

# 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 2 and 3 August 2018 and was unannounced. Loring Hall is a residential care home that provides accommodation and nursing care for up to 16 people with learning disabilities. At the time of our inspection 15 people were living and receiving support at the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

At our last inspection in June 2017 we found a breach of regulations because the provider's systems for monitoring the quality and safety of the service were not operated effectively in order to drive service improvements and ensure people's safety. We also found improvement was required to ensure people's medicines were safely managed and because people's care plans had not always been reviewed regularly, in line with the provider's policy. Following that inspection, we received an action plan from the provider telling us how they would address the issues in respect of the regulatory breach.

At this inspection we found that, whilst the provider had addressed some of the issues identified at the last inspection, they had not sufficiently addressed the issues in respect of the regulatory breach. The provider's systems for monitoring quality and mitigating risks to people were not effective. Medicines audits had not been carried out on a regular basis and the process used to check in new stocks of people's medicines failed to identify issues in the recording of people's medicines. The systems used for monitoring people's risk assessments did not always drive improvements where they were needed. The provider's systems for monitoring areas including incidents and accidents, and people's weights were not operated in a way that enabled them to have oversight of people's conditions over time to ensure they were receiving safe and effective support.

We also found that people's medicines were not safely managed. Staff had not always signed people's Medicines Administration Records (MARs) to confirm whether people had taken their medicines as prescribed. There was not always sufficient guidance in place for staff on medicines people had been prescribed to take 'as required'. Medicines disposal records showed that two people had missed doses of their prescribed medicines but there was no further information available regarding when these doses had

been missed and these issues had not been followed up.

Additionally, the registered manager had displayed the rating from the previous inspection in the home and had submitted notifications about certain events to CQC, but had not been aware to submit notifications where people were subject to Deprivation of Liberty Safeguards (DoLS) authorisations, as required by the current regulations.

You can see what action we have told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Risks to people had been assessed but improvement was required to ensure risk assessments were updated promptly following any changes in the support people require to remain safe. Staff were supported in their roles through an induction and regular training, but improvement was required to ensure staff consistently received training specific to people's individual needs, and to ensure they were supported through regular supervision.

Staff sought people's consent when offering them support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, where people had DoLS authorisations in place, improvement was required to ensure the service consistently met the requirements of any conditions which had been placed on them. The provider sought people's views on the running of the service through resident's and keyworker meetings.

There were sufficient staff deployed at the service to safely meet people's needs. The provider followed safe recruitment practices. People were protected from the risk of abuse because staff received safeguarding training and were aware of the action to take if they suspected abuse had occurred. Staff worked in ways which protected people from the risk of infection.

People's needs were assessed to ensure the service's suitability. The assessments were used as the basis on which people's care plans were developed. Care plans reflected people's individual needs and preferences. Staff supported people to maintain a balanced diet and people told us they were happy with the meals on offer at the service. People had access to a range of healthcare services when required. The provider sought to ensure people received joined up care when moving between different services.

People were treated with dignity and their privacy was respected. Staff treated people with care and consideration. People were involved in making decisions about their care and treatment. The provider had a complaints policy and procedure in place and people told us they knew who they would speak to if they had a complaint. The working culture in the service was positive and inclusive, and staff shared the vision of the registered manager in seeking to maximise people's independence. People and staff spoke positively about the registered manager and the management of the service.

People had access to a range of activities in support of their need for social stimulation. Staff supported people to maintain the relationships that were important to them. The registered manager was committed to ensuring people received appropriate support at the end of their lives although none of the people living at the home required end-of-life care at the time of our inspection. The provider sought to work in partnership with other agencies and staff responded positively to feedback they received from the commissioning local authority.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Medicines were stored securely but were not always administered as prescribed and people's medicines administration records (MARs) had not always been completed by staff to confirm administration.

Staff had not always completed incident forms where required. Where incidents had been reported, action had not always been taken to reduce the likelihood of repeat occurrence. Incident and accident information had not been analysed to identify trends or to ensure people were consistently receiving safe support.

Risks to people had been assessed but improvement was required to ensure risk assessments were update promptly following changes in people's needs.

There were sufficient staff deployed to support people safely.

The provider followed safe recruitment practices.

