

Laudcare Limited

# Oaktree Care Home

## Inspection report

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Date of inspection visit:  
05 March 2019  
07 March 2019

Date of publication:  
09 April 2019

### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: 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, called Bluebell is for those who require nursing care and the upper floor is dedicated to those people living with dementia and has two units called Primrose and Snowdrop. Snowdrop, provides support to people living with dementia but do not need nursing care. There were 59 people living at Oaktree Care Home when we inspected.

People's experience of using this service:

Since our last inspection, improvements had been made to ensure complaints were dealt with promptly with feedback given to the complainant. It was evident people felt their concerns were listened too and acted upon swiftly.

As seen at the last inspection, there was a heavy reliance on agency staff whilst the registered manager was recruiting to the vacant posts. This was having an impact on the delivery of care. People were not receiving the care when they needed or wanted it. This was in part due to the high agency usage and many of the people needing two staff to support them, which was not taken into account when calculating the staff on the nursing unit.

Staff were not being fully supported thorough regular supervisions and annual appraisals. Whilst staff had received training on a variety of topics, overall the home had not achieved the provider's own internal compliance figures. Staff had not received training relevant to the needs of people they were supporting, such as diabetes.

Care was planned and delivered but not always in a person centred way in line with people's preferences. This was being addressed by the registered manager, who was reviewing practice around the times when people were supported to get up for the day.

People felt safe living at Oaktree and risks to people were minimized through risk assessments. There were plans in place for unforeseeable emergencies. However, some people felt safer when supported by regular and familiar staff.

We have recommended the service review their menu planning to ensure it includes variety and all the food groups. There was a vacant chef post which was impacting on the quality of the food provision. Agency catering staff were covering the vacant hours.

People were consulted about their care and support needs and involved in decisions about their care. Staff had a good understanding of the legislation to protect people where they lacked capacity involving family and other professionals. People and their relatives told us the staff were kind and caring. Feedback was complimentary about the regular and familiar staff.

There was an ongoing decoration programme in place. The home was clean and free from odour.

There were systems in place to monitor the quality of the care and support. However, there were no improvement plans in place to ensure ongoing compliance from findings of the provider visits.  
Rating at last inspection: Requires Improvement. (Report published June 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection. Our findings at this inspection have meant the rating remained Requires Improvement. This is the second time this service has been rated Requires Improvement.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure the provider improves the rating of the service to at least Good. We will revisit the service in the future to check if improvements had been made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective  
Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive  
Details are in our Responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# Oaktree Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

On the first day of the inspection there were two inspectors, along with 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. The second day was announced and carried out by one inspector.

#### Service and service type:

Oaktree Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced. The provider, registered manager and staff team did not know we would be visiting. We carried out the site visit of the inspection on 5 and 7 March 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection in April 2018. This included details about incidents the provider must notify us about. We emailed five health and social care professionals to gain their views on care provided. On this occasion, we received one response.

We assessed the 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 used all

this information to plan our inspection.

We spent time in all areas of the home. 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 unit downstairs was called Bluebell and was for people with nursing needs.

We looked at five people's care records to see if they were accurate and up to date and a further four 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, the deputy manager, three unit managers, five care staff, the activity co-ordinator, three nurses, eight people who used the service and eight relatives and visitors.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Requires Improvement. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff were safely recruited. Disclosure and Barring Service (DBS) checks had been carried out to check whether staff were suitable to work with people in care homes. The registered manager was actively recruiting to 20 vacant care worker posts and a chef.
- The feedback from people was mixed in relation to staffing. Comments included "My buzzer is not always answered quickly. If I have to wait, I start shouting. It happens quite often" and "The staff are always popping in or shout out as they pass".
- However, feedback from relatives was positive about staffing telling us they could always find a member of staff and staff often popped in to complete the records or assist with personal care.
- There was not enough staff with the right skills to meet people's care and support needs.
- The home was using approximately 500 to 600 hours of agency per week to cover shortfalls in staffing. One person told us, "There is enough staff but often agency staff do not know what they are doing and do not know me". Staff said that it was much harder when there were agency staff especially if they had not worked at Oaktree before. One person said, "There is often two agency staff and two permanent staff working on Primrose".
- Staff felt there was not enough staff on both Primrose and Bluebell. On Bluebell staff told us there were five care staff and two nurses but nearly everyone needed two staff to support them.
- We saw people having to wait because there was not a second member of staff to support them. We observed some people still in their night wear at 11 am. One person said, they liked to get up at 8 in the morning and were not happy they were still in bed at 11 am. This would indicate that there was not enough staff.
- Staff said that whilst there were safe staffing levels, care was often rushed and often they had to apologise when chatting to people because a call bell had been activated. They said there was little time to spend with people chatting or doing activities.
- People told us that on occasions there were delays with their call bell being answered. One person told us they had been ringing their call bell for ten minutes. They were very upset at the time.

