

brighterkind (Domo) Limited

St Oswalds

Inspection report

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13 January 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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 was unannounced and took place on 12 and 13 January 2017.

This was the first inspection of St Oswalds following a change of service provider.

St Oswalds is a residential care home providing accommodation, personal and nursing care for up to 42 older people, some of whom are living with dementia. The service is provided by brighterkind (Domo) Limited.

The home was first registered in 1987 and consists of a two storey Victorian building and a single storey extension. All rooms are single occupancy and eighteen are equipped with en-suite facilities.

During our two-day inspection the service was accommodating 35 people.

At the time of the inspection there was no registered manager at St Oswalds. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had appointed a new manager following the recent resignation of a registered manager, who was in the process of applying for registration with the Care Quality Commission.

The manager was present during the two days of our inspection and engaged positively in the inspection process together with her regional manager. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of need for consent and staff training. You can see what action we told the provider to take at the back of the full version of this report.

During our inspection we spent time talking with people and undertaking observations within the home. We noted that people received care and support in a timely manner, which was also responsive to their individual needs. We noted that staff were attentive to people and communicated and engaged with them in a kind, caring and compassionate manner. We also saw that people were encouraged to maintain their independence and to follow their preferred routines and lifestyle.

The provider had developed a corporate care planning system and we found that people had undergone an assessment of their needs and that care plans had been developed for them to, ensure staff understood how to respond to individual needs and risks.

People had access to health care professionals subject to their individual needs and medication was ordered, stored, administered and disposed of safely.

People had access to a choice of menu which offered a varied, balanced and wholesome diet.

Audits had been established to monitor service operations and systems were in place to safeguard people from abuse and to respond to complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff spoken with understood the procedures to follow if abuse was suspected however records highlighted that not all staff had completed this key training.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Training and associated records were in need of review to verify that staff had completed all the necessary training appropriate to the work they perform.

Mental Capacity Act assessments had not consistently been applied for prior to requesting authorisations to deprive people of their liberties or to act in people's best interest.

People living at St Oswalds were offered a choice of wholesome and nutritious meals and had access to a range of health care professionals subject to their individual needs.

Is the service caring?

Good ●

The service was caring.

People told us that they were generally treated with kindness and compassion and that staff were caring and supportive.

Staff respected people's choices and provided their care in a way that maintained their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained information that was personalised to help ensure people received care that was based upon their individual needs and preferences.

There was a complaints procedure in place. People's concerns and complaints were listened to and acted upon.

Action was being taken to monitor the responsiveness of the service following previous concerns raised regarding the length of time taken to answer call bells.

Is the service well-led?

The service was not always well led.

The service did not have a registered manager in place.

A range of auditing systems had been established so that key aspects of the service could be monitored effectively. This involved seeking the views of people using the service and their representatives.

There were arrangements for people using the service and / or their relatives to be consulted about their experience of the services provided.

Requires Improvement 

St Oswalds

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 checked whether the provider was 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.

The inspection took place on 12 and 13 January 2016 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

The provider was not requested to complete a provider information return (PIR) prior to the inspection, as the inspection was undertaken at short notice. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information which the Care Quality Commission already held on the provider. This included any information the provider had to notify us about. We invited the local authority and clinical commission group to provide us with any information they held about St Oswalds. We took any information provided to us into account.

During the site visit we spoke with the regional manager, home manager, deputy manager, five care staff, the regional catering manager, the cook on duty, a laundry assistant and a maintenance person.

Furthermore, we spoke with 12 people who used the service and six relatives.

We looked at a range of records including four care files belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training and audit documentation.

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided at St Oswalds to be safe. People spoken with confirmed that they felt the service was safe.

Comments received from people using the service or their representatives included: "I like the atmosphere here and feel that my mum is safe and well cared for. It really helps that I can relax knowing mum is staying here and being well looked after"; "Nice staff. I am happy enough" and "Lovely place. Staff are great. It's just like having a load of daughters".