Staff were aware of the action to take to reduce the risk of the spread of infection.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff received an induction when they started work and were supported in their roles through regular training, but improvement was required to ensure staff consistently received training specific to people's needs. We have made a recommendation about staff training on the subject of autism.

Improvement was required to ensure staff were supported through regular supervision.

Staff sought people's consent when offering them support. The service complied with the requirements of the Mental Capacity Act 2005 (MCA) but improvement was required to ensure the service consistently met the requirements of any conditions

**Requires Improvement** ●

placed on people's Deprivation of Liberty Safeguards (DoLS) authorisations.

People were supported to maintain a balanced diet.

People had access to a range of healthcare services when required.

The provider worked to ensure people received joined up care when moving between different services.

People's needs had been holistically assessed to ensure the service's suitability.

### **Is the service caring?**

**Good** ●

The service was caring.

People were treated with dignity and their privacy was respected.

Staff treated people with kindness and consideration.

People were involved in decisions about their care and treatment.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had been involved in developing their care plans. Care plans reflected people's individual needs and people told us they received care which met their preferences.

People took part in a range of activities in support of their need for social stimulation.

Staff supported people to maintain the relationships that were important to them.

The provider had a complaints policy and procedure in place. People knew how to make a complaint.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

The provider's systems for monitoring the quality and safety of the service were not always effective in identifying issues or driving improvements.

The provider sought feedback from people about their views of the service through residents and keyworker meetings.

The registered manager had not always understood their regulatory responsibilities and had not always submitted notifications to CQC, where required.

Staff and people spoke positively about the registered manager and the management of the service. The service culture was positive and inclusive.

The provider worked in partnership with local authority commissioning teams.

# 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 inspection site visit took place on 2 and 3 August 2018 and was unannounced. We visited the service to meet with the people living at the home, the registered manager and staff, and to review records relating to the management of the service. We spoke with the registered manager and five staff. We looked at a range of records including five people's care plans, five staff files, staff training and supervision records, people's medicine administration records (MARs) and audits carried out by staff in their monitoring of the service.

The inspection was carried out over two days. One inspector visited on the first day. They were accompanied by an inspection manager on the second day. Prior to the inspection we reviewed the information we held about the service. This included details of notifications submitted by the provider. A notification is information about important events that the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with staff working for a local authority who commissioned services at the home to seek their views and help inform our inspection planning.

# Is the service safe?

## Our findings

At our last inspection in June 2017 we found improvement was required in order manage people's medicines safely. The temperature of the medicines refrigerator was not monitored to ensure medicines requiring refrigeration remained safe for effective use. At this inspection we found that the provider had addressed this issue and that staff made regular temperature checks of medicines storage areas. However, despite this improvement, people's medicines were not safely managed.

People's medicine administration records (MARs) had not always been signed by staff to confirm people had received their medicines as prescribed. We found multiple gaps on four people's MARs where staff had not signed to confirm the administration of doses of individual medicines during the four weeks prior to our inspection. Where these medicines were in tablet form, the remaining stocks at the service indicated that the gaps were recording errors rather than missed doses. However, where the gaps on people's MARs were for prescribed creams, or for medicines which had been dispensed in liquid form, we were unable to identify whether staff had administered these correctly, in line with the prescriber's instructions. Additionally, we noted that information was not always available for staff to identify where people's prescribed creams should be applied, to ensure these medicines were used correctly.

We also found that there was one more dose in the remaining stock of a medicine prescribed to one person than there should have been, based on their information recorded on their MAR. This meant staff had not administered the medicine to them on one occasion during the previous four weeks, despite recording that they had done so.

Appropriate guidance was not always in place for staff on how they should safely manage medicines which had been prescribed to people to be taken 'as required'. One person had been prescribed a medicine to be taken up to twice a day, when required to help manage any potential levels of high agitation and another person had been prescribed a pain relieving medicine to be taken up to four times a day when required. However, in both cases there was no guidance for staff to provide them with information on the situations in which the medicines may be required, such as the signs to look for which may indicate administration was appropriate. This meant there was a risk of these medicines being administered inappropriately or unsafely.

