least once a week. The registered manager told us they felt supported by the provider's management team and the senior team working in Oaktree.

From talking with the registered manager it was evident they knew people well and introduced us to the people living in Oaktree. Staff told us the senior management team were regularly visible in the service. One member of staff told us they did not always find the management team approachable and on occasions spoke to them as if they were 'a child' and in a 'belittling manner'.

However, the majority of staff we spoke with commented positively. Comments included "Best Manager we have had", "Management is really supportive. I was planning to move jobs but haven't because of (Name of Manager) and (Deputy Manager). They are approachable, you can ask them anything, and when they are not here, you can ring them anytime. Even when they're busy they still make time for people", and "I am happy to approach management and there have definitely been improvements made under their management. The home is running smoother. I find (name of registered manager) more approachable than other managers and she is quite fair. She knows her job inside out and makes it clear that you have to do your job as this will have a knock on effect on the nurse in charge and others up the line".

Staff told us Oaktree was a good place to work. However, the high agency usage was having an impact on staff morale. Staff were aware of the recruitment initiatives and that regular and familiar agency staff were being used. One member of staff told us some agency staff did not always complete the care documentation, which impacted on how well the home was doing. Another member of staff told us, "There is high agency use and I am confident they have the support but this puts pressure on staff that have been here for a while". The registered manager and the regional manager told us there was no pressure to fill vacant beds and confirmed they were actively recruiting to the vacant staff posts. They wanted to make sure they had sufficient staff. They had recently posted leaflets to local households and held an open day as part of an innovative recruitment initiative, which had assisted in filling some of the vacant hours. The registered manager told us they had 429 hours of care staff and 132 vacant nursing hours to recruit to.

The provider had a system called "Quality of Life Programme" which enabled staff, visiting healthcare professionals, people and their visitors to provide immediate feedback on a daily basis electronically. Feedback was gained by people completing a survey online using information technology. The registered manager explained that any information that required a follow up was sent to them and the regional manager so action could be taken promptly. The provider had introduced these to gather continuous feedback about all their services to enable them to look at any themes to aid learning across the organisation.

Resident and family meetings were held to discuss any changes to the running of the home, provide a time to listen to the views of people collectively and plan activities. Records were kept of these meetings. Discussions were held around the environment, decoration, staffing, activities and quality of the service. We were told these should be every six months, the last one had been last summer as the one recently organised had to be cancelled. A new date had been arranged in May 2018.

The registered manager told us they or the unit managers or a senior member of staff completed a twice

daily walk around, which included looking at the environment, people's care records and speaking with staff, people who used the service and their relatives. They told us they used an electronic device to record the information, which was then shared with the provider.

The registered manager told us each morning a meeting was held with heads of departments including catering, housekeeping, unit managers, the deputy manager and the manager. The purpose was to look at any risks within the service in relation to staffing, people who were unwell or needed more support and to keep staff informed of matters relating to the running of the home. This ensured there was good communication throughout the home and enabled the manager to be kept informed of any concerns.

The registered manager continued to submit a weekly update to the regional manager and reported on any accidents and incidents, safeguarding events, health and safety issues, complaints, staffing issues and issues regarding people's care. The registered manager attended monthly meetings with other registered managers and the regional manager. This ensured the provider was aware of how the service was being run. This was also an opportunity for the sharing of good practice and explore any common themes to any events that had occurred across the organisation.

All accidents and incidents were entered on to an electronic tracking system. At the end of each month, the registered manager and the regional manager reviewed the information to look for any trends. They could analyse the number of falls or the number of events for a particular person. This enabled them to ensure the right care and support was in place. Information was shared with staff in respect of any themes. Staff were reminded about the importance of recording and the monitoring falls. Staff were told to be more vigilant in respect of those people who were at risk of falls. This was because there had been an increase in falls in the month of February and March 2018.

Since the last inspection, two staff had now become Falls Champions they worked alongside the moving and handling assessors to check suitable plans were in place. They also assisted in reviewing falls to see if there was any learning from these events. Where a person had fallen, the management team were reviewing the incident and speaking with staff to see if the fall could have been prevented. It was evident the service was being proactive in reducing the falls and risks to people without curtailing people's mobility or independence.

The registered manager was aware of when notifications had to be sent in to CQC. A notification is information about important events the service is required to send us by law. The CQC used information sent to us via the notification process to monitor the service and to check how any events had been handled. There had recently been an increase in reporting of incidents around safeguarding. The registered manager told us this was because they were reporting to us and safeguarding at the same time although some may not meet the threshold of safeguarding. They emphasized that they were committed to being open and transparent in working with external agencies including the Care Quality Commission.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints How the regulation was not being met: People who use services and others were not always listened to in respect of their concerns. A full record of complaints received by the service was not maintained. Regulation 16 (1) (2)