

Oakfields Care Limited

Loring Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 and 8 June 2017 and was unannounced. Our last inspection of the service in April 2016 was a focused inspection and was prompted in part by notification of the death of a person using the service. At the inspection in April 2016, we looked at the safety and management of risks to people using the service and found breaches of regulations as health risks to people were not always assessed and there was not always adequate guidance for staff on how to manage risks. In addition, risks relating to the home environment were not always assessed or managed and medicines were not always managed safely. Staff did not always receive sufficient specialist training relevant to people's conditions. At the time of both inspections, there was an on-going investigation at the service in relation to the death of the person using the service.

We carried out this inspection to check the actions the provider told us they would take to address the breaches to meet the fundamental standards and to conduct a full comprehensive inspection of the service to cover other areas the focussed inspection would not have reviewed. As the investigation was still on-going at the time of this inspection, we have not been able to consider the evidence relating to the death of the person using the service. When the investigation is concluded, we will review the evidence and consider what further action, if any, CQC may need to take.

Loring Hall provides accommodation and personal care support for up to 16 adults with learning disabilities. At the time of this inspection, the service was providing support to 16 adults. The home had a registered manager. However, we were advised at the time of this inspection that they had tendered their resignation and were not actively managing the service. The provider was in the process of recruiting a new manager to run the home and the provider told us the 'home manager' would be managing the home until a new manager was recruited. 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.

At this inspection we found that whilst the provider had made some of the required improvements and had addressed most of the breaches previously identified, we found a new breach of regulations as the provider failed to ensure there were effective systems in place to assess, review, monitor and improve the quality and safety of the service and to maintain accurate complete and contemporaneous records. You can see what action we told the provider to take at the back of the full version of the report.

At this inspection we found that although some improvements had been made to the management of medicines further improvements were required. Medicines that required refrigeration were not consistently monitored to ensure they were stored within safe temperature ranges. People's care plans were comprehensive and holistic and we observed people received support in line with their planned care. However, not all parts of people's care plans were regularly reviewed in line with the provider's policy and this required improvement. People using the service and their relatives were not always provided with the

opportunity to give feedback about the service to help drive improvements. Although staff received regular supervision and staff performance and development was appraised there was no formal system in place at the time of our inspection. However, the provider told us they were in the process of developing and implementing a staff appraisal system which they expected to be operational within the next few months.

There were appropriate safeguarding adults and whistle-blowing procedures in place. Systems were in place to support people where risks to their health and welfare had been identified. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs. Staff new to the home were inducted into the service appropriately and staff received training and supervision. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met and people had access to health and social care professionals when required. People told us they were treated with kindness and respect. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. People were provided with information on how to make a complaint and told us the manager and staff were approachable and supportive.

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 

One aspect of the service was not safe.

Medicines were managed and administered safely but were not always stored safely and this required improvement.

Risks to the health and safety of people using the service were identified and assessed.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff received regular supervision which included some appraisal of staff performance and development and they felt supported by management. There was no formal appraisal system in place at the time of our inspection; however the provider told us they were in the process of developing and implementing a staff appraisal system which they expected to be operational within the next few months.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

Is the service caring?

Good 

The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity and promoted independence.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

People's care plans were comprehensive and holistic and we observed people received support in line with their planned care. However not all parts of people's care plans were regularly reviewed in line with the provider's policy and this required improvement.

People's needs for stimulation and social interaction were recognised and provided for.

People were provided with information on how to make a complaint in a format that met their needs.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The provider failed to ensure there were robust and effective systems in place to assess, review, monitor and improve the quality and safety of the service and to maintain complete and contemporaneous records of people's care.

People using the service and their relatives were not always provided with the opportunity to give feedback about the service and this required improvement.

The home had a registered manager. However, we were advised at the time of this inspection that they had tendered their

resignation and were not managing the service on a daily basis. The provider was in the process of recruiting a new manager to run the home. In the interim, there was a temporary home manager in place.