The provider maintained a record of any medicines returned to the pharmacist for disposal and we found two examples of medicines recorded as having been disposed of because they were 'missed doses'. This meant people had not received consistent support from staff to take their medicines as prescribed. The disposal records did not identify the person the medicines had been prescribed to, or the dates on which the doses had been missed, and because of this we were unable to successfully cross reference the information with people's MARs. We spoke with the registered manager and a senior member of staff about the doses and they told us they were not aware of the fact that the medicines had been disposed of for this reason.

The registered manager and provider failed to ensure that people's medicines were safely managed. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.



Staff told us they were aware of the need to report and document any incidents and accidents which occurred at the service. However, records showed that incidents had not always been reported and recorded where required, to enable further follow up. Staff had not completed incident forms in respect of the missed doses of two people's medicines which had been subsequently disposed of according to the medicines disposal log. We spoke with a senior member of staff about this issue and they confirmed they had not been aware of the incidents prior to our inspection, so they had not been investigated further in order to try and reduce the likelihood of further similar instances occurring in future.

We also found that where incidents had been reported, action had not always been taken at that time to reduce the risk of repeat occurrence. Records showed that a member of staff had completed an incident form following an incident in which one person had taken the wrong dose of a medicine earlier in the year. Whilst action had been taken to ensure the person in question was safe at the time, the staff member responsible had not been identified and no action had been taken to reduce the risk of a further similar incident.

The provider's systems for monitoring incidents and accidents, in order to reduce the risk of repeat occurrence were not effective. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People had risk assessments in place covering other areas including falls, risks associated with the environment, medicines, Positive Behaviour Support (PBS), eating and drinking, and any known medical conditions, for example, epilepsy. Staff were aware of how to manage these areas of identified risk safely. For example, one staff member demonstrated a good understanding of the potential triggers that may cause people's behaviour to escalate, the signs to look for that may indicate a potential change in behaviour, and the action to take to reduce the risk of staff needing to use any form of physical intervention.

However, whilst risks relating to people's care had been assessed, the registered manager had failed to ensure that risk assessments were always updated when people's needs had changed. Some people required support to manage their relationships with others and we saw this support had been covered in their risk assessments. However, these had not always been updated following any changes in risk to reflect the current support people needed. One person's risk assessment had not been updated following an incident which had occurred in October 2017 which meant the support they required had changed. Whilst the person told us that they felt they were well supported, staff were unable to clearly tell us what support people now required. One staff member said, "I don't know quite what is going on to be honest. I'd probably have to get permission from [a senior member of staff] if they [people] wanted to see each other." The lack of clear guidance for staff left people at risk of receiving inconsistent or unsafe support and this required improvement.

Following the inspection, the registered manager told us they had been in the process of drafting a new risk assessment to reflect the changes following the incident in October 2017 which they had subsequently completed. They also told us staff had been advised of the details of this new risk assessment to ensure they were aware of how to support people safely.

The provider had systems in place to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place which contained information on the support they required to evacuate from the service in an emergency. Staff made routine checks of the service's fire alarm system to ensure it was well maintained and the service carried out periodic fire drills to ensure staff were aware of the action to take if a fire occurred.

Staff were recruited safely. Before staff started working with people full recruitment checks were completed to ensure staff were safe to work with vulnerable people. The registered manager had checked to ensure staff had a full work history in place, any gaps in staff's employment history was explained and references had been sought from staff's previous employers. A disclosure and barring service (DBS) check had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

There were sufficient staff deployed at the service to meet people's needs. The registered manager told us that staffing levels had been determined based on discussions with staff and their observations of people's support requirements during each shift, and records showed that actual staffing levels reflected the planned allocation on the staff rota. We observed staff to be on hand and available to support people when required without rushing. One person told us, "Someone [staff] is always around if I need them." One staff member told us, "We have enough staff on duty each shift. There's are odd occasions when it can be hectic, but we manage well."

People told us the service was safe. One person said, "I feel safe here; it's a good place to live." Another person told us, "It's nice here; I'm not worried about anything."

People were protected from the risk of abuse. Staff received training in safeguarding adults. They were aware of the types of abuse that could occur and the signs that may indicate a person had been abused. One staff member told us, "If I suspected anyone had been abused, I would report it immediately to the manager or the senior staff member on duty. I also know I can whistle blow, so if nothing was done, I'd report my concerns directly to social services or CQC." The registered manager was aware of the locally agreed procedures for reporting any abuse allegations and records showed they had been in communication with the local authority safeguarding team where necessary in order to ensure people were protected.

