

HC-One Limited

Oaklands (Essex)

Inspection report

Forest Glade
Dunton Hills
Laindon
Essex
SS16 6SX

Tel: 01268491491

Website: www.hc-one.co.uk/homes/oaklands-essex/

Date of inspection visit:
27 September 2016
30 September 2016

Date of publication:
09 November 2016

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

The inspection was completed on 27 and 30 September 2016 and was unannounced.

Oaklands (Essex) provides accommodation and personal care for up to 55 older people who may have care needs associated with living with dementia. There were 48 people living at the service at the time of our inspection. The service does not provide nursing care.

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

Although people told us they felt safe, we found that the systems and processes in place to help keep people who lived at the service safe required improvement. People were not protected from the risks associated with the unsafe use and management of medicines.

There were quality assurance processes in place to monitor the quality of the service and to make improvements, however the manager had not undertaken regular audits since they had been managing the service as they had been working to an action plan agreed with the registered provider.

There were processes in place to seek the views of people who used the service and those acting on their behalf but it was unclear how this feedback was used to improve the quality of the service. Improvements were required to ensure people's concerns and complaints were acted upon.

Care plans were in the process of being updated and reviewed however some of the information in people's care records was contradictory. People's healthcare needs were monitored and advice and guidance was sought from healthcare professionals when needed.

Although the manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS), some staff had a limited understanding of the MCA and DoLS.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. People were able to choose alternative meal options if they did not like the choices offered on the daily menus.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back 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?

Requires Improvement ●

The service was not always safe.

Medicines were not managed safely. Medication was not stored appropriately and staff did not always follow safe practice when administering medication.

Improvements were required to ensure risks to people were effectively managed.

Staff had a good understanding of safeguarding people from abuse.

The service followed safe recruitment processes.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Not all staff were able to demonstrate that they had a good understanding of the Mental Capacity Act 2005.

Although staff told us they received supervision and appraisal we did not have access to records to confirm this.

People were supported to maintain good health and had access to healthcare professionals when they required them.

People were supported to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People spoke fondly of the staff that supported them.

Staff knew people well and had a good understanding of people's care and support needs.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Improvements were required to ensure that people's care plans clearly recorded their care and support needs.

Improvements were required to ensure people's concerns and complaints were acted upon.

People were involved in the planning, and review, of their care.

Is the service well-led?

Some aspects of the service were not well-led.

The service did not have effective quality assurance systems in place and further improvements were required as they had not highlighted the areas of concern we had identified during our inspection.

The registered provider had failed to ensure they met their legal obligations in reporting to the Care Quality Commission all safeguarding incidents which had occurred at the service.

There were processes in place to seek the views of people who used the service and those acting on their behalf but it was unclear how this feedback was used to improve the quality of the service.

Staff felt the manager was approachable and supportive and would listen to their concerns.

Requires Improvement 

Oaklands (Essex)

Detailed findings

Background to this inspection

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

This inspection took place on 27 and 30 September 2016 and was unannounced. The inspection team consisted of two inspectors 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

Prior to the inspection we reviewed all the information we held about the service including information from the local authority, safeguarding information and statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

During our inspection we spoke with 17 people who used the service and five relatives. The registered manager was not available during the inspection so we spoke with a representative of the registered provider who was managing the service in their absence. We also spoke with six care staff, the activities coordinator, maintenance officer and the assistant operations director. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing people who could not talk to us.

We looked at a range of records including eight people's care plans and records, eight staff files, staff training and supervision records, staff rotas, arrangements for the management of medicines, complaints, a sample of policies and procedures and quality assurance records.

Is the service safe?

Our findings

We asked people whether they felt safe living at the service. Some people told us that they did not always feel safe and several said that the high turnover and recent changes of staff had made them feel less safe and secure. One person told us, "They especially have a rapid changeover of night staff; it makes me not trust them." A relative told us how they visited their relative daily to check the care provided to their family member; they said they felt they had to do this in order to ensure they were safe.

