

Future Care Services (UK) Limited

Royal Oak Care Home

Inspection report

37 Church Road
Liverpool
Merseyside
L15 9EA

Tel: 01513059010

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 August 2017 and was unannounced. The service was registered in October 2016. The service was first inspected in February 2017 when a number of breaches of regulation were found. We conducted this inspection to check that the necessary improvements had been made and sustained.

Royal Oak Care Home is a purpose-built home offering personal and nursing care. Including residential, specialist residential dementia care, general nursing care and respite care. Care is provided over three floors. The service can provide en-suite accommodation and care for a maximum of 74 people. At the time of the inspection 41 people were living at Royal Oak Care Home.

There was no registered manager in post. The previous manager had left the service in April 2017. A new manager took up their duties in June 2017 and was in the process of applying to register with the Care Quality Commission.

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.

During the previous inspection we identified a breach of regulation because medicines were not stored or administered safely. On this inspection we saw that the system for recording the administration of records was neither consistent nor robust. People were at risk of running out of medicines. Some medicine storage systems were unsafe. The provider remained in breach of regulation.

At the previous inspection the service was in breach of regulation because some fire doors did not operate correctly which placed people at risk in the event of a fire. As part of this inspection we checked to see if the necessary improvements had been made in accordance with the provider's action plan. We saw that not all fire doors closed fully on each occasion they were tested. We were particularly concerned about the fire doors leading to the kitchen which were not operating safely at the time of the last inspection. During this inspection we saw that they closed fully on some occasions, but not on others. The provider remained in breach of regulation.

Prior to the inspection we received information of concern that some pre-admission information was not secured before people were admitted. We found that some pre-admission information was missing from care records. This meant that the provider could not make an accurate determination whether Royal Oak Care Home could meet the person's needs before they arrived.

Regular audits of safety and quality were completed by the manager and clinical staff. Audits had proven effective in identifying some areas of concern and producing action plans to improve performance. However, audit processes had not consistently identified significant issues and had not always resulted in

timely action by the provider.

You can see what action we asked the provider to take at the end of the report

Prior to the inspection we received information of concern which alleged that people regularly waited an excessive amount of time to receive care. On the inspection we saw that there were sufficient numbers of staff deployed to meet people's basic needs for the majority of the time. This was done in accordance with the relevant dependency assessments. However, a number of people required 2:1 support with personal care which left only one member of staff to provide care for the remainder of the people on that unit. We made a recommendation regarding this.

At the inspection in February 2017 we identified a breach of regulation because assessments and care plans were not consistently completed to an acceptable standard. As part of this inspection we checked to see that the necessary improvements had been made and sustained. The service had made and sustained sufficient improvement and was no longer in breach of regulation.

Staff understood their responsibility to keep people safe and were vigilant in monitoring risk. They had completed a training course in adult safeguarding and were able to explain what they would do if they suspected that someone had been abused or neglected.

Accidents and incidents were recorded in sufficient detail. We saw evidence that they had been analysed to identify patterns or trends.

Staff had supervision scheduled every two months. The records that we saw indicated that the majority of supervisions had been delivered as scheduled. Staff told us that they had access to formal and informal supervision and felt well supported.

Staff were trained in a range of subjects which were relevant to people's needs. For example, moving and handling, adult safeguarding, health and safety and food hygiene. However, the records that were provided during the inspection did not clearly evidence that staff had been trained in other important subjects such as dementia and the Mental Capacity Act 2005 (MCA).

New staff were given a basic induction when they took up employment at Royal Oak Care Home. However there was no record of them being observed and assessed as competent. This meant that the provider could not be certain that staff had the right skills, knowledge and values to provide safe, effective care.

The service was operating in accordance with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported with their healthcare needs by the nurses and through contact with community based healthcare services.

The building required additional work to ensure that it was better suited to the needs of people living with dementia. We made a recommendation regarding this.