Staff were aware of the action to take to reduce the risk of the spread of infection. One staff member told us, "I always wear gloves if I'm helping people with personal care and will wash my hands before and after helping them. If I'm helping to prepare food then I make sure to clean the work surfaces and that everything has been properly cleaned before use." We saw personal protective equipment and hand washing facilities were available for staff to use whilst supporting people in the home. Records showed that staff undertook regular cleaning duties within the service which helped reduce the risk of infection.

# Is the service effective?

## Our findings

People told us that staff were competent in supporting them. One person said, "The staff know what they're doing and are good at helping me when I need it." Another person told us, "The staff do a good job. If I'm not sure about anything, they know how to help me."

Staff completed an induction when they started working at the service. This involved reading the provider's policies and procedures, reviewing people's care plans and risk assessments, and spending time shadowing experienced staff so new staff could get to know people and their support requirements. Records also showed that staff completed training in a range of areas, including health and safety, safeguarding, medicines administration, the use of physical interventions, food hygiene and first aid. Some staff had completed epilepsy training in order to effectively support people living with that condition and the registered manager provided confirmation that this training was scheduled for those staff who had not yet attended. However, we found improvement was required to ensure staff consistently received training specific to the needs of the people living at the service. For example, the registered manager confirmed that staff should receive training in autism but nine staff members had not completed training in this area at the time of our inspection, and a course was still to be scheduled for them.

We recommend that the service implements training for staff, based on current best practice, in relation to the specialist needs of people living with autism.

We also found improvement was required to ensure staff were supported through regular supervision. Staff told us they felt well supported, and that the management team were approachable. However, there was a lack of formal supervision for staff. The registered manager had identified this as an issue at in a team meeting on 5 July 2018 in which they had noted that supervision needed to be up to date and conducted on at least a quarterly basis. Despite this, we found that some staff had not met with their line manager to reflect on their practice, or formally discuss any issues in the service for up to six months. The registered manager told us it could be difficult to arrange a time to meet with night staff. There had been two meetings in January to give night staff the opportunity to meet and reflect on their practice, but no other meetings had been scheduled at the time of our inspection. This required improvement.

The service was a large building with extensive grounds. People's rooms were spread out over different floors and these had been personalised depending on people's choices and preferences. One person spoke with excitement about their plans to paint their bedroom their favourite colour, and during the inspection went out to purchase accessories in the same colour. They returned to the service and proudly showed us what they had bought. The registered manager told us they had plans to renovate the service, redeveloping the grounds and facilities to offer people greater independence and control. They had recently created a golfing range in the service's garden as people had said they liked to play golf.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us they sought consent from people when offering them support and demonstrated an understanding of how the MCA applied to their roles. One staff member told us, "I always check people are happy for me to help them and wouldn't force anyone to do something. If I felt a person didn't have the capacity to make a decision about a particular issue, I'd discuss it with the manager to make sure what we decided was in their best interests." People's care records included details of best interests decisions having been made in line with the requirements of the MCA where they had been assessed as lacking capacity to make specific decisions for themselves, for example managing their own finances or attending healthcare appointments.

Senior staff demonstrated an understanding of the conditions under which a person may be considered to be deprived of their liberty and had made applications under DoLS to the relevant local authorities, in order to ensure any such restrictions were managed lawfully. We reviewed a sample of the DoLS authorisations currently in place for people living at the service and noted that in most cases, any conditions placed on them had been met. However, improvement was required because one person's DoLS authorisation included the requirement that their care plan be reviewed on at least a monthly basis, or when required, but reviews had not been carried out at this frequency. We discussed this issue with the management team who were unaware of the detail of this condition at the time of our inspection.

People confirmed staff sought to minimise any restrictions placed on their freedoms. One person told us, "I have the back-door codes to go out in the garden. That has improved my anger." Another person told us they were able to go out independently when they wished because it was safe for them to do so and we observed them going out to the local shops independently during our inspection.