Loring Hall

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 unannounced inspection was carried out by two inspectors on 6 June 2017. One inspector returned to the service on the 8 June 2017 to complete the inspection. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding concerns. A notification is information about important events that the provider is required to send us by law. We also contacted local authorities responsible for monitoring the quality of the service to people and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

There were 16 people using the service at the time of our inspection. We met and spoke with six people living at the service and also spoke with one relative by telephone. During our inspection we observed people as they engaged with staff and completed their day-to-day tasks and activities. We spoke with the provider, the home manager, an external professional that the provider had commissioned to support them in developing their records, four support workers and one visiting health and social care professional.

As part of our inspection we looked at records and reviewed information given to us by the provider, home manager and members of staff. We looked at records for people using the service and records related to the management of the service. We also looked at areas of the home environment including communal areas and external grounds.

Is the service safe?

Our findings

At our focused inspection in April 2016 we found a breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that risks to people were not always assessed and there was not always adequate guidance for staff on how to manage these risks to people.

At this inspection people told us they felt safe and staff treated them with kindness. One person said, "I like living here. The staff are good, very friendly." Another person told us, "Staff are nice, I like them very much, they make me feel safe." A relative commented, "I am very pleased with how my loved one is looked after. Staff keep them safe and manage them well." During our inspection we observed that people appeared safe and were relaxed in the presence of staff. Staff understood how to keep people safe and knew what actions to take in the event of an emergency and when supporting people with identified behaviours and risks.

At this inspection we saw that improvements had been made and risks to the health and safety of people using the service were identified and assessed. There was guidance and information for staff about the control measures in place used to manage and minimise identified risks. For example one risk assessment detailed the risks identified when the person bathed including slips and trips whilst in the bathroom and possible burns and scalds from hot water. The risk assessment recorded the assessed level of risk posed to the person and included information and control measures staff should take in order to promote the person's health and safety whilst maintaining their independence and dignity. Another person's risk assessment detailed the risks identified to the person and others whilst smoking and recorded actions staff should take in the event of an emergency referring to staff fire safety training and fire drills and evacuations conducted at the home.

Risk assessments included information related to areas of potential risk such as nutrition and hydration, medicines, mobility and venturing out, physical health, behaviour and psychological well-being and for areas relating to specific health conditions such as epilepsy. We saw where risks related to epilepsy had been identified and assessed, an epilepsy protocol and risk assessment, including guidance for staff was in place. This recorded information about what to do to reduce the risks and how staff were to respond in an emergency. Risk assessments were reviewed on a six monthly basis or when required in line with the provider's policy to ensure people's identified needs and risks were managed appropriately. However the home manager told us the provider was in the process of changing their risk assessments and care plan procedures including the frequency of when risk assessments were reviewed making reviews less frequent. We will check on this at our next inspection of the service.

At our focused inspection in April 2016 we found a breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that risks related to the home's environment were not always assessed or managed appropriately.

At this inspection we saw that improvements had been made to the home environment to ensure people's safety. A central stairwell within the home, that could pose a risk to people who were unstable on their feet, now had a handrail in place to aid mobility. However the home manager explained that no one using the

service could access the stairs as a security locked door was in place at the top of the stairs to prevent use and we observed this to be the case. A large window located at the bottom of the stairwell was now covered with protective hardened clear plastic to prevent breakage and possible injury should someone fall against it.

We also saw that a ground floor kitchen, which was an area some people could access unsupported, now had a safety gate fitted to protect the people living on that floor from harm. We noted that all windows that opened onto significant drops were now securely maintained to ensure people remained safe and they were covered in clear hardened plastic to prevent breakage and possible further harm. Communal bathrooms were fitted with shut off valves to water pipes to reduce the level of risk to people whilst undertaking their personal care.

At our focused inspection in April 2016 we found a breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not always managed safely.

At this inspection we found that although some improvements had been made to the management of medicines further improvements were required. Medicines were stored securely and disposed of safely and appropriately. Medicine room temperatures were checked and recorded to ensure medicines were safe to use. However, we found improvement was required to ensure medicines that required refrigeration were consistently stored within safe temperature ranges. Temperature readings of medicines refrigerators were not monitored or recorded on a regular basis to ensure medicines were safe to use and this required improvement.

We drew this to the attention of the home manager who took immediate action to implement systems that enable temperature readings to be recorded by staff on a daily basis. At the time of our inspection we noted that only one topical cream was stored in the medicines refrigerator and this was safe to use. We will check on the new systems put in place at our next inspection of the service.