Whilst people told us they received their medication as they should and at the times they needed them, the arrangements for the management of medicines were inconsistent and unsafe. Not all medicines were stored safely for the protection of people who used the service. This referred to topical creams with active ingredients found in people's rooms, for example, pain relief gel. This meant that people's medication was easily accessible to those not authorised to have access to it. Additionally we found that not all topical creams were recorded on the person's Medication Administration Record (MAR). A bottle of antibiotic liquid medication was stored within one of the service's dedicated refrigerators used to keep medication cold. On closer inspection we found that there was no dispensing label to determine who the medication was for or when the medication had commenced. The instruction on the bottle recorded, 'Store for 7 days.' This meant there was a risk that this medication could be given to someone else other than the person it was prescribed for and for longer than the stipulated seven days.

We identified that five out of 16 people's medication had not been appropriately managed to ensure their safety and wellbeing. We found unexplained gaps on the MAR forms, giving no indication of whether people had received their medicines or not, and if not, the reason why it was not recorded. For example, The MAR form for one person showed that their once weekly medication had not been signed on the MAR form on one occasion. On further investigation we found that the person's medication remained in its original packaging. No rationale for the omission was recorded on the reverse of the MAR form. We discussed this with a senior member of staff and they were unable to provide a rationale for the discrepancy. Another person's MAR form recorded that one of their medicines should only be ingested on an empty stomach. However, the MAR form showed that this was administered with all other medications. This demonstrated that people did not always receive their prescribed medication in line with the prescriber's instructions. Where one person was prescribed a short course of medication, the MAR form recorded that 28 tablets had been received; however 30 staff initials were recorded. It was unclear as to why there was a medication variance as no medication had been carried over from the previous month. We discussed this with a senior member of staff and they could not account for the discrepancy. Furthermore, staff were noted to use the wrong code on the MAR form. This referred specifically to the code 'N' – 'offered PRN not required' recorded on the MAR form for one person consistently in relation to their night time medication, however their medication was prescribed and should be administered four times a day. It was evident that staff who administered the medication were not following the prescriber's instructions and were making the decision as to when the medication should be given. We discussed this with the senior member of staff and they confirmed that they had not contacted the prescriber, namely the person's GP, to discuss this and gain their agreement to administer the person's medication as and when required.

It was difficult to determine if staff had failed to apply people's topical creams or solely failed to record the administration. For example, the medication administration records detailed that several people were prescribed a topical cream to prevent irritation to a person's skin or to soften a person's skin and these should be applied once or twice daily. However, it was not possible to determine if this had always been applied by staff as there were no records available and people's daily care notes did not always confirm if these had been applied. Additionally where people were prescribed a transdermal patch at specific intervals, the site of application was not always recorded so as to demonstrate that the position of the transdermal patch was being rotated to avoid skin irritation. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream over a period of time.

Although medication audits had been completed at regular monthly intervals; these had not highlighted any areas for corrective action. None of the above issues had been identified.

Observation of the medication rounds throughout our inspection showed these were completed with due regard to people's dignity and personal choice. Staff involved in the administration of medication had received appropriate training and competency checks had been completed.

People's care plans included a variety of assessed risks to people such as mobility, pressure sore management, medication and safe transfer. Although the care plans we looked at were individualised and included guidance for staff on how to minimise any identified risks, we found that these risks were not always appropriately managed. For example some people were assessed as at high risk of developing pressure ulcers and the preventative measures in place were not always being followed. During our inspection we checked the setting of pressure relieving mattresses and chair cushions. We found one person's pressure relieving mattress had low pressure and was not set at the correct setting and was beeping constantly to alert staff that there was a fault. Staff had not picked up this fault when undertaking regular checks throughout the day and had recorded on the person's care records that equipment had been checked and was in good order. We discussed this with the manager who said they would immediately rectify the fault. Additionally, where it was recommended that people were repositioned at regular intervals, we found that this was not always recorded on their repositioning chart. For example, on one person's repositioning chart where it was stated they should be repositioned every two hours, we found they had been repositioned at 07:00am on the 25 September 2016 and no further entries had been made until 08:40am on the 26 September 2016. This meant it was not possible to determine if they had been repositioned thereby placing them at risk of developing pressure areas due to lack of relieve. We could not be assured that risks to people were being effectively managed.