The manager told us that all new employees were appropriately checked through the provider's recruitment processes. We looked at a sample of four staff files for staff who had recently been employed to work at St Oswalds.

We saw that all staff had completed an application form and that recruitment checks included, obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults. In appropriate instances there was also evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

All the staff files we viewed provided evidence that the manager had completed the necessary checks before people were employed to work at St Oswalds. However the application forms used did not enable staff to record the start and finish dates of their employment in order to provide a full employment history. Likewise gaps in employment had not been satisfactorily explained.

The regional manager checked the organisation's templates during the inspection and we noted that the provider had a suitable application form template which we were assured would be used for future staff recruitment at St Oswalds.

A corporate policy and procedure had been developed by the service to provide guidance for staff on 'Safeguarding Adults'. A copy of the local authority's 'Safeguarding Adults Procedures' was also in place. Furthermore, a 'Procedure for raising confidential concerns (Whistleblowing)' was available for staff to refer to and a whistleblowing notice was displayed on a notice board in the reception area.

Records held by CQC detailed that two whistleblowing concerns had been received in the last 12 months which raised a number of concerns regarding the conduct of staff and the standard of care provided. The concerns were shared with the local authority and also the provider and investigations were undertaken. Action was taken in response to the issues raised to improve practice. The service remains on an improvement plan with the local authority which is being closely monitored. Progress has been noted in all areas.

Staff spoken with during our inspection confirmed they had completed safeguarding adults training and demonstrated a good awareness of their duty of care and the action they should take in response to suspicion, allegations or evidence of abuse.

Training records indicated that a number of staff had not yet completed this training. The training statistics record received from the management team indicated that only 43% of the staff team had completed this training at the time of our inspection.

The provider operated an electronic records management system known as datix which was used to store a range of information including safeguarding incidents.

We viewed the safeguarding records for St Oswalds. Records confirmed that appropriate action had been taken in response to each incident which included safeguarding alerts being made to the local authority.

We found that information on the needs of people using the service had been recorded and that each person had a range of person centred care plans, supporting documentation and risk assessments which formed a fundamental part of the provider's care planning model.

Environmental and person centred risk assessments such as fire risk assessments and personal emergency evacuation plans had been developed and kept under review to ensure an appropriate response in the event of an incident or fire. The plans were located near to the fire alarm system so they could be accessed quickly in an emergency. A business continuity plan had also been developed to ensure an appropriate response in the event of a major incident. Likewise, a system of audits was in operation to monitor and maintain an overview of the service.

Systems were in place to record any accidents and incidents that occurred within St Oswalds. We noted that falls, pressure ulcers and other incidents had been analysed on a monthly basis to enable ongoing monitoring of incidents and action taken. This information was also stored on the organisation's electronic records management system.

Thirty-five people with a diverse range of needs were receiving accommodation, personal and / or nursing care at St Oswalds when we undertook our inspection. We checked staff rotas with the management team in order to review how the home was being staffed.

Staffing levels set by the provider at the time of our visit were one registered nurse, one senior staff and six care staff from 7.30 am to 7.30 pm. During the night there was one registered nurse and three care staff on duty. The provider also operated an on-call system from senior management.

Other staff were employed for catering; activities; laundry; domestic; clerical and maintenance roles. The manager and deputy manager were supernumerary and worked flexibly subject to the needs of the service.

We noted that the rotas did not record a handover period for staff. Likewise, the handover forms viewed contained limited information. Discussion with the regional manager and the deputy manager confirmed staff were allocated a 15 minute handover period and we were shown budget information to confirm this information. We received assurances from the management team that rotas would be amended to record future handover periods for each shift.

The provider continued to use an internal staffing tool known as 'care home equation for safe staffing' (CHESS) to calculate staffing levels based upon the dependency levels of people using the service. We noted

that the manager reviewed staffing in the home on a monthly basis (or more frequently in the event that the needs of a person (s) using the service had changed in consultation with nursing staff.