During our inspection we saw medicines being administered to people in a safe manner by appropriately qualified staff at the times they were prescribed. We looked at the medication administration records (MAR) for people using the service and noted these were completed correctly with no omissions or errors recorded. Dates when medicines were opened and expiry dates were recorded on medicines appropriately to ensure they were safe to use. There were protocols in place for "as required" medicines (PRN) and for people receiving medicines for epilepsy. Where this was the case we saw appropriate protocols were in place and guidance for staff on the administration of emergency medicines, where applicable, was available. Staff responsible for administering medicines had completed training on the safe management and administration of medicines and had received medicines competency assessments to demonstrate they had the knowledge and skills required to ensure the safe management of medicines.

People were protected and supported safely by staff who understood how to recognise and respond to signs of abuse. Staff had access to information about safeguarding adults including the provider's policy and knew who to report any concerns to. Staff we spoke with understood their responsibilities to report any concerns about abuse and told us they felt confident to do so. Comments included; "If I had any concerns I would report it straight away to the manager and I know they would respond," "I don't have any concerns at all but if I did I know how to report them," and, "We know people so well and would pick up any problems straight away. I know they would be dealt with appropriately." Staff also told us they were also aware of the provider's whistle-blowing procedure and they would use it if they needed to report issues of concern or poor practice. Staff had received up to date safeguarding training and records we looked at confirmed this.

Accidents and incidents were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action and referred to health and social care professionals when required to minimise the reoccurrence of risks. Where appropriate accidents and incidents were referred to local authorities and the CQC. The home manager told us that all accidents and incidents were discussed at staff meetings to monitor and identify any recurring themes, and, to share any learning or practice issues with the staffing team. They told us they were in the process of developing and implementing systems that would enable them to better collate and analyse information about accidents and incidents to enable them to have a better oversight and understanding. We will check on the progress of this at our next inspection of the service.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans as part of their care plan which highlighted the level of support they required to evacuate the building safely. There was a fire evacuation plan in place and staff knew what actions to take in the event of an emergency. Staff had received training in fire safety and emergency first aid and records confirmed regular fire alarm tests and fire drills were carried out. Safety maintenance checks were regularly carried out such as those for gas and electrical equipment and appliances within the home.

We observed there were sufficient staff deployed within the service to meet people's needs. People told us they were supported by sufficient numbers of staff to meet their needs when requested. One person said, "There is always staff around when I need them." A relative commented, "I visit regularly and staffing levels are good. There is always plenty of staff on duty when I visit." Staff told us they felt staffing levels were appropriate to meet people's needs and ensure their safety and staff rotas we looked at confirmed this.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before staff started work. Staff records also included application forms, proof of identification, references and history of experience or qualifications including gaps in employment history and all staff were permitted to work within the UK.

Is the service effective?

Our findings

At our focused inspection in April 2016 we found a breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that staff did not always receive sufficient specialist training relevant to people's individual needs and conditions.

At this inspection staff told us they received training appropriate to the needs of the people using the service and which met their roles. One member of staff said, "The training we have is good. We have a combination of class based training and e-learning, both are good. I recently had training on physical interventions and behaviour that may challenge which was very good and very appropriate. I am currently doing a qualification in health and social care." Another member of staff told us, "The people we support have specific needs and so the training we get is about helping us to meet those needs. I have had training in autism and epilepsy as well as many other areas."

People told us they felt staff were well trained and appropriately skilled to meet their needs. One person said, "They [staff] know what to do. They are very good and know me well." Another person commented, "Staff are good. They are clever and know what to do." Throughout our inspection we observed staff had the knowledge and skills required to meet people's needs safely and appropriately. Training records demonstrated that staff received up to date training appropriate to the needs of people using the service and which also met the development needs of staff. Training provided and completed by staff included areas such as health and safety, equality and inclusion, safeguarding, MCA and DoLS, emergency first aid, safe administration of medicines, moving and handling, mental health and nutrition and diet amongst many others. Staff training records also confirmed that staff had received training in relevant specialist areas for example dysphagia, diabetes, epilepsy and epilepsy medicines, autism and physical interventions.