People's needs had been assessed before they moved into the home in order to ensure they could be effectively supported by the service. Assessments formed the basis on which people's care plans had been developed and considered people's needs in respect of both their physical and mental health. We saw examples in which the service had used nationally recognised guidance in developing people's care plans. For example, people had Positive Behaviour Support plans in place which followed nationally recognised standards in placing an emphasis on minimising the use of any restrictive interventions by identifying potential triggers to people's behaviour and managing these proactively.

People told us they enjoyed the food on offer at the service and that they had enough to eat. One person said, "We discuss what we would like to eat each week to plan what we want. I like some meals better than others, but it's pretty good." Another person told us, "I like the food here." A third person said, "The staff encourage me to cook with them and I cook when I feel up to it." People received support to eat and drink safely. Some people had been assessed by a speech and language therapist (SALT) as requiring support. Throughout the inspection we observed staff following people's SALT guidance, sitting with them, and encouraging them to drink and eat slowly. Meal times were relaxed and people could eat when they wanted, and when they were hungry. Drinks were available for people throughout the day and we regularly heard

staff encouraging people to drink because it was a hot day.

People were supported to access a range of healthcare services when required including a GP, SALT, podiatrist, dentist, psychiatrist and neurologist. One person told us, "I tell the staff (if I am not feeling well) and they keep an eye on me. They take me to the GP. When we go to the doctors or the hospital they write stuff down and then come back and share it." Another person said, "Staff take me to all my appointments." Staff confirmed that they monitored people's health conditions and would report any changes or concerns so relevant healthcare appointments could be made. One person reported having a toothache on the first day of our inspection and staff promptly arranged an appointment for them.

The provider sought to ensure people received joined up care when moving between different services. People's care records included hospital passports which they took with them when attending healthcare appointments. These contained relevant information for healthcare professionals regarding their healthcare conditions, support requirements and details of their communication needs in order to ensure they received effective treatment.

## Is the service caring?

### Our findings

People told us staff treated them with care and consideration. One person said, "They are nice staff." Another person told us, "They look after me well." A third person commented, "The staff are lovely."

We observed caring and friendly interactions between staff and people throughout our inspection. For example, when one person displayed signs of distress, staff promptly sought to comfort them in a manner which effectively provided reassurance. In another example we observed one person enjoying a game of pool with one staff member, sharing jokes and enjoying the time they were spending together.

Staff were proactive in checking on people's well-being and we noted that people felt comfortable seeking practical or emotional support when needed. Staff also knew the people they supported well. They were aware of their likes and dislikes, and their preferences in their daily routines and it was clear from their conversations with people that they had developed strong relationships with them. Across both days of our inspection we observed staff regularly engaging in conversations with people that were meaningful to them, for example, about their friends or family members, or the activities they enjoyed.

Staff received training in equality and inclusion, and told us that they were committed to supporting people's needs regarding their race, religion, sexual orientation, disability and gender. They told us that they worked to ensure people's diverse needs were met. For example, staff were aware of people's cultural backgrounds and how this had an impact on the support they required, such as the need to ensure people had a culturally appropriate diet.

People were involved in making decisions about their care and treatment. Staff told us they offered people choices in how and when they received support, and we observed staff seeking people's views and respecting their decisions during our inspection. For example, we heard one person asking a member of staff to accompany them shopping later in the day and later spoke with the person who showed us the things they had bought when they'd gone out. In another example, we observed staff talking to one person about when they would like to have a wash and get changed, and agreeing to their request to help them prepare and eat food first.

People had access to an advocacy service when they required support to make their decisions and preferences known. An advocate is someone who independently supports people to express their views or concerns to help ensure their rights are upheld.

Staff acted to ensure people's privacy and dignity were respected. One staff member told us, "I always knock on the resident's doors before entering their rooms and make sure that the curtains and door is closed if I'm helping them to wash or dress." Another person said, "I'll give people the time and privacy to do things independently where they're able to, whilst being on hand to keep them safe." We observed staff knocking on people's doors before entering their rooms during our inspection and act quickly to protect people's dignity, for example by helping one person to adjust their clothing when needed. People also confirmed staff respected their privacy. One person said, "I have privacy here when I want it."