No significant concerns were raised regarding staffing levels at the time of our inspection by staff however some staff did highlight that they could sometimes be busy. Staff reported that they were of the view that there were sufficient staff on duty to meet people's needs and overall, people using the service confirmed their needs were met.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a detailed medication policy which was available for staff to reference. The policy covered key areas including: controlled drugs; self-administration of medication; homely remedies and PRN (as required medication).

We looked at the arrangements for the management of medicines at St Oswalds with the deputy manager. We were informed that only nursing and senior staff were responsible for the administration of medication and that that staff responsible for administering medication had completed medication training, prior to being authorised to administer medication.

A list of staff responsible for administering medication, together with sample signatures was available for reference and photographs of the people using the service had been attached to the front of their individual medication administration records. This helped staff to correctly identify people who required assistance with medication.

We found that the home's medicines were dispensed wherever possible via a blister pack system. Medication was stored securely in a separate medicine room and the designated nurse retained the keys. We saw that blister packs were stored in a medication trolley and that a separate storage system had been developed to store each person's medication that was not included in their blister pack. This system was linked to each person's room. We discussed the advantage of also including people's names on the storage system to help minimise the potential for medication errors. The deputy manager assured us that she would address this matter.

We carried out a sample of checks on people's medication and associated medication administration charts (MAR), including controlled drugs medicines. We found that MARs and the controlled drugs register were accurate and there were no missing signatures for the medicines administered. Likewise, records of topical creams applied were up-to-date and accurate.

Systems were also in place to record medication errors, the room and fridge temperatures. Records showed that the dispensing pharmacist had also visited during November 2016. The manager told us that any recommendations made within the report had been actioned.

We discussed the management of homely remedies with the deputy manager as GPs were no longer issuing letters / forms to authorise their use. This is because a person's medication could change following approval by a GP resulting in contraindications. This a specific situation in which a drug should not be used because it may be harmful to the person. The deputy manager assured us that she would liaise with the Quality Improvement Manager from Warrington Clinical Commissioning Group to seek advice and obtain training material to ensure best practice.

The home presented as clean and comfortable. There were no unpleasant smells in any parts of the building and areas viewed during the inspection appeared hygienic. Staff had access to personal protective

equipment such as hand sanitisers and gloves and aprons and policies and procedures for infection control were in place.

We saw that infection control audits had been undertaken periodically and surveillance reports produced to monitor and review infection control standards within the home.

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at St Oswalds to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people included: "Food looks good and there is a menu and choices. Drinks are always available to relatives and visitors and we can help ourselves"; "Staff are very good to me and try to make me feel at home"; "The food is getting better" and "Staff do their best."

St Oswalds is a care home providing accommodation, personal and nursing care for up to 42 older people. The home consists of a two-storey Victorian building and a single storey extension. All rooms are single occupancy and 18 are equipped with ensuite facilities. The home has two lounges, a dining room and conservatory with pleasant private gardens and a shelter for smokers. A car park is located at the front of the building for visitors to use.

Areas viewed within St Oswalds appeared generally well maintained and people's rooms had been personalised with memorabilia and personal possessions to ensure they were comfortable and homely. We noted that the home benefitted from ongoing investment and maintenance and that some parts of the home were due to be refurbished including the laundry.

People using the service were noted to have access to a range of individual aids and adaptations to assist with their mobility and independence.

The management team informed us that the provider had established a programme of training for staff, which included a clinical training schedule for nursing and senior staff. We noted that links had also been made to enable clinical staff to access training coordinated by Warrington Clinical Commissioning Group. Staff spoken with confirmed they had access to training opportunities, team meetings and formal supervision and the clinical lead confirmed she had access to clinical supervision from an appropriately qualified person. We noted that the local authority had raised concern regarding the frequency of staff supervisions. Examination of a supervision tracking form on the organisation's 'HUB' electronic tool confirmed progress was being made however there was still room for further improvement.

We were informed by the regional manager that the provider had recently made a decision to move away from e-learning in order to re-introduce face-to-face training. The regional manager told us that the staff team had not changed significantly since our last inspection and that the majority of staff had completed all required e-learning modules.