People and their relatives spoke positively about the attitude and approach of the staff and the quality of care. The staff that we spoke with knew the people that they cared for well and were able to explain their care needs.

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language.

The service had a policy and procedure for receiving and dealing with complaints. 30 complaints were recorded in 2017. Each had been dealt with in accordance with the relevant policy and included the production of a written response.

The manager understood their responsibilities and had submitted notifications appropriately. They responded openly and honestly to the issues raised and requested support from the provider to rectify some of the concerns before the end of the inspection. The manager was aware of the day to day culture within the service and was visible throughout the inspection. People told us that the manager was supportive and approachable.

The service had introduced extensive changes since it opened in October 2016. Some of these changes had been made in response to the last inspection and others in response to issues identified internally.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always safely managed in accordance with best-practice guidelines and the providers own policies.

Some fire doors did not operate correctly which placed people at risk in the event of a fire.

Staffing levels did not always allow people to receive care in a timely manner at some points during the day.

People had detailed risk assessments which were subject to regular review.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The building required further adaptation to meet the needs of people living with dementia.

New staff were not formally observed or assessed following their initial two day induction programme.

People told us that they enjoyed the food and were offered a good choice.

The service operated in accordance with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff spoke to people in a respectful way and used positive, encouraging language.

People's privacy and dignity were promoted by staff and people told us that they felt respected.

Visitors were made welcome and were free to visit at any time.

Is the service responsive?

The service was not always responsive.

Pre-admission information and assessments were not always completed.

Staff did not always respond in a timely manner when people used the call-bell.

The service had a clear policy and procedure in place for the management of complaints and had responded appropriately when complaints were received.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider had not responded in a timely manner to significant issues identified by internal audits.

Improvements had been made to management systems and processes since the last inspection.

People spoke positively about the impact of the new management team.

Requires Improvement ●

Royal Oak Care Home

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 August 2017 and was unannounced.

The inspection team comprised two adult social care inspectors.

Prior to the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted. A provider Information Return (PIR) was not available for this service.

We spent time looking at records, including six care records, four staff files, staff training plans, complaints and other records relating to the management of the service. We observed the delivery of care and the administration of medicines. We contacted social care professionals who have involvement with the service to ask for their views.

During our inspection we spoke with four people living at the home and six relatives. We also spoke with the manager, the care manager, the clinical lead nurse, the chef and two other members of staff.

Is the service safe?

Our findings

During the previous inspection, in February 2017, we identified a breach of regulation because medicines were not stored or administered safely. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

Medicines were administered by trained nurses and senior care staff depending on the needs of the people. We looked at the processes for the safe management of medicines within the service and spot-checked Medicine Administration Records (MAR) sheets. We saw that the system for recording the administration of records was neither consistent nor robust. In one example we saw that a medication for one person was recorded twice on two separate MAR sheets over a period of four days. Each was initialled by the same people. We checked stocks of this medicine which showed that it had been administered correctly. However, the poor practice in completion of the MAR sheet indicated that staff had not completed them at the time of administration and placed the person at risk of receiving an additional dose of a potentially harmful medicine. On another MAR sheet we saw clear evidence that a member of staff had initialled to indicate that a cream had been applied over eight days. However, the initials were not separately written and showed signs that they had been written at the same time in one continuous line. This meant that they could not all have been written at the time when the cream was applied.

We saw that stock levels for each medicine were not consistently recorded. In some cases stock levels were not carried forward and recorded on MAR sheets. This meant that the service would not be able to check if stock levels were accurate which placed people at risk of running out of medicines. It also meant that a medicines' audit could not establish if stock levels corresponded to administration records as there was no other record or system for checking this. We spoke with the manager and other staff about this. We were told that stock levels would be recorded on all MAR sheets to enable checking.

Controlled drugs were stored and administered safely in accordance with regulation. Controlled drugs have additional measures in place because of their potential for misuse.