Staff told us they felt supported by the provider and home manager; records we looked at showed that staff received regular support and supervision. The home manager told us that staff performance and development was appraised as part of regular supervision sessions and staff we spoke with confirmed this. One member of staff said, "I feel I get good support. We are a good team that works well together. I have supervision on a regular basis and I get to discuss any development needs I have and any training needs." At our last comprehensive inspection of the service in November 2015 the registered manager told us that formal, annual appraisals had not been conducted for staff previously at the service, although they were planned for staff at the end of the year. Although staff had regular supervision, which included some appraisal of performance and development, and they felt supported by management, there was no formal appraisal system in place to monitor staff practice and performance in line with the provider's policy. The home manager and provider stated they were in the process of developing and implementing a staff appraisal system which they expected to be operational within the next few months.

Staff new to the home were inducted into the service appropriately in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new health and social care workers. We saw that newly appointed staff undertook an induction period which included familiarisation of the provider's policies and procedures, completing the provider's mandatory

training and shadowing experienced colleagues to enable them to become familiar with the service and people living there. One member of staff told us, "My induction was good. I had work books to go through and complete and e-learning and class based training which was very helpful." Another member of staff commented, "I remember my induction. I had lots of training first, then I worked with other staff so I knew what to do when supporting people and how best to support them."

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. The registered manager and staff demonstrated a good understanding of the MCA and DoLS. They told us that most people using the service had capacity to make decisions about their own care and treatment. However, where there were concerns regarding a person's ability to make specific decisions, they worked with the person, their relatives, if appropriate, and relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that capacity assessments were completed for specific decisions and retained in people's care files for reference. A number of applications for DoLS had been made to local authorities to deprive people of their liberty where this was deemed necessary. Where these had been authorised we saw that appropriate documents were in place and kept under review and any conditions of the authorisations made were followed appropriately by staff.

People were empowered to be actively involved in decisions about the menus and choice of foods on offer and were supported to eat a balanced diet that met their needs and preferences. People told us they enjoyed the foods on offer within the service. One person said, "I love chips but I know I am not able to eat them all the time because it's not good for you." Another person commented, "Staff do most of the cooking but I help them with it. We all get to choose what we want to eat and when. The food is good." There was a weekly menu plan in place and menu options were discussed and planned with people to ensure they took account of people's preferences, dietary requirements and cultural needs and wishes. People were supported and encouraged, where appropriate to carry out meal preparation, and, we observed that staff supported people to use domestic appliances safely within various kitchens located throughout the home.

Staff were knowledgeable about people's nutritional needs such as the need for soft foods to reduce the risk of choking and people's care plans documented and monitored any identified risks. Guidance from health care professionals such as dietitians, nurses and speech and language therapists were contained within care plans for staff reference and to ensure people received the appropriate care and support to meet their needs. We noted that the Food Standards Agency visited the service in February 2016 and rated the service 'Good'.

People's physical and mental health needs were monitored and recorded by staff to ensure their well-being and people were supported to access a range of health and social care professionals when required, such as GP, nurses and speech and language therapists. One relative told us, "The staff make sure my relative goes for all of his appointments with the chiropodist, GP and psychologist." People's health care needs were documented within their care plan and records which highlighted any risks relating to people's health or actions required by staff. Each person had a health action plan based on their needs and a hospital passport

which provided information to hospital staff should the person require medical attention. People were also supported by staff when required to attend medical appointments with healthcare professionals.

Is the service caring?

Our findings

We observed that positive caring relationships had been developed between people and staff and people told us that staff were supportive and kind. One person said, "The staff are kind. I like them a lot." Another person commented, "I like the staff very much. They make sure I am ok and take me out." A relative told us, "The staff are definitely very caring. They do everything the right way for my relative."

Throughout the course of our inspection, we observed the atmosphere within the home was relaxed and people were free to carry out daily activities with staff support where required, at their own pace. People engaged with staff positively in conversations and with humour, sharing jokes. Staff had good knowledge of the people they supported and understood their needs and behaviours, being fully aware of the things and situations that could trigger a negative reaction or response in each individual. We observed a situation between one person and a member of staff where staff recognised and responded quickly in defusing a potential situation by using known calming interactions to divert the person and reduce their stress and anxiety. We also noted that staff responded sensitively to other people's needs at this time. They demonstrated awareness of how the situation could impact on them and their anxieties and assisted people to leave the area allowing the situation to resolve calmly.