We viewed the staff training matrix for St Oswalds which highlighted that staff had access to a range of training which covered a number of topics such as induction; mandatory and service specific training. The training matrix provided to us highlighted gaps for all training courses and not applicable had been recorded for induction training. We were told that this was because the service was in the process of rolling out face-to-face training and therefore the matrix reflected the current status of this new approach which

was work in progress.

Following our inspection we received a full record of e-learning. This was a list of training completed by 22 staff and highlighted that staff had access to a range of training relevant to their roles. It was not possible to make an accurate judgement on the current outstanding training needs of staff as the information was provided in a list format however we noted gaps in key training for some staff. Furthermore, the training statistics form provided to us highlighted low completion rates for a number of training courses. For example: MCA / DoLS (33%); Adults at risk (43%) and dementia awareness (38%). Records received also indicated that only four staff had completed a recognised QCF / SVQ (nationally recognised qualifications) at level 2 or above. Conversely, another record received following the inspection indicated that 11 staff had completed a nationally recognised qualification at level two or above.

We could see from the training records viewed that the provider was supporting staff to complete outstanding training however from analysis of records provided and discussion with staff it was evident that a number of staff remained in need of mandatory or refresher training. Similar findings were also noted by the local authority following their last monitoring visit and this issue remains an unmet task on their improvement plan.

This is a breach of Regulation 18 of the Care Quality Commission (Regulated Activities) Regulations 2014. The registered person had failed to clearly demonstrate that staff employed by the service had received training appropriate to the work they perform.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA.

The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the manager.

We saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the manager confirmed that at the time of our visit to St Oswalds none of the people using the service were subject to a DoLS authorisation. Records indicated that two applications had been submitted to the local authority and were awaiting authorisation. A further eight applications had been withdrawn due to people passing away or moving out of the home.

We noted that only one mental capacity assessment had been completed. The manager reported that she was not sure if other assessments had been completed by her predecessor and others could not be located. We noted that the regional manager had provided an assessment template for senior staff to complete to determine whether people had capacity to make a specific decision.

This highlighted that the correct procedures had not been consistently applied as health and care professionals should always assume that an individual has the capacity to make a decision for themselves, unless it is proved otherwise through a Mental Capacity Assessment.

The absence of Mental Capacity Assessments also raised concerns regarding how best interest decisions are made. Section 4 of the MCA sets out the 'best interests checklist', which tells decision makers what they have to think about when making best interests decisions. They must also consider the person's past and present wishes and feelings, values and beliefs. Furthermore, so far as is practicable and appropriate, decision makers must consult with others engaged in caring for that person or interested in their welfare.

This is a breach of Regulation 11 of the Care Quality Commission (Regulated Activities) Regulations 2014. The registered person had failed to undertake a Mental Capacity Assessment before seeking authorisation to deprive people of their liberty.

We also noted that following an unscheduled review meeting by a contracts monitoring officer, a recommendation had been made that when residents were spending a significant amount of time in bed (and deemed incapable of making decisions about when to get up or remain in bed), that best interests assessments were completed in consultation with family and relevant health professionals to determine how decisions were made in this area. We noted that this task had been met.

The manager informed us that she had completed training in the MCA and DoLS however training records viewed did not include details of the training completed by the manager and a number of training gaps were identified in this area. Likewise, some staff spoken with lacked knowledge of this protective legislation.

A four week rolling menu plan was in operation at St Oswalds which offered people a choice of menu and was reviewed and changed seasonally.

We spoke with the organisation's regional catering manager who was visiting St Oswalds during our inspection. We noted that the menus had been produced with input from a dietician and this helped to provide assurance that the meals provided were sufficiently nutritious and wholesome to meet people's dietary needs. Pictorial menu plans had also been produced to help people to make choices more easily.

We viewed the kitchen and spoke with the cook on duty. We saw that people's dietary requirements and allergies had been recorded on a board and that their individual choices had been recorded. We saw that records required by the provider for the kitchen environment and catering tasks were being kept-up-to-date.