PRN (as required) medicines were supported by a care plan which described when they should be administered. However, in one example we looked at the stock levels were inaccurate. The person was prescribed two paracetamol for the relief of pain. When we checked the stock levels there were an uneven number of tablets left. MAR sheets did not indicate a recent occasion when the dosage had been adjusted and staff were unable to explain the discrepancy.

At the previous inspection we identified a concern relating to the temperature of treatment rooms where medicines were stored. During this inspection we checked records of the room temperatures and spoke with staff. The temperature of medicines requiring refrigeration was recorded and maintained within safe levels. However, the temperature in each of the three treatment rooms regularly exceeded 25 degrees Celsius. If medicines are not stored properly they may not work in the way they were intended and so pose a risk to the health and wellbeing of the person receiving the medicine. We spoke with the manager and staff about this issue. Staff said that they sometimes had to remove the medicine's trolleys to ensure that medicines were

safely stored. The manager told us that a request had been submitted to install air conditioning in each treatment room, but this had not been actioned.

This is a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Covert medicines (taken in food or drink in a person's best interests without their knowledge) were not in regular use. However we discussed one example where a best interest decision had been made because the person refused their medicines. A risk assessment had been completed, but the person had since agreed to take their medicines without them being disguised in food or drink. This positive outcome was monitored to ensure that the person's health was maintained without the need to revert to the use of covert administration.

At the previous inspection the service was in breach of regulation because some fire doors did not operate correctly which placed people at risk in the event of a fire. As part of this inspection we checked to see if the necessary improvements had been made in accordance with the provider's action plan.

We saw that not all fire doors closed fully on each occasion they were tested. We were particularly concerned about the fire doors leading to the kitchen which were not operating safely at the time of the last inspection. During this inspection we saw that they closed fully on some occasions, but not on others. It was established that the flow of air through the building and use of the extractor fan in the kitchen affected the efficiency of the closure device. We spoke with the manager about this who instructed a repair. The closure device on the door was adjusted as an interim measure while a permanent solution was identified. A notice was placed on the door to remind staff to check that it was fully closed on entering or exiting the kitchen. The manager told us that they would add fire door operation to their regular checks.

This is a breach of Regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we received information of concern which alleged that people regularly waited an excessive amount of time to receive care. As part of the inspection we observed staff numbers, spoke with staff and looked at the assessment of people's dependency.

The majority of people told us that they felt safe at Royal Oak Care Home and said that staffing levels were adequate. Comments included; "I feel safe here," "It's secure," and "It helps that I can always speak to staff." However, one person said, "There just isn't enough staff here sometimes. I'm awake from 7:30, but it can be 9 o'clock when somebody comes in to help me."

The service was split into three units over three separate floors. At the time of the inspection the nursing unit was providing care for seven people. The dementia and residential units were each providing care for 17 people. Each unit had three care staff on duty and in the case of the nursing unit, two care staff plus a nurse. We saw that there were sufficient numbers of staff deployed to meet people's basic needs for the majority of the time. This was done in accordance with the relevant dependency assessments. However, a number of people required 2:1 support with personal care which left only one member of staff to provide care for up to 16 people.

We spoke with staff about staffing levels. One person told us, "Staffing numbers were an issue, but they're sorted now." While another said, "If someone needs personal care it can leave us short in the mornings." A family member commented that their relative had been kept, "Waiting for up to an hour for care." We spoke with the manager and a nurse about these concerns. The manager acknowledged that there had been

occasions when people had experienced delays, but confirmed that the staffing numbers were based on an assessment of people's level of dependency and care needs. The nurse told us that an additional carer was due to start as soon as the next person was admitted to the nursing unit.

We recommend that the service reviews its assessment of people's dependency to ensure that sufficient staff are available to safely meet people's care needs at all times.

