Care Quality Commission

Crescent Care Limited

Oakland Grange

Inspection report

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Ratings

Overall rating for this service	**Inadequate**
Is the service safe?	**Inadequate**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Inadequate**

Overall summary

This inspection took place on 11 May 2015 and was unannounced. The service provides care and accommodation for up to 43 older people some of whom live with dementia. There were 34 people living at the home when we visited. Support is provided in a large home that is across four floors. Each room is single occupancy. Communal areas included two lounge and two dining room areas.

The home did not have a registered manager at the time of our inspection. This person had deregistered in April 2015, however we were aware they had left this employment during our last inspection in June 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had employed a manager who had not registered with CQC, however we were told this person had not worked in the service for approximately eight weeks. The provider had a deputy manager in post at the time of the inspection and this person was providing the management support.

At the last inspection on 25 June 2014 we asked the provider to take action to make improvements to the medicine management systems and recruitment processes. The provider sent us an action plan on 31

Summary of findings

October 2014 stating the action they would take to meet the requirements of the regulations. The provider had taken action to address the concerns we had identified, however we identified further areas of concerns.

The provider had not ensured that staff only started work following receipt of satisfactory pre-employment checks. At times there was not enough staff to meet people's needs in a dignified manner. Staff had not received training that would support them in their role. Supervisions of staff were inconsistent and staff had not received an appraisal.

Risks associated with people's care had not been appropriately assessed and plans were not in place to minimise these risks. This placed people at risk of receiving inappropriate care and support.

Care plans for the support people required with their medicines were not in place and where people were prescribed medicines on an "as required" basis no guidance had been produced so that staff could be sure when this was needed and how to monitor its effectiveness. Areas of the home were unclean and not appropriately maintained.

People's care plans were not personalised and did not cover all aspects of their changing needs. There were limited opportunities for people to give the provider formal feedback about their experience of living in the home. People were not supported to express their views or suggest ideas for improvement. However, people gave us positive feedback about their experience of living in the home and we saw staff cared about the people they were supporting.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People could make choices about their day to day lives but where a person lacked capacity the Mental Capacity Act 2005 had not been used to guide practice. People were not able to leave the home without support. The door was locked with a keypad and the code was not visible for people to see. This was a potential restriction on people. However, no consideration had been made about Deprivation of Liberty Safeguards (DoLS) and no applications had been made by the home to the local authority responsible for authorising DoLS to ensure any restriction was lawful.

People enjoyed the food and staff ensured there was a choice of meals available. People were also supported with special diets and were given equipment, where needed, to promote their independence whilst eating. Healthcare professionals visited people when necessary.

Staff felt the deputy manager was supportive and approachable. They felt they could raise any concerns with them at any time and they would take action to address these.

There was not a system for auditing aspects of how the home was run and as such issues we had identified had not been found by the provider. Policies and procedures were not always adhered to and this had not been identified by the provider. Some policies did not relate specifically to Oakland Grange. Whilst information about risks to people was gathered this was not used to ensure plans were developed to mitigate such risks.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for this service is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

• Ensure that providers found to be providing inadequate care significantly improve

• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

• Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the

Summary of findings

service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. You can see what action we have taken at the back of the full version of the report.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Staffing levels were not sufficient to meet the needs of people at all times and recruitment practices were not always safe and in line with the provider's policy.

Risks were not safely managed for people and plans of care had not been developed to reduce risks associated with peoples care. Care plans had not been developed for people's medicine support needs. People were not cared for in a clean environment.

Staff demonstrated a good understanding of safeguarding adults at risk and knew who to report concerns to.

Is the service effective?

Requires improvement

The service was not always effective.

Whilst staff felt supported, formal supervisions were inconsistent and appraisals did not take place. Some staff had not received the training required to support them in their roles.

Staff demonstrated a poor understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The use of the Act and DoLS had not been considered.

People's nutrition and hydration needs were met by staff that understood and knew what they needed. Where there were concerns about peoples care and health, input from other professionals was sought and followed.

Is the service caring?

Good

The service was caring.

Staff knew people well and understood their likes, dislikes and preferences

People's privacy and dignity was maintained. Staff demonstrated a caring and compassionate approach to people.

Is the service responsive?

Requires improvement

The service was not always responsive.

Staff were aware of the support people required and responded to their needs. However, care plans lacked an individual approach and did not always contain the information staff would need when supporting people.

Whilst people were sometimes involved in the development of their care this was not undertaken consistently.