These failings demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed feedback from people regarding staffing levels. One person and their relative told us that there were not always enough staff which meant requests were not always actioned. Another person told us, "They [staff] left me in the chair for a long time last night because they needed two carers to help me to bed." They went on to say how they were very tired and found it very hard to be left for so long. Some people told us, and our observations confirmed that call bells in their rooms were not always accessible. Feedback from people included, "Normally I've got a red alarm [call bell] but not today; I'd shout today." "I just shout or scream but they take a long time [to respond]." and, "The alarms [call bell] don't work so well now, they used to make a noise but now they vibrate in their [staff] pocket; once or twice they have taken ages to come and they say they haven't felt it." On the first day of our inspection we pressed the call bells in two people's rooms at different times of the day. The response times were eight and ten minutes respectively. We

discussed this with the manager who told us people should not be waiting that length of time for staff to respond and that they would address this concern. On the second day of our inspection we noted the manager had taken action to ensure people's call bells were accessible.

Staff also told us that there were not always enough staff. One member of staff told us how on occasions there were two care staff instead of the usual three working on their floor which had impacted on the care provided to people such as them waiting longer for staff to respond to their individual needs and people being left in communal rooms without staff support. The manager confirmed that there had been some issues primarily at weekends where there had only been two members of staff. They said that agency staff were now being used to ensure staffing levels were maintained. The manager told us they used a dependency tool to calculate the level of people's needs and used this information to determine staffing levels. They said the tool had been recently reviewed to ensure staffing levels were based on meeting people's fluctuating needs. Although we observed sufficient levels of staffing during our inspection we could not be assured that staff were always effectively deployed to meet people's individual needs.

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

There were systems to protect people from abuse and harm. Staff demonstrated an understanding of how to identify and report abuse and records confirmed they had received safeguarding training which was provided for new staff and regularly updated for existing staff. Staff were aware they could contact external agencies such as social services or the Care Quality Commission (CQC) to report any concerns. The registered provider had a whistle blowing policy in place and staff we spoke with were aware of this and told us they felt confident to use it.

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The recruitment procedure included processing applications and conducting employment interviews and seeking references. The recruitment records we looked at confirmed that appropriate checks had been undertaken. Staff told us, and records confirmed, they were not allowed to start work at the service until their references and DBS checks had been completed.

The registered provider had a business continuity plan and, in the event of an emergency, staff had access to a list of contact numbers which included the provider's on call management team. A personal emergency evacuation plan (PEEP) had been developed for each person who used the service which provided guidance to staff and emergency services if people needed to be evacuated from the premises in the event of an emergency.

The service employed a full time maintenance person who carried out general maintenance and day to day repairs. Maintenance records confirmed that regular servicing and maintenance was undertaken of equipment such as hoists, fire equipment and emergency lighting. Legionella checks had also been carried out.

Accidents and incidents were recorded and monitored by management to ensure hazards were identified and reduced. All incidents and accidents were recorded on the registered provider's electronic database system and were monitored by the registered provider's quality monitoring team. This ensured incidents and any subsequent actions were followed up and if any trends were identified actions would be put in place to prevent reoccurrence for example referrals made to the falls team or to request a medication review.

Is the service effective?

Our findings

People were supported by staff who were well trained and supported. The training matrix provided by the manager showed that staff had received training in a range of subjects to enable them to undertake their role and responsibilities and ensure people's needs were met. Staff confirmed to us that they had received training and support to meet the individual needs of people. One member of staff said, "The quality of the training is good." Another said, "All my training is up to date and I'm currently doing NVQ Level 2."

Staff told us they received an induction when newly employed at the service. This included an 'orientation' of the premises and health and safety awareness such as location of fire exits and evacuation procedures. One staff member told us, "I was given an overview of the home and shadowed more experienced staff who showed me what to do, they then observed me to make sure I was doing everything correctly." The manager told us, and records showed, that all new staff were required to complete the Care Certificate. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field and covers 15 essential health and social care topics.

Staff we spoke with told us that they received supervision however it was not clear from the staff records we looked at that staff had received regular structured supervision. We discussed this with the manager who told us they were unable to access staff's supervision and appraisal electronic records as they did not have the registered manager's password to access them therefore we could not confirm whether staff had received regular and appropriate supervision and appraisal.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We asked staff about their understanding of MCA and DoLS and they demonstrated varying levels of understanding. Training records confirmed that 79.2% of staff had completed specific training in this area. The manager told us that staff had recently undertaken, or were in the process of undertaking, additional 'face to face' MCA/DoLS training; this was an action being taken by the registered provider following concerns raised by the local authority.