We observed that people's privacy was respected and people were supported in a way that respected their dignity. For example staff knocked on people's doors before entering their rooms, and ensured doors and curtains were closed when they offered people support with personal care. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. We saw examples of this documented within people's care plans such as references made regarding people's sexual preferences and how staff supported people to safely meet their sexual needs.

People's support plans contained communication passports which provided guidance for staff and professionals on how best to communicate with people, including how people preferred to be addressed, and how individuals chose to express themselves. Support plans were pictorial to support and enhance people's understanding. Staff knew how best to support them to be involved in decisions about their care and treatment. Involvement from independent advocates was appropriately sought for people who required support to make choices about their care.

We observed staff respected people's choices and preferences on how they wished to spend their time and supported them accordingly. For example, one person wanted to spend time in their room watching DVD's whilst two other people wished to go out shopping with staff. At the time of our inspection we observed several people were out at various social clubs and activities of their choice in the community.

People were supported to maintain relationships with relatives and friends and care plans documented where appropriate that relatives were involved in their family member's care and were invited to review meetings and other relevant meetings and events held. One relative told us, "I attend all of my relatives review meetings. Staff ask for my views and opinions and these are incorporated into my relatives care

plan."

Is the service responsive?

Our findings

People and their relatives told us they felt the service met their needs and we observed people received care and treatment in accordance with their identified needs and wishes. One person told us, "Staff always help me when I need it. They know all about me and what I like to do." Another person said, "I like living here, it's my home. I can speak with staff and they help me."

People's needs were assessed and individual person centred care and support plans were developed with people's participation to ensure their choices, safety and welfare were considered. Care plans and records included assessments of people's physical and mental health needs and detailed people's strengths and goals to support independence. Care plans were personalised and provided a clear description of people's preferences and included pictorial images to support comprehension. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of their care. A visiting professional told us, "I visit the home on a regular basis to meet with people I support. Both people I support have settled in very well despite their high needs and behaviours. The staff are very proactive and communicate with people extremely well. Staff have worked hard to build relationships with people and they really know how to support and manage them well. I have no concern at all about the care provided and think the service responds well to people's needs."

Care plans were comprehensive and holistic and we observed people received support in line with their planned care. However, not all parts of people's care plans were regularly reviewed in line with the provider's policy and this required improvement. We spoke with the home manager and provider who told us they were currently in the process of developing and implementing new care plan tools that would enable staff to record more information about people's needs and well-being which would allow them to be more responsive in meeting people's needs. We spoke with a health care professional who the provider commissioned to work on the care plan records. They told us they were working with the provider to develop computer based tools that would enable staff to be more responsive in meeting people's needs and in managing their behaviours. They told us they were hoping to implement new care records shortly after staff had received training on recording. We will check on the progress of this at our next inspection of the service.

People told us they were supported to engage in a range of activities that met their needs and interests. One person said, "I enjoy my job and going out." Another person told us, "I like going to college and to the pub. I like eating out." A relative told us, "My relative works a couple of days during the week for which he gets paid. He likes going to the pub most days to meet a circle of friends and enjoys a soft drink. He also likes going out shopping with staff." People had individual activity programmes which detailed their weekly preferred activities and included information on any educational study classes' people were undertaking or work activities.

People and their relatives said they knew about the service's complaints procedure and they would tell staff or the registered manager if they had any concerns or wanted to make a complaint. There was a complaints policy and procedure in place in a format that met people's needs and this was on display for people and

visitors to review. One person told us, "If I was worried I would tell the staff. I don't have any concerns." A relative told us, "I know about the complaints procedure but I have never needed to complain. I would put something in writing to the manager and they would definitely deal with it. They have always been supportive and responsive to me and my relative." Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

People and their relatives spoke positively about the way the home was run and told us the manager and staff were always available and were friendly and approachable. One person said, "I love it here. Staff are great and I do things I want to do." Another person commented, "I think it's good here. Staff are kind and know me well." A relative told us, "It's a very nice home and I think it is very well run. I get good vibes from the place whenever I go there." A visiting professional commented, "All the staff have a really great way in working with people, they know them all so very well. I have been invited to special events and parties held at the home which was also attended by people and their families, it's nice. The manager is very knowledgeable and not afraid to ask if they are unsure of anything. I think the service is excellent."