Summary of findings

The home had a complaints procedure that was understood. No recent complaints about the home had been received.

Is the service well-led?

Inadequate

The service was not well led.

There was no registered manager in place.

Policies and procedures did not always reflect the needs of the service.

Quality assurance systems were not always in place to ensure effective monitoring of the service. Where systems were in place these were not effectively used to drive improvements. Information gathered about risks to people was not used to ensure plans were developed to mitigate such risks.

Oakland Grange

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 11 May 2015 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. The expert had experience in providing nursing care to older persons.

Before the inspection we reviewed information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

It was not always possible to establish people's views due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We spoke with 12 people using the service, two relatives and a visitor. We spoke with the nominated individual, the deputy manager and five staff including kitchen staff. We also spoke with two external health and social care professionals.

We looked at the care records for four people in detail and medicines administration records for five people. We reviewed staff duty records, the recruitment and supervision files for six staff. We looked at records of staff training and records relating to the quality monitoring of the service. This included complaints, accidents and incidents, infection control, audits, policies and procedures. We observed care and support being delivered in communal areas.

Inadequate

Is the service safe?

Our findings

People told us they felt safe living at Oakland Grange. They said they had no concerns and were well looked after. However our own observations and the records we looked at did not always match the positive descriptions people had given us.

During our inspection in June 2014 we found the service was in breach of regulation 21 of the Health and Social Care Act 2008 Regulated Activities Regulations (2010). This was because the recruitment and selection process needed to be more robust to ensure people were cared for, or supported by, suitably qualified, skilled and experienced staff. The provider's application did not ask candidates to confirm if they were physically and mentally fit for work.

At this inspection we looked at the recruitment records for six staff. Two of these staff had been recruited to the home within the last 12 months. Application forms were in place, completed and asked all relevant questions. In addition photographic identification was in place. The provider policy stated, "The assessments made by interviewers must be formally recorded on an interview assessment form". However we found no record of interviews for two recently recruited staff members. We were told the previous manager had done these but could not tell us when or where they were recorded. The provider policy stated, "all new staff are confirmed in post following completion of a satisfactory criminal record enhanced or standard check" and "a minimum of two written references are obtained before an appointment is confirmed". However recruitment records showed that the provider did not always wait for pre-employment checks to be returned before staff commenced work. For example, one staff member had commenced work before the provider had received their references and Disclosure and Barring Service (DBS) check. The further two staff members records showed they had started employment before the provider received their DBS check. These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services. Whilst the checks had been initiated, staff had commenced work before the results were returned and no risk assessments had been undertaken to support the decision that staff were suitable to work with adults at risk in the meantime. The provider's policy was not being adhered to and safe recruitment practices were not taking place.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

During our inspection in June 2014 we found the service was in breach of regulation 13 of the Health and Social Care Act 2008 Regulated Activities Regulations (2010). This was because people were not fully protected against the risks associated with medicines because staff did not always follow correct medicines recording and coding procedures.

At this inspection, medicines care plans had not been developed for people to guide staff on how the person would like their medicines administered or how they preferred to take them. Three people were prescribed medicines on an "as required" (PRN) basis. Whilst we could see these had not been administered there were no plans of care in place to guide staff about when they may be needed and how to monitor the effectiveness of the medicines. The provider's policy titled "Medication to be "Taken as Required" stated "A specific plan for administration is recorded in the service user's care plan and kept with their MAR charts. This will state clearly what the medication is for and the circumstances in which it might be given". The provider's policy was not being adhered to and people may be at risk of not receiving this medication when needed or receiving it when they do not need it. Medicines are required to be stored at certain temperatures. The room where medicines stored was very hot. There was no thermometer in the room and the room temperature had not been checked. The medicine's fridge temperature was in the correct range on the day of our inspection, however the records showed this had not been checked since 1 May 2015. We could not be assured that medicines had been stored at safe temperatures. This meant people were at risk of receiving medicines that may be heat damaged and therefore not effective, putting their health and wellbeing at risk.