Records confirmed that the most recent Food Standards Agency inspection was in July 2016 and St Oswalds Home had been awarded a rating of 5 stars which is the highest award that can be given.

We looked at the menus and saw that they offered people using the service a choice of meal options and an alternative menu plan was in place. Individual preferences were also accommodated subject to available ingredients being available. Refreshments and snacks were also on offer for people throughout the day which were served by the home's catering hostess.

We were invited to eat a meal with people during our inspection and were therefore able to discreetly observe a lunch time meal being served. People using the service had the opportunity to eat in the dining room or in their own rooms if they preferred. We saw that menus had been placed on each table in a leather bound folder and that tables were attractively laid with tablecloths, cutlery, crockery, sauces and napkins.

People we spoke with and observed had varying levels of need for support at mealtimes and those spoken with confirmed they received support according to their individual needs. Staff we spoke with knew what

level of support each person needed and were seen to be attentive, discreet and caring in their support.

Staff had developed effective working relationships with a range of social care and health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health. Discussion with people using the service and care plan records viewed also provided evidence that people using the service had accessed a range of health care professionals such as: GPs; audiologists; opticians and chiropodists subject to individual needs.

Is the service caring?

Our findings

We asked people using the service and their relatives if the service provided at St Oswalds was caring.

People confirmed that they were cared for and generally treated with dignity and respect. For example, we received comments such as: "Dad is end of life and we as a family feel he is getting good care"; "He is comfortable and loves the staff who are very good to him. I come almost every day and spend time here. I am made welcome by all the staff"; "All the staff that I have met have been lovely" and "I get very good care. The staff are lovely."

The management team demonstrated a genuine commitment to acting as positive role models for the staff team and to ensuring the best possible standards of care were offered to people using the service at all times. To help in this process we were told that the Chief Executive Officer had established a 'cultural change programme'. The regional manager told us that this was a two-day residential change programme, designed to enable two staff to learn how to apply techniques that could change people's perceptions in order to inspire other colleagues to champion change.

We spent time talking with people and undertaking observations within the home and noted that overall people received care and support in a timely manner, which was also responsive to their individual needs. We noted that staff communicated and engaged with people in a kind, caring and compassionate manner and that people were encouraged to maintain their independence and to follow their preferred routines and lifestyle. For example, we saw that people were offered choices such as meal time preferences, where they wished eat their meal and how they wished to spend their time.

Staff spoken with told us that they had been given opportunities to read people's care plans and that this had helped them to understand the needs of the people they cared for. Staff also told us that they had been given the opportunity to work alongside experienced staff when they had started in post to help them to get to know people.

We saw that people living at St Oswalds presented as clean, appropriately dressed and happy in their appearance. Staff spoken with were able to give examples of how they provided personalised care and support to people and demonstrated an understanding of the need to safeguard people's dignity, individuality and human rights. We heard examples of how staff had provided sensitive care and support to people living in the home when providing personal and end of life care. For example, being considerate to people experiencing pain or distress, ensuring that people's wishes and preferences were respected and taking the time to remain with people when their relatives were not present to provide support and reassurance.

There was information available in the reception area of St Oswalds for people to view. This included a statement of purpose and a detailed information brochure to provide current and prospective service users and / or their representatives with information on the services provided.

Information about people residing at St Oswalds was kept securely. Likewise, electronic records were password protected to ensure confidentiality. We noted that some records were stored in people's rooms and that some doors were open. We asked the management team to therefore review the security of these records.

Is the service responsive?

Our findings

We asked people who used the service if they found the service provided at St Oswalds to be responsive. People spoken with told us that overall they found the service was responsive to individual needs and that they felt listened to.

Comments received from people using the service or their representatives included: "We think it is a good home and she is happy here"; "All the staff know what I need and they make sure I get it such as medication, nice food and plenty of fun and laughter" and "Staff are good. They know my needs but I can generally look after myself. They keep their eye on me and when I need them they are there."