People were supported to maintain the relationships that were important to them. Staff told us, and people confirmed that relatives and friends were able to visit when they wished. One person said, "My relatives can visit when they want; my brother comes to see me." We observed staff supporting one person to go out and buy a gift for a person who was important to them and encouraging another person to contact a relative by telephone during our inspection.

Staff encouraged people to maintain their independence. One person told us, "They [staff] encourage me to do things myself, like tidying my room. They're also good at reminding me to do things like brushing my teeth." Another person told us that staff encouraged them to work with them in preparing their meals or drinks. The registered manager told us they were working with local authority commissioners to identify people whose independence could be further developed with a view to them eventually moving to a more independent care setting. As part of this the provider was in the process of re-commissioning a kitchen in a previously unused part of the home to use as a training facility in developing people's skills and independence in cooking.

## Is the service responsive?

### Our findings

At our previous inspection we found improvement was required to ensure that people's care plans were regularly reviewed, in line with the provider's policies. At this inspection we found that improvements had been made.

People had care plans in place which were person centred, and reflected their individual needs and preferences. Care plans covered areas including washing and dressing, eating and drinking, continence, medicines management, support with activities of daily living and people's communication needs. The care plans identified the things that people were able to do for themselves as well as providing guidance for staff on any areas in which they needed support. Care plans also contained information about people's likes and dislikes, and their preferences in their daily routines.

Staff were aware of the details of people's care plans and their preferences in the way they received support. They knew to report any changes in people's conditions to the management team so that people's care plans could be reviewed and updated if necessary. People's care plans had also been reviewed within the last six months, in line with the provider's policies.

People confirmed they had been involved in the planning of their care and told us they received support that reflected their individual needs. One person told us, "Yeah, I have seen my care plan and I have signed it." Another person said, "The staff here know me and the things I need help with. They do a good job and I'm happy with the help I get."

Staff demonstrated an understanding of people's communication needs and worked to ensure they used communication methods people understood. For example, pictorial information was in place to enable staff to communicate effectively with one person.

People were supported to take part in activities that reflected their interests and met their need for social stimulation. People had activity programmes in place which identified the activities they undertook each week. This included attending work opportunities or a local college for some people. One person told us, "I enjoy my job; it helps me feel independent." Another person said, "I have been to college and baked cakes. I tried my brownies and I made cookies."

Other activities available to people at the service included regular yoga sessions, playing pool, the use of an onsite putting green and trips out for meals, to a local golf driving range, the local pub or shopping. Some people attended a regular local disco and the service held regular events which had included a sports day and 'Loring Hall's Got Talent' evening during the weeks prior to our inspection. One person told us how much they had enjoyed singing at the evening. Another person told us that staff were supporting them in planning an upcoming holiday which they were looking forward to.

Complaints were managed effectively. Information regarding how to complain was displayed in a simple to understand format and people told us they knew how to complain. One person said, "I would talk to [the



registered manager] or [a senior member of staff]. I might speak to other staff, but everyone would listen to me." One complaint had been received since our last inspection. This related to checks that were completed before staff started work. The provider had documented the complaint and investigated it fully, in line with their policy.

The registered manager told us the service would seek to ensure people received good quality care and support at the end of their lives. People had end-of-life care plans in place where they or their relatives, where appropriate had wished to discuss this with staff. However, at the time of our inspection none of the people living at the service required end-of-life care.

## Is the service well-led?

### Our findings

At our last inspection we found a breach of regulations because the provider's systems for monitoring the quality and safety of the service were ineffective. Audits of people's care plans and medicines were conducted infrequently and may not have identified potential issues promptly, and there was no system in place for monitoring the cleanliness of the service to reduce the risk of the spread of infection. At this inspection we found the whilst improvements had been made to the monitoring of the cleanliness of the service, in other areas the provider's systems for monitoring and mitigating risks to people continued to be ineffective.

During the inspection we identified concerns with the management of people's medicines amounting to a breach of regulations which should have been identified during medicines audits. There had not been any medicines audit conducted since March 2018 that would have identified these issues, in order to drive improvements. Senior staff told us that they conducted regular checks on medicines using a monthly check-in form following the monthly delivery from the pharmacist but these checks were ineffective in identifying issues with people's medicines. For example, the most recent completed check-in form did not identify nine gaps on one person's Medicines Administration Record (MAR) where staff had not signed to confirm the administration of individual doses, despite the fact that they would have been evident at the time the form was completed.