The lack of medicines care plans, PRN guidelines and the unsafe storage of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The medicines records of six people who lived in the home contained a photograph of each person and photos of the

medicines they were prescribed. This supported staff to identify the person and the medicines they were administering. People's allergies and sensitivities were marked in red on the front of the medicines administration records (MAR) chart. The MAR charts were signed for appropriately and there were no gaps on the MAR charts we reviewed. However, we found one controlled drug had been administered as prescribed and recorded on the person's MAR but this had not been recorded into the controlled drug register as required by legislation. Only senior care staff were permitted to administer medicines and we saw they had received training to support them to undertake this role. Medicines were stored securely and our observation of a medicines administration round showed people were administered their medicines as prescribed and on time. People received their medicines in a polite and courteous manner and were not rushed or hurried in any way. The member of staff waited to make sure the person had taken their medicines before moving on to the next person.

Risks to people with regard to their individual needs and wellbeing were not managed effectively. Three people had a diagnosis of diabetes however their care records contained no information about how this condition affected the person, any risk associated with the condition or how staff should provide support. There was no information about people's normal blood sugar range and therefore no guidance about when a blood sugar reading may be considered too high or low for the person. Blood sugars were being monitored by staff but it was unclear how frequently these should be checked. One person's blood sugars had not been checked for the period 15 November 2014 to 20 March 2015 and it was not clear why. Staff were not able to tell us the reason. A second person's blood sugars were being checked daily from 1 February 2015 to 13 February 2015. In these 13 days the blood sugars range varied. The levels were not checked again until 20 March 2015. Staff told us daily blood sugar checks were no longer needed for this person but we found no entries in this person's record to indicate why and who made this decision. Care plan folders for these two people contained the same undated information about what to do if the person suffered a hypoglycaemic (hypo) attack. This occurs when a person's blood sugar levels fall below a safe range. No guidance about what a hypo was or of how staff would identify if a person was experiencing an attack was in place. Staff had not received training about this and we were told us this was planned for the future. The undated information about what to do if a person suffered a hypo told staff what to do and listed that the treatment was held in the drugs room draw, however we checked this draw and found three items identified for treatment were not available and one item had gone out of date in September 2014.

For one person we saw there were eight completed accident records which showed the person had eight falls between the 3 March 2015 and 11 April 2015. The falls assessment had been completed in 2013 and this had not been updated to reflect the current situation. No risk assessment or plan of care had been developed which identified this risk or the action staff should take to minimise such risk. The mobility section of the persons care plan was also dated 2013 and this did not identify any risk of falls. A second persons care records showed they had fallen seven times since they were admitted to the home. The falls assessment had not been dated and stated the person was at a low risk of falls. There was no risk assessment or plan of care to identify the risk and how to reduce this. This meant that both people were at risk of potentially avoidable injury through not receiving safe care and support in response to their changing mobility needs.

One person's care records recorded that they could display behaviours which placed themselves and others at risk. No risk assessment or plan of care to identify the risk, the behaviours and the support they needed had been developed. Staff we spoke with knew this person well and told us how they provided encouragement to the person and allowed them time to calm when they became anxious. However the lack of clear risk assessment and planning meant there was no structured plan to provide clear support for this area of need and left the support approach open to personal interpretation. There was a risk the person may not receive consistent and appropriate support, putting them and others at risk.

We had been made aware by the provider before our inspection of an incident that had occurred which placed people at risk. We looked at the risk assessments for the people that were involved and found these were undated and did not reflect the risks associated with the incident. They described how staff were to check one person hourly and that a second door handle had been placed on a door. However it did not identify the action staff should take if the incident was to reoccur. We could not see a record of

hourly checks in this person's care plan file and were told the second handle had been removed as one person had now moved rooms. The risk assessments and care records did not reflect this.

The provider risk assessment policy stated "A risk assessment should be undertaken of the potential risks to service users and staff associated with delivering any agreed package of care before the care or support worker commences work ". We could not see that the policy was effective or adhered to as risk assessments were undated. The policy also stated "The risk assessment should include an assessment of the risks for service users in maintaining their independence and living day to day" and "The manner in which the risk assessment is undertaken should be appropriate to the needs of the individual service user". The policy had not been adhered to as risk assessments had not been conducted based on people's needs.

This failure to manage risks safely put people at risk and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not cared for in an environment that was always clean. Several areas of the home were unclean. For example, the floor in the dining room was stained with multiple spillages and was sticky when standing on it. Skirting boards in the dining room were stained with spillages and black dust. Windows in this area were dirty and chairs were stained. The plug hole in the bathroom on the middle floor was full of hair and wet paper tissue. The kitchen larder was heavily stained and littered with food debris and dust.