We looked at the files of four people who were living at St Oswalds. We noted that the provider had developed a corporate comprehensive care planning system. Files viewed were well organised, easy to follow and provided evidence that the holistic needs of people using the service had been assessed and planned for.

Important information was easily identifiable as 'Care Alerts' forms had been placed at the front of each file to highlight to staff whether people had a DNACPR in place; allergies, medication; wound care; capacity or were at risk of choking or falls.

We noted that care plans identified people's assessed needs; expected outcomes and a description of the support required by staff. Monthly reviews had also been undertaken to confirm the information remained up-to-date or had been amended subject to people's changing needs. Risk assessments also formed an integral part of the care plan model and this helped to ensure potential and actual risks had been identified and planned for.

A range of supporting documentation such as: professional visit records; discussions with significant others; daily reviews; dependency assessments; confidential records and past and current medical history was also available for reference. Records viewed provided evidence that people using the service or their representative, where possible, had been involved in care planning.

We noted that there had been previous concerns raised regarding the length of time staff had taken to respond to call bells. Although we heard the call bells sounding at different times throughout the day, we found no evidence during our inspection that people were waiting for excessive periods for staff to respond. We did however receive feedback from two people regarding the accessibility of their call bells and raised this issue with the manager. We received assurance from the management team that this matter would be addressed and that response times to call bells continued to be monitored, to ensure people received attentive and responsive care.

The provider had developed a 'Management of Feedback policy' for Concerns, Complaints and Compliments which outlined the provider's required standards to ensure quality and consistency of communication following the receipt of complaints, concerns and compliments and ensuring the Company

met its 'Duty of Candour' obligations.

A complaints procedure had also been developed and was displayed in the reception area. This helped to provide guidance to people using the service or their representatives on how to make a complaint. Details of how to raise a complaint had also been included in the home's information brochure.

We asked for a copy of the electronic complaint records for St Oswalds during the last 12 months. Records indicated that there had been seven complaints and concerns received by the home in that period which concerned a range of issues such as the standard of personal care provided to people; position of security lights and missing and soiled laundry. Information about the complaints and action taken was also available for reference together with copies of letters sent to complainants where applicable. This confirmed that the concerns raised by people were listened to, acknowledged and acted upon.

We noted seven compliments had also been received from relatives thanking staff for the standard of care provided to people.

At the time of our inspection to St Oswalds, the home did not have an activity coordinator in post. We were informed that the post had been advertised and appointed to and that a new activity coordinator was due to start the following day.

We received mixed feedback regarding the activities provided. Two residents and a relative indicated that they would like to see more. For example, one resident reported: "Sometimes there are not many activities but I am fine." Likewise, a relative stated: "I don't think there are enough activities arranged and would like to see people being able to go out in the community". This information was shared with the manager who assured us that improvements would be made to the activity programme with the new activity coordinator in response to people's requests.

We saw that weekly activity planners had been produced which outlined a range of daily board games and puzzles for people to participate in. Examples of other activities on offer included: reminiscence sessions; theme days; garden walks; nail care and hand massages; quizzes; hot pot suppers; external entertainers; ten pin bowling; music for health; sing-a-longs; coffee mornings and a communion service.

We spoke with a volunteer who was observed to be facilitating a bingo session with 12 people using the service prior to lunch. We noted that the volunteer had previously been employed as the home's activity coordinator and was seen to visit people in their rooms to ascertain whether they would like to participate in the activities or prefer to view reading matter or puzzles etc. During the afternoon, a game of dominoes was organised.

We observed people to engage positively in the sessions and it was clear that they enjoyed the activities.

Is the service well-led?

Our findings

We asked people who lived at St Oswalds and their representatives if they found the service provided in the home to be well led. People spoken with were complimentary of the new management team.

Comments received from people using the service and their representatives included: "We are invited to relatives meetings where we are kept up-to-date with any changes in the home and encouraged to speak our mind about anything we are not happy about" and "We are happy with the home. The atmosphere has improved a lot since the new manager came. The staff seem to be much happier now."