During the previous inspection we identified a breach of regulation because we saw that clinical risk was not adequately managed for people and records were incomplete. As part of this inspection we checked risk assessments for six people to see if the required improvements had been made and sustained. We saw that risk was assessed in relation to a range of care needs including; falls, skin integrity, moving and handling and weight loss. Each risk assessment had been subject to recent review and was supported by an appropriate plan of care. Each person had a personal emergency evacuation plan (PEEP) in place which detailed their care and support needs in the event of an emergency evacuation of the building. We also saw that people had been separated based on their care needs and behaviours. This reduced the risk of people being exposed to harm. The service was no longer in breach of regulation.

Staff understood their responsibility to keep people safe from abuse and mistreatment. They had completed a training course in adult safeguarding and were able to explain what they would do if they suspected that someone had been abused or neglected. Each of the staff that we spoke with said that they would not hesitate to whistleblow (report externally) if they felt it necessary to protect people. The provider had an adult safeguarding policy and a whistleblowing policy for staff to access if they needed additional guidance.

Accidents and incidents were recorded in sufficient detail. We saw evidence that incidents and accidents had been analysed to identify patterns or trends. This type of analysis helps staff to reduce the incidence and severity of accidents and incidents and protects people from harm.

The provider completed regular tests of essential safety equipment in accordance with regulation. We saw evidence of emergency lighting, fire alarms and evacuation procedures being tested. Water system flushing was used to reduce the risk of legionella. The service opened in October 2016 which meant that other essential checks for example, gas and electrical safety were not due.

Is the service effective?

Our findings

At the last inspection we identified that staff were not receiving regular supervision. We made a recommendation to improve practice. As part of this inspection we spoke with staff and checked records to see if improvements had been made and sustained.

Staff had one to one supervision scheduled every two months. The records that we saw indicated that the majority of supervisions had been delivered as scheduled. Staff told us that they had access to formal and informal supervision and felt well supported.

In an in-house survey from July 2017, five out of 12 staff said that they had not received an induction. Eight out of 12 staff said that they had not received sufficient training which was of good quality. The manager responded to these findings by the introduction of a revised two day training course and induction forms to record staff attendance and completion. At the time of this inspection training was being delivered by a recently appointed training manager. There was evidence that staff had received a significantly higher level of training after the survey was completed and analysed.

Staff were trained in a range of subjects which were relevant to people's needs. For example, moving and handling, adult safeguarding, health and safety and food hygiene. However, the records that were provided during the inspection did not clearly evidence that staff had been trained in other important subjects such as care for people living with dementia and the Mental Capacity Act 2005 (MCA). We spoke with the manager about this and were told that the MCA was included as part of the adult safeguarding training. They acknowledged that staff had not received training in dementia care, but had made arrangements for senior staff to attend a two day programme of learning which included reference to dementia and other healthcare needs for older people. They also said that some staff held qualifications at level 2 in dementia care.

New staff were given a basic induction when they took up employment at Royal Oak Care Home. However this was not fully aligned to the principles of the Care Certificate. The Care Certificate requires staff who are new to care to be trained, observed and assessed as competent within 12 weeks of starting. The records that we saw showed that staff had completed a basic programme of induction training, but there was no evidence that they had been observed or that their competency had been assessed following their initial two day induction course. This meant that the provider could not be certain that staff had the right skills, knowledge and values to provide safe, effective care.

Prior to the inspection we received information of concern that staff did not understand the MCA or Deprivation of Liberty Safeguards (DoLS) in sufficient detail to apply the principles in practice. We spoke to staff and managers about the guiding principles of the MCA and DoLS. The staff that we spoke with demonstrated a basic understanding and knew where to access additional guidance if required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we saw that the service was not adhering to best-practice in relation to the MCA because capacity assessments were generic and did not recognise the potential for people to have capacity to make some decisions and not others. For example, in relation to the provision of care and the management of finances. As part of this inspection we checked records and spoke with staff to see if the necessary improvements had been made and sustained.