Areas of the home did not allow for good cleaning. For example, the store cupboard on the basement floor contained bare wood shelves. The linen cupboard on the basement floor door frame was down to bare wood, the walls were cracked in places and the paint was peeling. The shelves in this area were also bare wood. This meant adequate cleaning procedures could not be carried out. The plastic coating on the shelving in one fridge had peeled away leaving exposed rusty shelves for food to be stored on. This meant food was at risk of cross contamination and the shelves could not be cleaned effectively. We saw the plastic coating on wire baskets for the dishwasher were cracked, peeling and down to exposed rust. These area had not been adequately maintained to ensure they could be effectively cleaned.

We looked at the cleaning schedule records for the basement, ground, middle and top floor. These stated all rooms and passageways were to be cleaned on a daily basis and signed for. We found the records did not show that cleaning had taken place on multiple occasions. These records had an area for a manager to sign however they were inconsistently completed meaning we were not assured any of these areas had been checked by management or the provider. The system in place to ensure the home was clean were not effective.

The failure to ensure the home was clean and adequately maintained was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not always enough staff on duty to meet the needs of people at all times. The provider could not demonstrate effectively how they identified the number of staff required on each shift to meet the needs of people. The provider policy did not identify how staffing levels were determined. We found no dependency tool being used to assess the level of support people required and the deputy manager confirmed they did not use one. A staff member told us the home had always run at the staffing levels we found at the time of our inspection. The home was a large building spread across four floors. Some people chose to remain in their rooms while others chose to use the communal areas. The deputy manager told us there were six care staff, two domestic staff and the cook on duty. They told us one member of staff was allocated to the basement level, one to the ground floor, one to the middle floor and one to the top floor with the six providing floating support across all floors. They told us three people living at the home required the support of two staff to meet their personal care needs. They agreed this meant if all three of these people were receiving support at the same time this would leave the other 31 people with no support, although they said this had never happened.

On one occasion a person was seated in the lounge area. They did not have a call alarm and called out for help verbally on three occasions but no staff were present and no staff responded to their calls. We went to find a carer who was coming out of a person's bedroom. We advised them this person needed support and they responded immediately. However, we could not be sure of the length of time this person would have waited had we not have been present. At lunch time we saw that had there been

Inadequate

Is the service safe?

more staff present people would have received support in a more dignified manner. For example, people who were mobile but appeared to be experiencing confusion due to their health condition were repeatedly leaving the tables and staff had to leave the person they were supporting to eat to redirect them back to the table. We observed one person enter another person's room. Staff told us and we saw in this person's care records that their behaviour could pose a risk to others. No staff were present at the time we observed this and did not see this person enter another's room. The lack of staff observation of this person could have placed them and others at risk. We did observe that staff responded very promptly to call alarms, and when they were aware people required support they responded immediately.

Two members of staff and the deputy manager told us they thought there was enough staff most of the time. The provider told us they did not employ activity co-ordinators. They used external activity providers to undertake activities with people. They told us this did not take place every day but staff were unable to show us an activity plan or any records which showed the activities people were involved in. On the day of our inspection no activities took place and people were left for long periods of time with no stimulation. We asked one member of staff how they engaged people in activities. They told us, "Staff don't have time for that". One person told us how they liked to go to church on a Sunday. They told us they were not able to go without staff support and so they did not always get to go. They told us "They take me when they can".

This failure to ensure adequate arrangements were in place to ensure appropriate staffing levels at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated an understanding of safeguarding adults at risk and said they would report any concerns they had to the management and were confident they would act on their concerns. The provider's policy gave guidance to staff about the signs and symptoms to monitor for and the action to be taken. We saw most incidents of a safeguarding nature had been referred to the local authority safeguarding team, however one incident of serious injury in January 2015 had not been reported and the manager at this time told us they did not realise this was a safeguarding matter. We referred this concern to the local authority safeguarding team. Since this incident, safeguarding matters had been reported appropriately and we saw evidence that the staff had worked with other professionals to look at how they could improve the care for people, this included liaising with other professionals and making changes to care plans.

Requires improvement

Is the service effective?

Our findings

People told us they were cared for by staff that knew them well and knew how to support them.

Staff told us they felt well supported and that their training helped them in their role.

Staff supervisions were inconsistent. The providers supervision policy stated the "service is committed to providing its care staff with formal supervision at least six times a year [the minimum would be four], the agenda covering all aspects of practice; philosophy of care on the service and career development needs." We were told supervisions had been infrequent but that all staff had received supervision in January 2015. No documented plan of when future supervisions were to occur was in place.