This demonstrates a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place. Staff continued to receive training on safeguarding.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them. They felt confident raising safeguarding concerns directly with the local authority.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People we spoke with told us they felt safe. They said if they were concerned they would speak with a member of the care staff or the registered manager. One person said they felt safer when regular staff were working as agency staff did not know them well enough.
- Relatives felt their loved ones were safe. One relative said, "I no longer have to worry, they will tell me if something is not right".

#### Assessing risk, safety monitoring and management

- People received a safe service because risks to their health and safety were well managed.
- Risks which affected people's daily lives, such as mobility, communication, skin integrity, nutrition and continence were clearly documented and known by staff.
- Technology was used to help keep people safe such as the use of monitors, which alerted staff when a person was mobilising. Checks on this type of equipment had improved since the last inspection.
- Relatives told us they felt the service was safe. One relative said, "Yes, definitely safer at Oaktree I no longer worry", "Safer than previous home, I have confidence in the staff in supporting mum. They regularly check on mum" and "They are always popping in and completing checks and records".
- Comments from people included, "Yes, I do feel safe here. I don't like being by myself at night. I like it here. My family was worried about me. I made up my mind to come here", and "The staff are very good. I feel safe with them. They'll always do anything for me". One person said they felt safe when permanent staff were working and not safe when there was agency staff who were less familiar. They said this was quite often when there were two permanent staff and two agency staff.
- The environment was safe and well maintained. Emergency plans were also in place to ensure people received the support they needed in the event of a fire or other incidents.

#### Using medicines safely

- Medicines were safely managed. There were systems for ordering, administering, and monitoring medicines. Where medicines errors had been made, these were quickly found and resolved to keep people safe.
- Medicines were secure, and records were appropriate.
- Observations of staff showed they took time with people and were respectful in how they supported people to take their medicines.
- People confirmed they received their medicines when they needed them. Although the care staff were not always completing the topical cream charts in people's bedrooms.

#### Preventing and controlling infection

- Staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.
- The home was clean and tidy. People and their relatives confirmed the home was clean and free from odour.

#### Learning lessons when things go wrong

- Staff completed accidents and incident records, and these were reviewed to consider if lessons could be learnt to reduce further risks.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires improvement. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they moved to Oaktree Care Home.
- People's needs were regularly reviewed to ensure the home continued to be right for them. For example, some people had moved from the nursing unit to the dementia nursing unit or the residential unit to the dementia nursing unit. This was done in consultation with family and the placing authorities.

Staff support: induction, training, skills and experience

- Staff had been given training and were encouraged to complete nationally recognised qualifications. Competency assessments had been carried out in relation to medicines and manual handling. New staff to care had completed an induction and were planning to complete the Care Certificate.
- The provider had an expectation that the service would achieve 90% of staff having completed training. We saw there was an overall compliance of 81% and 83% for three consecutive months from the provider audits. There was no overall action plan in place to address this.
- The home supported people with diabetes. When we asked the registered manager whether staff had completed training on this area they were unable to provide us with any evidence of this being completed.
- Staff told us they were supported in their role and could speak with the unit managers. However, they told us they had not received regular supervision from their line manager. The registered manager was aware of this and had organised dates throughout the year for staff on a supervision planner. From looking at the provider checks this had been an ongoing issue since October 2018.