The records that we saw showed that people's capacity had been assessed in relation to a range of decisions. For example, the use of beds rails and the use of photographs. Where appropriate, people had indicated their consent to care by signing the relevant documents. However, we saw that capacity was not always considered as part of the pre-admission assessment process; for example, the decision to be admitted to the home. Two of the six records that we saw had no information in the section regarding capacity on the pre-admission form. In each of the care records that we saw people's capacity was assessed and recorded in accordance with the MCA after their admission.

At the time of the inspection the service had applied for a DoLS authorisation for eight people. Five applications had been approved and notifications to the Commission had been made appropriately.

The manager and the recently appointed chef were aware that some people had expressed dissatisfaction with the quality and choice of food available to them. However the recent surveys indicated that the majority of people enjoyed the food and the people that we spoke with commented positively. One person said, "The food is really nice here, we choose from a menu what we want to eat." Meals were served in well-presented dining rooms and tables were laid-out with matching cutlery and crockery. The menu offered choice and staff told us that people could request something that wasn't on the menu if they chose. The service accommodated the needs of people on special diets and those who required softened or pureed food. Hot and cold drinks were available with the lunch. They were also served at other times during the inspection. One relative said, "I like the fact that [family member] always has [their] drink by [them]."

People were supported with their healthcare needs by the nurses and through contact with community based healthcare services. District nurses were in regular attendance and referrals were made to other community based services as required. We saw evidence of staff supporting people with healthcare appointments. For example, outpatients and optician appointments. In other records we saw evidence of referrals to specialist services like dieticians and speech and language therapists.

During the last inspection we identified that the building was not well adapted to meet the needs of people living with dementia. In particular we noted the absence of accessible signage and objects of reference that would help people to orientate themselves and be more independent. The manager at that time acknowledged that improvements were required. At this inspection we saw that some improvements had been made. For example, in the use of familiar objects and photographs and the development of themed rooms. However, further work to develop the building and décor in communal areas was required. We spoke with the new manager about this and were assured that they had plans to personalise bedroom doors and further improve signage.

We recommend the service reviews the environment to ensure that the needs of people living with dementia are fully accommodated.

Is the service caring?

Our findings

People and their relatives spoke positively about the attitude and approach of the staff and the quality of care. Comments included; "Staff are fantastic, I cannot fault them," "Lovely people, especially [staff name]," "The staff will come on and have a chat with me, I like that," and "[Relative] hasn't been here long, but in my experience the staff have always been very nice."

The staff that we spoke with knew the people that they cared for well and were able to explain their care needs. Staff spoke positively about the people living at Royal Oak Care Home. One member of staff said, "I always make sure they're happy. The residents are so lovely." We saw a number of examples where staff chatted to people about family members, health needs and activities. During the inspection we observed that staff were always busy, but not rushed. However, staff and people using the service did express concern that care could be task-led at the busiest times of the day. For example, during the morning when people needed personal care. This meant that staff had to move quickly to the next task and did not necessarily have time to address anything other than people's basic care needs.

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language. Staff took time to listen to people and responded to comments and requests. We saw that staff usually had time to speak with people as well as completing their care tasks. In one example staff intervened when a person showed signs of distress because their relative had to leave. We observed a member of staff came over and offered the person a cup of tea, then said, 'Tell you what, should I try and get you in the hairdressers?' this cheered the person up, and they accepted the offer.

Staff demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. For example, when we asked staff which people would be most comfortable speaking with us, they were able to explain who would enjoy speaking to us most and what their level of understanding was likely to be. In each case we saw that they explained the purpose of the discussion well and encouraged people to take part.

Staff told us how they promoted people's independence as part of their care and explained how this was of benefit to people's general health and wellbeing. One member of staff told us about a person who had shown improvement because of the care delivered. The person had been previously confined to bed and isolated, but was now able to mobilise independently and was observed by a member of staff, "Talking to another resident for two hours today."

We saw that people had choice and control over the way care was provided. Staff asked people's opinions and responded appropriately. Each of the people that lived at the home was able to advocate for themselves, or did this with the support of a family member. We were told that nobody was making use of an independent advocate at the time of the inspection. Staff knew how to support people to access independent advocacy if required.