We looked at the records of five members of care staff. One staff member had received no supervisions since starting their employment at the home in January 2015. A second member of staff had not received supervision since April 2014. We also looked at a housekeeping member of staffs records and found that they had not received supervision since they had started employment at the home in November 2014. Staff told us they found supervisions helpful and also said they could raise any issues with the deputy manager at any time.

Staff we spoke with had not received an annual appraisal and the deputy manager confirmed these had not been undertaken. Of the six files we looked at there was no record of appraisals. Where supervisions had taken place we saw staff feedback was sought. Clear discussions took place about areas that staff were performing well in and where they needed to make improvements, but did not identify future training requirements.

Staff had not received training which would support them to deliver care based on best practice. The provider confirmed that the deputy manager was providing the management support in the home while there was no manager present. The deputy manager provided us with a copy of the training matrix for 2014 and 2015. This showed that the deputy manager had had not received training that would support them in their role of providing management support. There was no record they had received safeguarding, mental capacity or infection control training.

This was significant because we identified concerns regarding the understanding of the Mental Capacity Act by the management and staff team, and the cleanliness of the environment.

The provider policy for risk assessments stated that risk assessments would be undertaken by trained staff. The deputy manager told us it was their role to carry out risk assessments and complete care plans, however the training records did not reflect they had received training to do this effectively, and we identified concerns with the management of risks and care plans. This meant we could not be assured the person the provider had identified to provide the management support was supported by the provider to receive the appropriate training they required to carry out this role.

The training matrix showed that only seven staff out of 36 had completed training in safeguarding and mental capacity. Whilst staff we spoke with demonstrated an understanding of safeguarding they did not show they understood the Mental Capacity Act 2005 and their responsibilities within this.

Although the training plan was in place for 2015 this provided only a list of dates, times and subjects. We could not see a plan which showed what staff members would undertake the training arranged throughout the year.

This failure to ensure staff were consistently and appropriately supported through effective training and appraisal was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not demonstrate an understanding of the Mental Capacity Act 2005 (MCA), its associated code of practice and the Deprivation of Liberty Safeguards (DoLS). The MCA 2005 governs decision-making on behalf of adults who may not be able to make particular decisions. DoLS are applied when the person does not have capacity to make a decision about what is being proposed for them. It provides the framework when acting in someone's best interests and means they can be legally deprived of their liberty so that they can get the care and treatment they need.

Requires improvement

Is the service effective?

We asked the deputy manager how many people could consent to living at Oakland Grange and they told us "about 50%". They told us the other 50% would not be able to make decisions for themselves because they were confused due to their dementia.

We asked the deputy manager if any capacity assessments had been done relating to decisions people may not be able to make because of their dementia and they told us none. We asked what they would do if a person required covert medicines because they lacked capacity and they said they would get consent for the doctor and "let the families know". Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or a in a drink. All the care staff we spoke with could not give us an explanation of MCA 2005. One said "I think I know that one, but I've forgotten it". A second said "Not sure about that one".

In one person's care records we found a document titled "Client Resuscitation Form". A family member had signed the record which said the person was not to be resuscitated. There was no record of this family member's legal authority to make this decision and entries in this person communication section of their care plan indicated they may be able to make this decision themselves. There was no 'Do Not Attempt Resuscitation' forms (DNAR), signed by a health care professional for this person. We spoke to the deputy manager about this who told us they would need to speak to the persons GP.

The home's main two entrances were locked with a keypad system. The codes were not visible and the deputy manager told us they were in place because people living at the home could not go out without support. They told us if people wanted to go out staff would take them. We looked at four peoples care records. No capacity assessments had been completed about being unable to go out without support. No risk assessments had been undertaken and no care plans had been developed.

The failure to establish the need for consent was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked if any applications to deprive a person of their liberty had been made in relation to the restraint used in the form of locked doors and being unable to go out without support. We were told no applications had been made to the local authority.

The failure to establish the need for DoLS applications was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were complementary about the food and everyone we spoke with consistently described this as, "good". People's care plans relating to their nutritional needs lacked information to guide staff. One person's plan stated "will need guidance when choosing from the menu due to diabetes". Another's said "Only likes small amounts on [their] plate" and stated it would put the person off eating if there was too much. We saw that this person's weight was low and staff were monitoring it on a monthly basis. The dietician had also been involved and we saw this person was prescribed a supplement and their meals were prepared to meet their needs.