We noted in one person's care records that the person's relative had a Lasting Power of Attorney (LPA). A LPA is a legal document that enables people to appoint one or more people to help make decisions or to make decisions on their behalf. There are two types of LPA; health and welfare and property and financial affairs; one or both of these can be chosen. This meant that the manager and staff were aware of which

decisions should involve the person's representative.

Although people told us that the meals were nice and alternatives were available, our observations showed that the dining experience for people was variable. For example, background music was played at a high volume in the first floor dining room and we heard one person who was sitting near to the speakers commenting on how loud the music was and how hard it was for them to hear and join in the conversation. In the ground floor dining room background music was also played but on many occasions during the mealtime there was interference and no staff addressed this. We observed some staff being very helpful and responsive to people's needs during the lunch time meal, however we also noted some staff were task focussed, for example meal options were simply put down in front of people without any interaction between the staff member and the person.

We also observed the mealtime experience for people who ate in their own rooms. In one person's care plan it stated '[person] is able to independently assist themselves at mealtimes, however requires a lot of prompting and encouragement in order to do so'. We observed the person trying to eat their meal with their fingers and, when we returned a few moments later, their plate had been removed and replaced with a dessert; this remained untouched and no staff were observed encouraging the person to eat their meal. The person's relative told us, "It's only if a good member of staff notices [if meal is untouched] that it gets swapped for something else." They went on to tell us that they constantly reminded staff that their relative was unable to use cutlery and preferred finger food; in the care plan there was no reference to finger food.

People were supported to access health care services and professionals such as GPs, occupational therapists, chiropodists and the community nursing team. The outcome of health appointments was recorded within people's care plans so that staff knew what action to take. One relative told us, "They've nursed [relative] back to health getting rid of bedsores etc. and [relative] are really much better." This showed us that people's health and well-being needs were being met.

Is the service caring?

Our findings

We received mostly positive comments from people about staff. One person told us, "Most are the loveliest people I've ever met; they're in and out all day." Another said, "[Name of staff] on nights is really lovely to me, they're really good." A relative told us, "Staff here are very kind to my [relative]. The senior carer is very good indeed and goes over and above what is needed." However some people told us the level of care and kindness received from staff was variable, one person said, "Most staff are helpful and kind to me mostly. Today all they did was talk to each other probably in English but I couldn't understand a word, they didn't talk to me." The person went on to say how this made them feel uncomfortable and that they felt it was impolite and disrespectful.

During our inspection most people we spoke with looked well cared for and were dressed in appropriate clothing for the time of year. Spectacles, where worn, were clean and smear free. We observed mostly positive interactions between staff and people including staff speaking with people in a friendly and attentive manner, being sensitive to people's individual needs and giving reassurance where needed. The atmosphere within the service was calm and pleasant; people looked relaxed and at ease and staff engaged in appropriate light hearted conversations with people. Staff were knowledgeable about people's individual needs and they knew them well and were able to tell us about people's likes and dislikes.

People were supported to maintain contact with family and friends. Visiting relatives told us they were always made to feel welcome; one said, "We are never made to feel unwelcome and they allow us to bring in our dogs which [relative] loves." Another said, "They offer me a cup of tea and they'll give me dinner if [relative] is unwell and I'm here all day." Where people did not have any family or friends to support them, the service provided information about local advocacy services who could offer advice, support and guidance to individuals if they needed assistance.

Where appropriate people and relatives were involved in decisions about their end of life care and this was recorded in their care plans. For example, one person had an end of life care plan (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) document in place. We saw that the person's family had been involved in this decision. People, their families and professionals contributed to the plan of care so that staff knew this person's wishes and made sure the person had dignity, respect and comfort at the end of their life.

People's diverse needs were well catered for by the service. People's religious needs were recognised and recorded in their care plans. The manager told us monthly services were held in the home for those people who wished to attend.

Is the service responsive?