People's privacy and dignity were promoted by staff and people told us that they felt respected. Staff explained how they promoted people's dignity in the provision of care. For example, knocking before entering rooms and covering people with a towel as they provided personal care.

Friends and family members were free to visit the home at any time. People had visitors throughout the inspection and it was clear that they felt comfortable and welcome in the service. The service had ample space and facilities to accommodate visitors including dining rooms, lounges and bedrooms.

Is the service responsive?

Our findings

At the inspection in February 2017 we identified a breach of regulation because assessments and care plans were not consistently completed to an acceptable standard. As part of this inspection we checked to see that the necessary improvements had been made and sustained.

Prior to the inspection we received information of concern that some pre-admission information was not secured before people were admitted. For example, a formal referral from the funding authority which would include information on the person and their care needs. We looked at the assessment and care records for two people from each of the three units. We found that improvements had been made and records were more consistently completed. However, some pre-admission information was missing. In one record some sections including the MCA were left blank. In another, the pre-admission record was not signed or dated. This meant that the provider could not make an accurate determination whether Royal Oak Care Home could meet the person's needs before they arrived.

This is a breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The quality and consistency of care records showed improvement once the person had been admitted. We saw care plans were sufficiently detailed and showed evidence of regular review. Care plans had been written in relation to a wide range of care needs including; nutrition, falls, mobility, activities and communication. Each of the plans that we looked at was produced using respectful language and contained person-centred detail which helped staff to get to know people and meet their needs. For example, one person preferred to use their middle name rather than their first name. In another record we saw that the person liked, 'Fruit, cheese, biscuits and toast with lots of butter.' A staff member that we spoke with was aware of these preferences. Practice in relation to care planning showed clear evidence of improvement. The service was no longer in breach of regulation.

Some of the people that we spoke with were unsure if they had been involved in discussions about their care needs. However, one relative told us, "I feel really involved, they discuss [relative's] care with me, and they always phone me if [relative] is sick." We saw clear evidence in care records that people were involved in discussions and reviews of care. In some records people or their relative had signed to indicate their involvement and agreement.

Prior to the inspection we received information of concern that people were kept waiting to receive care when they used their call bell. We monitored the staff response to call bells and spoke with the manager about these concerns. The call bell system was not regularly used over the course of the inspection. When it was, the alarm was silenced within a reasonable timeframe which indicated that people received care as requested. The system did not provide sufficient feedback for the manager to assess the response time to each call, but the response time was assessed regularly as part of an audit process. The maximum response time record in these audits was 14 minutes. The minimum time was two minutes. The manager told us that they had also completed a test and found the response time to be excessive. They also told us that the call-

bell was sometimes difficult to hear. As a result, the service had purchased individual pagers for staff to ensure that they were alerted to the call bell in good time. The impact of this new measure had not been established at the time of the inspection.

A range of activities were provided by the service and facilitated by care staff and an activities coordinator. We saw evidence of people enjoying a number of activities including; crafts, music and chair-based therapies. Photographs of the activities were displayed on notice boards. Group activities were scheduled across the week and included social events. Other activities were designed to maintain and improve people's independence. For example, sandwich making. The level of involvement of each person was recorded in an activities' log. Some people had engaged in 1:1 activities, including making a suggestion box.

The service had a policy and procedure for receiving and dealing with complaints. 30 complaints were recorded in 2017. Each had been dealt with in accordance with the relevant policy and included the production of a written response. People using the service and their relatives told us that they knew how to complain and would do so if necessary. One person said, "I would complain if I needed to." While another told us, "I complained once because I felt the gap in the fence was too much, and I could see people on the other side, so they put this up for me." The person then pointed to where additional fencing had been installed.