There was a 4-week rolling menu in place which provided two main choices. The chef told us how people were supported to make choices about their meals and said there were always alternatives, like fish, omelettes, or jacket potato, if people did not want what was on the menu. On the day of our inspection we saw three people each eating a different meal to that on the menu. Staff were aware of people who required a specialist diet and the chef held a folder in the kitchen of everyone's food likes, dislikes and specific needs. The senior member of staff on shift was responsible for keeping the chef up to date about people's needs.

We saw people had access to a range of professionals including chiropody, opticians, dieticians, community mental health professionals, district nurses and GP's. People told us they had access to healthcare professionals when they needed them. Two external healthcare professionals we spoke with told us the home requested support promptly if they felt this was needed and they told us they were confident staff acted upon their advice.

Good

Is the service caring?

Our findings

People spoke highly of the staff. They described staff as kind and nice. People said “you can have a laugh with them” and said they felt well looked after.

Staff were very knowledgeable about people’s needs, their likes and dislikes. Staff explained what they were doing when they supported people and gave them time to make decisions. Staff spoke clearly, repeated things so people understood what was being said to them and responded promptly to their requests when they were aware of them. Staff used people's preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact.

Staff communicated well with people. On one occasion a person was calling for support. We were unable to establish what this person was asking for however the staff member communicated effectively with them and responded promptly to their needs. Another person repeatedly made the same request throughout the day. Staff told us this person always said this same sentence. On each occasion we saw staff support this person in a positive manner and respond to this request on each occasion. A third person told us their mood was low. Staff were friendly, patient and showed kindness. To try and encourage and motivate this person they approached them in a positive and cheerful manner which the person responded to.

People’s relatives and friends were able to visit at any time. On the day of inspection a number of relatives and friends visited the home. One visitor told us they were “able to come and go as they please”. They described the staff as caring and said they were kept informed about their relative’s needs. A friend told us “[the person] has good support from the staff”. They described staff as “loyal” to people and said they are able to call at any time.

People were offered choices and these were respected. Staff engaged with people in a warm and friendly manner. In communal areas they responded to people’s requests for assistance and recognised when people were becoming distracted and needed support. For example, one person became distracted while eating their meal and left the table. The staff member noticed this quickly and encouraged them to return to the table by singing the person’s favourite song. Our observation of these interactions showed staff treated people individually and respectfully

Staff understood the need to maintain people’s privacy and dignity. Before staff entered people’s rooms they first knocked on their doors and checked it was okay to enter before they did. When people required personal care, staff spoke with them quietly and in a discreet manner. This showed they respected people’s privacy and made efforts to ensure people’s dignity was protected. Staff were able to tell us the action they took to ensure this. Two health care professionals we spoke with told us the staff always ensured a person’s privacy and dignity when they visited. They described staff as respectful, knowledgeable and caring.

Requires improvement

Is the service responsive?

Our findings

People said they were well looked after. They told us staff knew how to support them and described them as caring and responsive to their needs and requests. One person said "You can always ask for things, they don't mind".

Our own observations and the records we looked at did not always match the positive descriptions people had given us. Plans of care for people contained very little information about their backgrounds, preferences and personal history. Detail about people's daily routines, how they preferred to be supported and what actions staff should take to meet their individual needs were lacking.

For one person we found when talking to them they had a catheter in place. This person's care plan and risk assessments did not reflect this. Their care plan stated that they used a commode at all times. It made no reference to this person having a catheter and no plan had been developed to reflect the care staff should provide in looking after this need. A member of staff was able to tell us what support they provided in relation to this persons catheter. We also heard them call for an external health professional to visit on the day of our inspection as they had identified concerns relating to this persons catheter. This staff member agreed a care plan would ensure everyone knew what to do.

Care records did not reflect people's preferences, likes and dislikes One person's care records regarding their history had not been completed and we found no information about their likes, dislikes and preferences. The other three people's had been completed but contained very little information. For example, one person's care plan regarding their support needs in relation to dressing stated "needs assistance, carer to take time to explain". This contained no other information about what assistance was needed or how the person preferred to receive this support. Staff knew people's needs and preferences well and we saw these were respected, for example, where people chose to wear makeup this was supported and people had been supported to personalise their rooms. An external health care professional told us they felt staff at the home were very knowledgeable of individuals and worked in a person centred way. They told us how staff were aware of the support people needed during their visit and ensured that this was provided.