Our findings

We looked at the way the service managed and responded to concerns and complaints. We received mixed feedback from people about complaints. Some people were unsure in the registered manager's absence who to report any concerns to and one person told us, "Depending on how I feel on the day I know who to speak to and I think they would listen to me." We saw that there had been two formal written complaints since 2016 and these had been dealt with appropriately in line with the provider's policy. However some of the people and relatives we spoke with told us they had complained to the registered manager for example about missing personal items. These complaints had not been recorded and the manager was unable to find any information relating to these complaints. This meant we could not be assured that concerns and complaints were being recorded and appropriately responded to in line with the registered provider's policy.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was not always responsive to people's individual needs and preferences.

People living at the service had care plans in place outlining what support they required. People and, where appropriate, their relatives and health and social care professionals, had been consulted and included in their care planning. However, some of the care plans we looked at were not person centred and contained limited information about the life the person had led and what was important to them. We did however, not note any negative impact on people because of this lack of information as staff appeared to know people well.

Although people's care plans were currently in the process of being updated and reviewed using the registered provider's new documentation we found that some care records were contradictory. For example one person's care plan which had been recently reviewed stated they were at high risk of developing pressure sores which conflicted with their Waterlow assessment which stated the person was at low risk. A Waterlow assessment is a tool used to determine how high the risk of someone developing pressure areas is, depending on factors which are known to increase the risk. This meant that staff did not have clear guidance to follow and this put the person at risk of not receiving appropriate care and developing pressure sores.

In another person's care plan, who had moved into the service earlier in 2016, we saw a note stating some areas of the care plan needed to be completed or updated such as mental capacity assessment and an oral health assessment. We could see no evidence that these assessments had been completed or updated. We also saw from the person's care plan that there was an instruction that the person should be weighed weekly. Records showed that this instruction had not been carried out and we noted the person had lost 8kg over a five month period; their care plan had not been reviewed and updated to reflect their continued weight loss. This meant that although an instruction had been made in the care plan for the person to be weighed weekly, there was no evidence to confirm this had been undertaken or that referrals had been made to appropriate healthcare professionals such as to the person's GP or dieticians or that prescribed

supplements were in place following the person's weight loss.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service employed two activity coordinators who were responsible for delivery of the weekly activities programme. There were various activities such as bingo, singalongs and chair exercises and we saw that notices of the weekly activities were displayed on the main noticeboard and in people's rooms. The activities schedule was subject to change and this happened on the first day of our inspection where we expected to find an afternoon singalong session as advertised. We were informed this had taken place earlier in the day as there was some 'spare time'. People told us that activities would often get changed and some people told us this caused them upset as they sometimes missed activities that they were looking forward to and which they enjoyed participating in. Another person told us they enjoyed the activities but had lost their confidence to join in due to the effects of the medication they were taking. They told us no staff had spoken with them about this or had encouraged and supported them to attend. The service had its own mini bus which enabled the activities coordinators to take people out on day trips such as to the seaside, tea rooms and to a 1940's bungalow. Although the activities coordinator knew people well we noted that in some of the care records we looked at for people living with dementia that there was limited information on how their dementia affected their ability to participate and to be supported in taking part in activities. We discussed this and the activities programme with the manager. They told us they were committed to improving the activities provided to people and would be taking action to ensure this area of the service was improved.

Is the service well-led?

Our findings

The registered manager was not available during the inspection so we spoke with a representative of the registered provider who was managing the service in their absence. The manager had been at the service since August 2016. Prior to our inspection on 29 June 2016 the local authority had undertaken a quality monitoring visit. The visit report showed that a score of 62.4% had been achieved which evidenced a poor service was being provided to people. The local authority had temporarily suspended new placements to the service because of their concerns. An action plan had been developed by the registered provider to address the concerns raised by the local authority.

The service did not have an effective quality monitoring system in place that assured the health, welfare and safety of people as the systems had not identified the areas of concern we had identified during our inspection. For example, the number of concerns relating to the safe management of medicines had not been identified through robust auditing or addressed accordingly. It was apparent from our inspection that the absence of robust quality monitoring was a contributory factor to the failure of the provider to recognise breaches or any potential risk of breaches with regulatory requirements sooner.