Despite positive feedback from people, their relatives and visiting professionals we found there were failings in ensuring there were robust effective systems in place to assess, review, monitor and improve the quality and safety of the service provided and this required improvement. We spoke with the home manager who showed us audits that were conducted in the home but acknowledged that these were not always up to date and completed when required.

We looked at the provider's medicine audits which were to be conducted by staff on a weekly basis and by senior staff on a monthly basis to ensure the safe management of medicines. We saw that the last medicines weekly audits conducted by staff were on 26 March, 15 May, 21 May and 27 May 2017. Senior staff monthly audits were last completed in June and October 2016 and not again until March and May 2017. Due to the inconsistent nature in which medicines audits were being carried out we could therefore not be sure that issues or concerns were being picked up and addressed in a timely manner. Medicine audits that were carried out had not identified that medicine refrigerator temperatures were not being recorded by staff in line with best practice.

We also looked at the providers care plan audit records that were in place which confirmed that sections of people's care records and support plans had not been reviewed in line with the provider's policy. We noted that these had only been conducted on an annual basis and therefore would not pick up any shortfalls in care records promptly.

During our inspection we saw staff completing some domestic tasks. However, we noted there was no infection control or cleaning schedules and audits in place to provide the home manager and provider with assurance that the home environment was clean and risks from infections were minimised. The home manager and provider confirmed there was no infection control audit in place. They said that cleaning tasks were allocated to staff on their rotas each day which staff were to record when their allocated cleaning tasks had been completed. However, the records we looked at had not been completed by staff. The home manager and the provider could not be assured that the home was being cleaned effectively because the staff were not recording the cleaning that they had done and there was no monitoring system in place.

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

Although people were provided with some opportunities to give feedback about the service we saw at the time of our inspection that service users' meetings were held infrequently. Records we looked at that the provider showed to us during the inspection confirmed that a meeting was held on the 16 March 2016 and then not again until 10 May 2017. However following our inspection the provider submitted further evidence demonstrating additional meetings had taken place. We noted that service user keyworker meetings that were scheduled to be held with people on a regular monthly basis were infrequent and therefore people's preferences and choices may not be met. We spoke with the home manager who confirmed that due to previous changes in staffing levels, keyworker meetings had not been conducted as frequently as they should have. They told us they were in the process of ensuring regular scheduled meetings were held with people using the service. We also noted that the provider's service user and relative's surveys had not been conducted since November 2015 and therefore people had not been provided with an opportunity to help drive improvements within the service and this required improvement. The home manager told us they had developed new pictorial surveys for people using the service and they were due to seek feedback from people and their relatives shortly. We will check on this at our next inspection of the service.

At the time of our inspection the home had a registered manager. However, we were advised by the provider that they had tendered their resignation and were no longer managing the service on a day to day basis. The provider told us they were in the process of recruiting a new manager to run the home and until a new manager had been appointed a temporary 'home manager' would be managing the home with support from senior staff. Staff told us the home manager was supportive and knew the people using the service very well. One staff member said, "The manager is very good. I can always go to them with any issues and know they will be sorted." Another member of staff commented, "I feel very supported. I like my job and working with the staff team and people using the service. We all support each other." There were systems in place which enabled good staff communication within the home. Daily staff handover meetings and staff team meetings were regularly held. We looked at the minutes for the meeting held in April 2017 and saw agenda items for discussion included supporting people to attend appointments, staff training and the home environment. Staff were also provided with the opportunity to provide feedback about the service in an annual staff survey that was last conducted in February 2017. Results showed that the majority of staff thought the training provided was either excellent or good and that they felt supported to do their jobs appropriately.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure there were effective systems in place to assess, review, monitor and improve the quality and safety of the service and to maintain accurate complete and contemporaneous records.</p>