There was a stable team of staff working at Oakland Grange and all staff told us they did not use agency workers to cover any shifts. This meant staff had built up relationships with people over time and knew them well. However, the lack of clear and contemporaneous records regarding people's plans of care meant there was a risk people may not receive support that was personalised to their individual needs.

The lack of accurate, complete and contemporaneous records in respect of each person was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us they were not involved in their care. They said "I'm not interested in that. I trust them." Another person told us staff always spoke to them about what they wanted and said their relative "Stays involved in what happens to me." A relative we spoke with told us they had not been involved in regular care reviews, but said "I'm in here all the time, so I know what's going on with [them]". The deputy manager told us they always tried to base people's plans of care on what they liked, disliked and their support needs. They told us they talked to people when plans of care were developed and we saw that two of the four people's care records we looked at contained a signed document confirming they had been involved. However, these were dated in 2012 and we found no update of them. Records that people had been involved in any review of their care plans could not be found. The deputy manager told us they reviewed care plans based on what had happened throughout the month for people. People told us they made choices about what they wanted to do day to day, including if they wanted to get up, go out or join in activities and what they wanted to eat and drink and staff respected their decisions.

The nominated individual told us they wanted to re-establish monthly resident meetings as these had not taken place since November 2014. The deputy manager also said they wanted to involve people's relatives in these. They said this would give people an opportunity to express their views and provide feedback about the home. We saw a meeting held in November 2014 had involved people is discussions about a Christmas party and the menu. No concerns were recorded and people had been encouraged to make decisions about what they wanted.

The provider had a complaints policy in place which guided people about how to complain. Staff were able to

Requires improvement

Is the service responsive?

demonstrate how they would support a person to complain and they were confident any complaints would be dealt with appropriately. The provider had not received any complaints about the home or the care provided in the last 12 months. No one we spoke with had any complaints about the home. They told us they were happy living there. One person said “I wouldn’t change anything.”

Inadequate

Is the service well-led?

Our findings

Staff told us they felt supported by the deputy manager and felt confident to raise any concerns or issues they may have. They said they felt listened to and felt they could speak to the deputy manager at any time. Staff described the deputy manager as "approachable" and said they listened to what staff have to say.

There was no registered manager in place at the time of our visit. The previous registered manager was not working in the home when we inspected in June 2014, however they did not cancel their registration until April 2015. We were told that the person who was undertaking the role of manager had not worked in the home for approximately eight weeks. The deputy manager was providing the day to day management support at the time of our inspection. We were concerned they had not been provided with the appropriate training to support them to undertake this management role effectively. The company had recently been purchased by another person and the director had changed in March 2015. This person told us they would become the nominated individual. They also told us they were visiting the home weekly to offer support to the deputy manager. One member of staff told us they had seen this person but that they had not introduced themselves yet.

Staff meetings had not taken place regularly. One staff member said they had worked in the home for four years and never been involved in a staff meeting. The deputy manager told us these did not happen very often and we saw the records of the last meeting were November 2014. These recorded the information the manager of the home had provided to staff but we could not see how staff had been encouraged to provide feedback. Staff told us they were able to make suggestions and these were listened to. They gave us examples of where staff had made suggestions relating to people's bedrooms and their clothing which had been acted upon and was working well for people.

Staff were aware mostly aware of their roles and responsibilities, although they lacked understanding of their role in relation to the Mental Capacity Act 2005. Although staff did not appear to understand the term "vision" when we asked about the homes vision, they all said they wanted to provide the best care possible. The deputy manager confirmed the home did not have a documented vision statement in place but the provider stated this was to provide the best care in the local area.

The nominated individual told us they had not undertaken any quality audits since they had purchased the home in March 2014. They also told us they had not looked at care plans. They said they had reviewed the policies and procedures and were happy with these so would be keeping them in place. We were concerned that whilst the nominated individual had stated they had looked at these and were satisfied with them, some of them were not being adhered to and some had not been written specifically to the service. For example, the provider's supervision policy stated "Registered nurses employed by the care service are expected to receive clinical supervision to meet Nursing and Midwifery Council (NMC) post-registration requirements". Oakland Grange is not registered to provide nursing care and does not employ any staff working as registered nurses. The policy had not been written based on the homes requirements. The provider's infection control policy detailed the manager, who we were told had not been working in the service for approximately eight weeks, as the lead person responsible. These polices had not been effectively reviewed by the nominated individual to ensure their applicability.