The registered provider used questionnaires to seek the views on the quality of the service from people who used the service and their relatives. A resident survey was undertaken in June 2016 and we noted two responses had been received. Both responses stated that they thought the management of the service was good or outstanding. However we noted that some survey questions such as whether people considered there was a wide range of activities/hobbies available, whether staff treated people with dignity and respect and whether staff were responsive to people's views and wishes that comments had been negative. Although responses had been put into pie charts to demonstrate how people had rated the different topic areas of the survey, no action plan had been developed in response to the negative responses. A relatives survey had also been undertaken in June 2016 of which 14 responses had been received and whilst this had also been put into pie charts we noted no action plan had been developed to improve the services as a result of relatives' feedback.

Resident meetings were held monthly however records showed that the last meeting had taken place in July 2016. Records confirmed that a range of areas were discussed including the day to day running of the service, activities, meals and actions from the previous meeting. On average six to seven people attended the meetings and it was unclear how information was shared with people who were unable to attend. People we spoke with could not recall being asked for their feedback on the service and welcomed the opportunity to do so during our inspection. This meant we were unsure how robust the registered provider's systems were to effectively support and encourage people's feedback on the quality of the service.

The service kept records of safeguarding information however the registered manager had not submitted notifications to CQC for a number of safeguards which were being investigated by the local authority. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. We discussed this with the manager who immediately arranged for retrospective notifications to be sent to us. Since the current manager had been in post they had notified us of all

reportable incidents.

People we spoke with did not refer to the manager but did speak about the registered manager. Some told us they were unclear as to why the registered manager was absent from the service. Although meetings had been held with relatives it was not clear how information had been effectively communicated to people living at the service. Staff told us that they felt the manager should be spending more time 'on the floor' getting to know people. We discussed this with the manager who told us they acknowledged this and were unable at the current time to spend as much time as they would like speaking with and getting to know people living at the service as their focus had been on specific actions they had been required to undertake by the registered provider.

These failings demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some staff told us they felt unsettled due to recent changes in management, all staff we spoke with told us that the manager was approachable and supportive. The manager confirmed that no staff meetings had been held since June 2016 with the exception of a meeting chaired by the registered provider's Operations Director which was held following the absence of the registered manager. Staff told us, and records confirmed that regular staff meetings had been held up to June 2016 which provided staff with an opportunity to discuss how the service was running. Daily meetings were held with the 'Heads of Service' which the manager attended.

Staff surveys were undertaken on an annual basis. We looked at a staff survey which had been undertaken in June 2016. Some of the areas staff were asked about included whether they felt valued, whether the service had a positive and inclusive atmosphere, staff felt they were treated fairly and whether their training and development needs were met. Eleven staff had responded to the survey of which 100% of staff stated they were clear on what was expected of them in their roles and 91% of staff felt valued. Staff were committed to providing good quality care, one member of staff told us, "[People] are like family and this is a nice place to work in, I enjoy it."

A staff handover was undertaken between each shift. Information was shared verbally and in written format. One staff member told us, "There is good team work, communication is good including handovers." Another said, "Handovers are really good now, very helpful." Handover meetings included updates on people living in the service to ensure that there was continuity of care for people and that any changes in their needs were clear at all times to ensure their wellbeing.

The manager told us that the service had a very strong care team that knew people very well and were committed to providing good care. They told us staff had knowledge and skills which hadn't been utilised to their full potential and they would be working with staff to develop these such as developing and encouraging staff to become 'champions' in areas such as dementia, falls and nutrition.

The manager told us they received very good support from the registered provider and the assistant operations director visited the service on a regular basis. Since managing the service the manager told us they had built positive relationships with local health and social care professionals. The manager was aware of the Promoting Safer Provision of Care for Elderly Residents (PROSPER) initiative run by Essex County Council (ECC) and was in the process of making enquiries to see whether the service could participate in this project. PROSPER is a resident safety study funded by The Health Foundation to improve the culture around people's safety such as reducing the number of falls, urinary tract infections and pressure sores within the service.

People's personal records were stored in a locked office when not in use but they were accessible to staff when needed. Computers were password protected to ensure confidentiality.

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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(2)(a) assessing the risks to the health and safety of service users Regulation 12(2)(b) doing all that is reasonably practicable to mitigate any such risks Regulation 12(2)(g) the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Regulation 16(2) providers must have effective systems to make sure that all complaints are investigated without delay and maintain a record for all complaints, outcomes and actions taken in response to complaints. Where no actions are taken, the reasons for this must be recorded.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(2)(a) assess monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Regulation 18(1) sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.