This demonstrates a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to receive meals which mostly met their dietary requirements, this included the texture they needed to reduce the risk of choking.
- Where people were at risk of poor nutrition professionals were involved when required.
- The majority of the people we spoke with told us they liked the food. They told us they were offered two choices for their lunchtime meal each morning and that if they did not like either choice they could request something else. One person was not happy with the food and told us it lacked variety. One of the meals on the first day of the inspection was corn beef with spaghetti followed by rice pudding. People complained it was not appetising. Some people eating in their rooms complained it was cold. There was no evidence people had eaten from all of the food groups when provided with this meal such as vegetables or fruit.
- There was no fruit or snacks available in the main lounges or dining areas where people could help

themselves. Staff told us these were kept in the dining areas in the cupboard. There were biscuits and crisps and no healthier snacks.

- The registered manager told us there was only one chef and they were actively recruiting for a second chef. They were aware of the concerns raised about the choice. They had access to a catering manager that could help support the chef in designing a menu that was wholesome and meet the needs of people.
- The meal service was not organised or conducive to a positive experience for people. In two areas of the home, inappropriate background radio programmes were playing. One was a political debate on knife crime which was quite heated. This was particularly not appropriate for people living with dementia who may not understand this was a radio programme.
- People were left for short periods in the dining area on Primrose when staff had assisted others. Some people were at risk of choking and although it had been for a short period of time this was unacceptable.

We recommended that the provider consider ways of providing people with more choice and ensuring that dietary preferences were identified and catered for.

Staff working with other agencies to provide consistent, effective, timely care

- The service and its staff were committed to working collaboratively and had good links with health and social care professionals.
- Staff communicated effectively with each other. There were systems in place, such as daily notes on care records, a handover meeting between shifts and nurse's communication book. This helped to keep staff informed about any changes in a person's care and support. Where other professionals or agencies were involved a record was maintained of the visit and any follow ups.

Adapting service, design, decoration to meet people's needs

- Oaktree Care Home was a purpose built care home arranged over two floors. There were three units. Each had their own dedicated teams and unit managers.
- There was a refurbishment plan in place with ongoing decoration being completed in Primrose and Bluebell. Some people had raised concerns about the decoration not being as good as in the new residential unit Snowdrop. The registered manager confirmed this was being addressed. Some areas in comparison to Snowdrop did look tired.
- People's bedrooms were very personalised. There was signage and memory boxes in the dementia units to help orientate people.
- Each unit had access to a dining area, kitchenette and lounge. There were clinic rooms for storage of medicines in Blue Bell and Primrose. Snowdrop shared the clinic room with Primrose. Staff said this was not a major problem due to the low occupancy of Snowdrop, but it did mean the senior staff had to leave the unit to get the medicine trolley.

Supporting people to live healthier lives, access healthcare services and support

- There were robust systems in place to monitor people's on going health needs. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. People and staff told us that the service regularly liaised with a range of health professionals.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training during their induction and understood their responsibilities around consent and mental capacity. We observed staff seeking consent from people before they supported them.
- Assessments had been completed when people lacked capacity and a best interest meeting was used to agree the decision. These included professionals and people of importance to support this process. Relatives confirmed they were involved in their loved ones care and consulted.
- There were systems in place to monitor any DOLS authorisations. Staff told us they completed an application one month prior to the expiry date. Approvals were monitored to ensure any conditions on authorisations were being met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us the staff treated them with kindness and were positive about the staff's caring attitude. However, staff told us they did not always have time to sit and talk with people.
- A pen picture and information about people's lives were kept in people's rooms. Information about people's background, history, favourite pass times and life experiences had been recorded. This included photographs that family had brought in.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in making decisions about care and support. Care plans were regularly reviewed, and changes were made when required.
- Resident and relative meetings were organised quarterly. Minutes from those meetings showed a range of information was discussed, which included planned changes around the home, activities, staffing and food choices. This showed people were involved with decisions about how to spend their time and supported to express their views.
- Relatives told us the staff kept them informed about changes in people's care and involved them in important decisions about their family member's care. One relative said, "The recent relative meeting was very useful". They said it had been well attended and enabled them to build links with each other.
- We saw staff recognised their responsibility to support people to have choice over their daily routine. One person wanted to attend the church service but was still in bed at 10:25 when initially it was due to start at 10:30. This had been delayed until 11, as the facilitator had not arrived.
- We saw people could choose what they had to eat and drink. We observed staff asking people if they wanted to wear a clothes protector at lunchtime and whether they wanted to take part in the activities that were taking place.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was mostly respected. For example, staff were discreet when asking people if they required support to use the toilet. However, one person on Primrose was lying on their bed in a state of undress with their bedroom door open.
- Staff were observed knocking on doors before entering and asking people what help they needed before they assisted people.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome.
- People were supported to be independent with eating, drinking and personal care. Care records described what people could do and where they needed support. However, we observed a person who was struggling to eat their lunch. Staff told us recently there had been a decline, but the person did not want assistance.