In another example, we asked to see a sample of recent care plan audits but the registered manager told us they had been undertaking a review of people's care plans in place of audits. However, the system of reviews had not been effective in driving improvements because we found one person's risk assessments were out of date and not reflective of their current needs.

The provider also had no effective system in place for monitoring areas of people's health. For example, we saw staff completed seizure records when required for people living with epilepsy, but these were maintained with people's daily logs and the registered manager was unable to provide us with any analysis of this information in order to determine whether the condition was being managed effectively. In another example, we saw that people's weights were being checked by staff on a weekly basis, but there was no analysis of this information to show whether people were losing or putting on weight over time. The registered manager told us that the provider was putting an IT system in place which would help provide this analysis but we noted that this work was still outstanding at the time of our inspection, despite staff telling us that this system had been due to be put in place shortly after our last inspection in June 2017.

The provider's systems for monitoring quality and mitigating risks to people were not effective. This was a continued breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed that they had undertaken a medicines audit and was working to address the issues it had identified. We will follow up on this at our next inspection.

Records showed staff carried out regular checks in other areas including people's finances, kitchen safety,

fire safety and infection control. Action had been taken where issues had been identified. For example, items had been removed from a stairwell leading to a fire exit following the findings of a recent fire safety audit.

The service had a registered manager in post who demonstrated an understanding of many of requirements and responsibilities of their role under the Health and Social Care Act 2008. They had ensured the service's CQC rating was on display at the service, in line with regulatory requirements and had submitted notifications to CQC about police incidents, injuries, safeguarding allegations and deaths at the service as required. However, the registered manager confirmed that they were not aware of the need to submit notifications to CQC regarding the outcome of any applications they had made to lawfully restrict people's freedoms in their best interests under the Deprivation of Liberty Safeguards (DoLS).

The registered manager had not always submitted notifications of incidents to CQC where required to do so. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Following the inspection the provider submitted the outstanding notifications, as required.

At our last inspection the provider told us they were shortly planning to carry out a resident's survey to seek feedback from people on the service they were receiving. At this inspection, we found this survey was still being planned. Despite this issue we noted that people's views on the service had been sought through resident's meetings and on a one to one basis during key worker meetings. One person told us, "We meet to discuss things about the home and how it's run." Another person said, "I meet with staff to talk about my support." We saw action had been taken to make improvements in response to people's feedback. For example, records showed that people had expressed an interest in playing golf during a residents meeting and the provider had developed part of the grounds of the service into a putting green for people to use.

The registered manager told us their ethos of the service, was that there should be no division between people and staff and that people should be encouraged to be as independent as possible. They told us, "It should be just us, not them and us." Staff shared this vision and gave examples of how they supported people to maintain or develop their independence. One staff member said, "It is the little things like encouraging someone to tidy up their room. I work with [person] in the kitchen, but I want them to learn skills they can take with them for the future."

People and staff spoke positively about the registered manager and the management of the service. One person told us, "I can talk to [the registered manager] whenever I need to." Another person said, "I can talk with [the registered manager] or [a senior member of staff] if I had any problems; they would help me." A staff member told us, "The manager has been very good; easy to talk to and will always try and help." Another staff member commented, "We work well to support people here and always come together, especially if there are any problems, to make sure things run as smoothly as possible."

The registered manager held regular meetings with staff to discuss the management of the service and share important information. Areas discussed at a recent meeting included updates on cleaning within the service, meal preparation, incident recording and activities. Staff also attended handover meetings between each shift where they discussed any key issues or events and to ensure they were aware of the day to day responsibilities of their roles.

The service worked in partnership with other agencies to deliver joined up care to people. Staff from a commissioning local authority confirmed they were welcomed at the regular visits they made to the service and told us that the registered manager and staff were always willing to share information and work towards making any suggested improvements following quality assurance visits.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered manager and provider had failed to submit notifications where required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered manager and provider had failed to ensure the medicines were managed safely.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations 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 manager and provider's systems for monitoring and mitigating risks to people were not operated effectively.

### **The enforcement action we took:**

We served a warning notice on the provider and registered manager.