Likewise, comments received from staff included: "The home has vastly improved since the new manager and deputy started", "The new manager has brought a lot to the home and is approachable" and "Morale has much improved. It is getting better now".

People told us that they had noticed significant and positive changes since the new manager had been appointed. We noted that the new manager had transferred from another home owned by the Provider during October 2016. Likewise, a new regional manager had taken over responsibility for the service and a new deputy manager appointed with lead responsibility for clinical care.

At the time of our inspection the service did not have a registered manager. We were informed by the regional manager that the previous registered manager had resigned from post and noted that the new manager had started the process to apply for a DBS certificate so that she could apply to become the registered manager.

The manager told us that "The home is on a journey" and stated that she was committed to improving the culture and profile of the service together with the standard of care provided to people living at St Oswalds. We were encouraged by our discussions with the management team and their passion, enthusiasm and level of commitment to developing the service.

The management team engaged positively in the inspection process and were open and transparent about their plans and aspirations for the future. Staff told us that they had noticed positive changes since the new manager had arrived and that she "led by example" and had a "hands on approach." We observed positive interactions between the manager, her staff team and people living in the home and noted that she took the time and patience to listen, respond and support people.

We found that the provider had developed continual improvement audits and a quality system which were RAG rated (a traffic light system) which indicated the level of risk / importance. All audits were stored within a shared drive and this could be accessed by designated senior people within the organisation based on access rights to ensure confidentiality and scrutiny.

An audit schedule was in place which outlined audits that were to be completed by the home manager throughout the year. This included a twice daily walkaround which was also recorded. Additionally, the

manager and provider undertook annual unannounced 'whole home audits' and the financial function had a separate system which was completed by a specialist financial team.

Furthermore, the regional manager completed a monthly provider visit audit and the manager completed a QI (Quality intelligence) audit, the findings of which were analysed by head office and a report produced from the information. The results were weighted depending on area and risk factors following which a QI queries report was generated for any risk factors identified in the home and these were answered by the home manager and discussed by the regional manager at review with the Chief Operating Officer.

An electronic records management system known as 'Datix' was also used by the provider and home manager to record monitor and analyse significant events such as incidents and accidents.

The quality assurance process for St Oswalds also involved seeking the views of the people using the service or their representatives throughout the year. The last survey was completed during May to June 2016. The response rate was 33.3%. We found that the results had been reviewed and scores had been compared against the provider's average to produce a RAG rating across the different areas such as satisfaction with: recreation and activity; care and the home team; home and environment and food and dining. A "You Said" and "We did" action plan had developed which identified highlighted the action the provider had taken in response to feedback regarding staffing levels and vacancies; mealtime choices; security for personal belongings; clothes going missing and drawers in people's rooms being left untidy.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Borough Council's Contracts Monitoring Team. This is an external monitoring process to ensure the service meets its contractual obligations. We noted that the last full monitoring visit had been completed in April 2016 following which the service had been issued with an improvement plan. An unscheduled review meeting had also taken place during October 2016 in response to information received. We noted that action had been taken in response to the action plan however a few areas required further actions.

We noted that the provider had robust policies and procedures in place for staff to reference. These included: safeguarding adults; Mental Capacity Act; raising confidential concerns (Whistleblowing); management of feedback; infection prevention and medication. These were readily available for staff and copies were stored in the staff room.

We requested to sample a number of test records and service certificates with the home's handyperson relating to: the fire alarm system; fire extinguishers; electrical wiring; portable appliances; gas safety; nurse call system; hoists and passenger lifts and found all records to be in order.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service so that we can check that appropriate action has been taken. We noted that the manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the manager was aware of and had complied with the legal obligations attached to her role.

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 11 HSCA RA Regulations 2014 Need for consent The registered person had failed to undertake a Mental Capacity Assessment before seeking authorisation to deprive people of their liberty.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had failed to clearly demonstrate that staff employed by the service had received training appropriate to the work they perform.