This was not captured in the care plan. This was addressed by the unit manager immediately with clear instructions for staff on supporting the person in a person centred way.

- People were free to access all parts of the home where they were residing. However, some people on the dementia units were unable to access the garden area unless supported by staff. One person told us they liked to access the garden but often were unable to because staff were busy supporting others.
- The provider followed data protection law. The information we saw about people was either kept in locked offices or on password protected computers. Information on notice boards was now kept in discrete files in the office in each unit. This was a quick overview of each person's needs in respect of staff support, special dietary requirements, specific checks such as bedrails and whether a deprivation of liberty safeguard was in place. This meant people's private information was kept securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Requires improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had a care plan describing how they needed and wanted to be supported. However, some information was not up to date. For example, one person's care and support had changed in respect of how they were supported with their medical condition. This was because they were no longer being treated with medication. There was no clear guidance for staff to monitor for any changes especially for staff that were not nurses. Staff had to read the monthly review entries to identify the changes. Assurances were provided that this would be updated immediately.
- A member of staff told us "We need more staff up here (Primrose) especially at meal times. How can we pick and choose which person to help first? By the time we get to some people their meal has gone cold. It's the hardest thing - choosing who to assist first." This tells us the care was task focussed due to the lack of staff. Staff said they did not have the time to sit and chat with people.
- Whilst people were consulted about their individual preferences in respect of when to get up, go to bed and activities they wanted to take part in. Sometimes this was not always acted upon due to the staffing levels and the use of agency.
- The registered manager told us they were reviewing how staff were supporting people in the morning as it had recently been noted that the night staff were supporting the majority of people to get up. Meaning the care was not person centred and people were not getting up when they wanted.
- People's needs, including those related to protected characteristics, were identified. We saw details around equality and diversity were included in care plans and staff had received training in equality and diversity.
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people were identified as having hearing difficulties and where they had sight impairment. Appropriate signage had been provided to help orientate people to their environment.
- There had been an improvement on the recording of daily care delivery such as personal care, and the checks that people needed to keep them safe.
- Activity co-ordinators were employed to plan and organise activities. There was a seven day programme. One to one activities were organised in the morning and group sessions in the afternoon. A bingo session and a church service was taking place during the inspection. External entertainers also visited the home on a regular basis, along with a choir. Children from a local school visited at Christmas. There was no information about forthcoming activities taking place in the home.

Improving care quality in response to complaints or concerns

- Improvements had been made to how the service responded to complaints. At the last inspection some people had felt they had not had a full response to their concerns. This had been a breach in regulation.

- There had been four complaints received since the last inspection. These had been investigated and the outcome fed back to the complainant. People and relatives said that they felt able to speak to the registered manager or staff on duty.
- We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place.