Royal Oak Care Home also gathered feedback by issuing surveys to people living at the service. The latest survey was issued in July and asked people to comment on a range of subjects including; satisfaction, cleanliness, staffing and making complaints. The majority of responses were positive. Where issues were identified, the service had produced a written response and taken appropriate action. For example, a number of people said they didn't know how to make a complaint. In response the service produced an easy read complaint's procedure and agreed to display the procedure in each person's room.

Is the service well-led?

Our findings

There was no registered manager in post. The previous manager had left the service in April 2017. A new manager took up their duties in June 2017 and was in the process of applying to register with the Care Quality Commission.

At the last inspection in February 2017 we identified a breach of regulation because audit processes were not effective in identifying issues and there was no effective oversight of the service at provider level. The ratings from the last inspection were clearly displayed as required. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

We received regular updates as part of the provider's response to the findings of the last inspection and were aware that there had been changes to the management structure since the last inspection. The provider had maintained contact with the Commission throughout the change process and provided an action plan to address areas of concern. The action plan was completed prior to the start of this inspection.

The recently appointed manager was supported by the Nominated Individual (NI) as representative of the provider. The NI provided practical support and completed regular audits of safety and quality. The manager completed their own audits and reported on a range of performance indicators on a monthly basis. For example, accidents, falls, weight loss and hospital admissions. However, there was no clear process evident for the analysis of incidents and accidents to establish patterns or trends. This type of analysis helps to mitigate risk and improve people's safety.

Regular audits of safety and quality were completed by the manager and clinical staff. Audits had proven effective in identifying some areas of concern and producing action to improve performance. For example, the meal experience audit of 8 August 2017 identified that there were no sauces or jam available and that personal protective equipment (PPE) was not in use by staff on one unit. Other records indicated that the outcome of this audit had been discussed with staff. The medicines' audits in July 2017 had identified that a PRN protocol was missing. However, it also recorded the issues with the temperatures of the treatment rooms previously mentioned. One record stated, 'Awaiting air-con.' The installation of air-conditioning was only agreed following the inspection. The issues found in relation to medicines during the inspection had not been subject to an internal audit because they were recent. It was clear that progress had been made and that more effective oversight of the service was being provided. However, audit processes had not consistently identified significant issues and had not always resulted in timely action by the provider. For example, the lack of sufficient pre-admission information in some care records.

This is a breach of Regulation 17 (2) (b) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke at length with the manager throughout the inspection. The manager understood their responsibilities and had submitted notifications appropriately. They responded openly and honestly to the issues raised and requested support from the provider to rectify some of the concerns before the end of the

inspection. For example, to adjust the fire doors and agree a schedule for the installation of air-conditioning.

The manager was aware of the day to day culture within the service and was visible throughout the inspection. People told us that the manager was supportive and approachable. In response to a question about the recent changes one person said, "There has been a big improvement lately, you will always get some bedding-in problems, but it has been a lot better." A member of staff told us, "I definitely got to a point where I was ready to leave, but it's stabilised." The Care Manager discussed changes that they had introduced with support from the manager. They said, "I'm putting systems in place. I've put simpler forms in place. Staff have talked about the improvements."

The staff that we spoke with understood their individual responsibilities and knew what was expected of them. They told us that they enjoyed their jobs and were motivated to provide good quality care. One member of staff commented, "[Manager] has hit the ground running. I know what [manager's] standards are what [manager] expects. My standards are really high."

The service was displaying the ratings from the previous inspection as required. The provider's website was undergoing development at the time of the inspection and was not available to the inspection team. The service had introduced extensive changes since it opened in October 2016. Some of these changes had been made in response to the last inspection and others in response to issues identified internally. The manager recognised the impact that the changes had on people using the service and staff, and outlined a vision for improving safety and quality which focussed on; training, systems and effective performance monitoring. It was clear that the changes had generated some improvements in care practice and compliance with some regulations since the last inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not safely managed in accordance with best-practice guidance for care homes. Some fire doors did not function correctly which placed people at risk in the event of a fire.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Some care records did not contain sufficient pre-admission information. Audit processes had failed to identify concerns found during the inspection.