The provider's quality assurance policy stated "The registered person and manager are responsible for establishing, maintaining and implementing a quality management system in the home". It stated "The home bases its approach on continuous self-assessment and regular monitoring, reviewing and auditing of its practices and procedures". The nominated individual had confirmed they had not undertaken any auditing since March 2015. We asked the deputy manager what audits had been undertaken since January 2015. They told us the only audits undertaken were of medicines. They confirmed no other audits had been completed in relation to other aspects of the home. We identified a number of concerns in relation to the plans of care for people that an effective audit would have identified. The deputy manager told us care plan audits would commence in the future. Information about risks to people was kept in the form of accident records and falls logs, however this was not used to inform assessments of people's needs and plans of care. The gathering of this information was ineffective in ensuring risks to people were assessed, monitored and

Inadequate

Is the service well-led?

measures implemented to mitigate such risks. We identified concerns regarding the cleanliness and infection control within the home. The cleaning record system which showed a manager should be signing these off was not being completed. An infection control audit had been undertaken in December 2014 and stated the next audit should have been completed in March 2015, however this had not been done. The deputy manager was not aware this was as required. The deputy manager told us medicines audits were carried out once a month. We looked at the last audit carried out. It was dated 2 March 2015. This meant an audit in April had not been completed. The only details on the audits were recorded as, "MAR and racks checked." No other information was recorded about what was audited or the findings. We asked how this audit information was analysed and used to identify areas for improvement. They told us no analysis of audits was carried out. This meant opportunities to improve service delivery were missed.

The providers quality assurance policy stated, "The home seeks the views of its service users, relatives and others involved in a person's care through regular meetings and through a service users' survey carried out on an annual basis ". The deputy manager told us surveys were sent to people, relatives and other professionals annually to gain their feedback. The most recent surveys had been completed in January 2015 and comments were positive. These included, 'I have found staff competent and reliable', 'We are very happy with the care provided by all the staff and 'A lovely place altogether'. No concerns had been raised. We asked the deputy manager how this information was analysed and they told us it was not. We asked what happened with the information they received and they said "we put it in a folder for people to see". We asked if action plans would be developed as a result of feedback from surveys and they said they did not know. Although a system was in place to gain feedback we were not confident the information gathered would be used to evaluate practice and make improvements.

This failure to implement a robust quality assurance process was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person had not ensured the operation of an effective recruitment processes. Pre-employment checks were carried out but the provider had not ensured they waited for these before staff commenced work.** Regulation 19 (2)(3)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered person had not ensured that where people were not deprived of their liberty unlawfully.** Regulation 13 (5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The registered person had not ensured the home was clean and adequately maintained.** Regulation 15 (1)(a)(e)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not ensure that systems and processes were established and operated to monitor, assess and improve the quality of the service. Clear, accurate and contemporaneous notes were not held in relation to service user's care. Whilst feedback was sought it, processes to use the information to drive improvement were not in place. Regulation 17 (1)(2)(a)(b)(c)(e)(f)

The enforcement action we took:
A Warning Notice was served on the Provider requiring them to be compliant with this Regulation by 15 July 2015. A further inspection will be carried out in due course to ensure the provider has met the requirements of this notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person did not ensure that where a person lacked the capacity to make a certain decisions, the Mental Capacity Act 2005 was understood and applied. Regulation 11 (1)(2)(3)

The enforcement action we took:
A Warning Notice was served on the Provider requiring them to be compliant with this Regulation by 15 July 2015. A further inspection will be carried out in due course to ensure the provider has met the requirements of this notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person had not ensured sufficient numbers of suitably trained and appropriately supported staff to meet people's needs at all times. Regulation 18 (1)(2)(a)

This section is primarily information for the provider

Enforcement actions

The enforcement action we took:
A Warning Notice was served on the Provider requiring them to be compliant with this Regulation by 15 July 2015. A further inspection will be carried out in due course to ensure the provider has met the requirements of this notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured care and treatment was provided in a safe way. Plans of care about how people took their medicines were not in place. The home was not clean and did not promote good infection prevention and control. Risks associated with peoples care was not appropriately assessed and plans had not been implemented to reduce such risks. Regulation 12 (1)(2)(a)(b)(g)

The enforcement action we took:
A Warning Notice was served on the Provider requiring them to be compliant with this Regulation by 15 July 2015. A further inspection will be carried out in due course to ensure the provider has met the requirements of this notice.