#### End of life care and support

- The provider was not supporting people with end of life care at the time of our inspection. People had been consulted about their needs and wishes and formed part of their end of life plan.
- The home had received a number of compliments from relatives in the support they and their loved one had received in respect of end of life care. Comments included "Care outstanding helped to make her last chapter comfortable", and "Caring and patient staff, especially as X was not always easy". A relative told us how the staff, some on their day off had come to say their goodbyes and pay their respects. They had been very touched by this and how the staff had supported not only their loved one but also the family.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires Improvement. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection there had been a change of registered manager. The registered manager commenced in post in July 2018. Relatives spoke positively about the change of manager and the small changes they had noticed. Staff said they were supported by their unit managers or the deputy manager. They were aware they could speak with the registered manager although some felt she was very busy and so chose to speak with their unit managers.
- The registered manager operated an open door policy and were knowledgeable about the people living at Oaktree House.
- The provider and registered manager completed various audits to assess the quality of care and support to people. Some of these were not robust enough to drive improvements.
- The regional manager completed monthly visits and checks of the service. The last visit to the service by the regional manager was 27 December 2018. There had been no visits in January and February 2019.
- After the inspection we were informed that there had been two visits in January 2019 by two senior representatives. These focused on the environment rather than care delivery and staffing.
- Actions from the provider visits were not always taken in response to identified areas of improvement, in a timely way. For example, since October 2018 the service had not been completing supervisions and training in accordance with the provider's key target indicators. There was no action in place to make improvements to ensure ongoing compliance.
- The audit completed by the provider was a tick box of either yes or no. There was no qualitative data, making suggestions for improvement or an action plan. The audit had just stated 'no' to compliance stating the service was at 81% compliance for training.
- The tool asked for the provider representative to speak with three staff and check out knowledge on governance and leadership processes. This had been ticked with 'Yes' but not who they spoke with or any comments about the discussions.
- The staffing tool that was used, looked at dependency of people. We were told that when there were 33 people living on Bluebell then staffing would be increased. This would indicate it was based on numbers rather than individual needs. Staff said there was not enough staff working to support people and the high agency usage was impacting on staff morale. The registered manager told us the provider had told them they needed to cut staff by 11 hours per week.
- We asked if there was an improvement plan for the home. The registered manager told us there was no improvement plan other than the one from the last inspection. This was in respect of the breach in regulations in relation to the management of complaints.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and the deputy manager spent time in the home and provided clear leadership for staff. Daily walk arounds were completed, which included speaking with staff and people who used the service. People and their relatives mostly knew who the registered manager was.
- The registered manager told us they were challenging staff practice ensuring it was person centred. This was to ensure people were supported based on their preferences when getting up in the morning. This had been discussed during staff meetings and through daily handovers. They were also working with staff to improve the dining experience for people.
- Relatives told us the staff had kept them informed of any changes or when their loved one was unwell. People had been consulted about their care they wanted. A relative told us, "Excellent provision, staff and leadership".
- The registered manager had ensured that notifications had been submitted to CQC where this was necessary. The rating from their last inspection was displayed in the home. The registered manager was transparent with all stakeholders including relatives and health and social care professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to give their views on the quality of the service through resident and relative meetings. People and their relatives' views were sought via an electronic tablet where they could comment on the care and support that was in place.
- Staff were encouraged to be involved in the running of the home. There had been two staff meetings since the registered manager had been appointed in July 2018. In addition, daily head of department meetings were held to discuss any risks or concerns to the service such as staffing or if a person was unwell.

Continuous learning and improving care

- We found the provider's approach to leading and sustaining improvements at the service lacked rigour. The registered manager told us they met with the provider on a regular basis. However, the provider had not developed an action plan or service improvement plan with the registered manager to monitor the improvements needed.
- Staff told us they had attended training with the Royal College of Nursing on a variety of topics. The registered manager told us this had been open to all staff.
- Monthly meetings were organised for the registered manager to meet up with other registered managers working for Four Seasons. We were told there were no minutes of these meetings which would enable those unable to attend to know what was discussed or expected of them.

Working in partnership with others

- The registered manager and the staff team worked with other professionals to ensure people received joined up care when they moved between services.
- The provider representative was meeting with the Care Quality Commission every three months to review all local services including Oaktree Care Home to ensure improvements were embedded locally.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not robust to drive improvements in the service. There was a lack of action plans to drive improvement. Regulation 17 (1) (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  People who use services were not supported by sufficient staff, with the appropriate skills and training.  Staff were not being supported in their roles through regular supervision and appraisal.  Staff had not always received training based on the needs of the people they were supporting. For example, training on diabetes. Regulation 18 (1) (2) (a)