

Mr Emmanuel Dangare

# Oakmount House

## Inspection report

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Date of inspection visit:  
07 December 2016  
08 December 2016

Date of publication:  
12 January 2017

### 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

We carried out an unannounced inspection of Oakmount House on 8 and 9 December 2016. The first day was unannounced. Before the inspection we received information of concern relating to a safeguarding alert. This had been raised with the local authority and was subject to a multi-agency investigation. The concerns raised prompted us to carry out the inspection.

Oakmount House is registered to provide accommodation and personal care for up to nine people. The home supports people with mental ill health. It is an older type large terraced property, situated on a main road on the outskirts of Burnley centre and close to the town's amenities. Communal areas consist of a lounge, dining room, kitchen, quiet area and bathrooms. There is a separate laundry in the basement. Accommodation is provided in single bedrooms some having en-suite facilities. At the time of our visit there were nine people living in the home.

At the time of the inspection the registered manager was absent from the service. 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 the previous inspection on 19 and 23 February 2015, we asked the provider to make improvements in relation to the safety and suitability of the premises. We did not receive an action plan from the provider indicating how and when they would meet the relevant legal requirements. At this inspection we found sufficient improvements had been made, however further action was required to minimise risks to the health safety and welfare of people using the service. We have therefore made a recommendation in respect of this matter.

During this inspection we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the provider not having proper oversight of Oakmont House, including a lack of effective systems for checking, improving and developing the service. You can see what action we told the provider to take at the back of the full version of this report.

We have also made recommendations for improved practice in relation to the assessment and management of risks, infection prevention and control, medicines management and working within the principles of the Mental Capacity Act 2005. Following the inspection we received information from the provider that told us action was being taken in respect of these matters. We will check for improvements at our next inspection.

The people we spoke with indicated satisfaction with the care and support they experienced at the Oakmount House. Their comments included, "Things are alright" and "Everything is fine." Some people did express dissatisfaction with the new lounge chairs, the acting manager was to pursue this matter at the next

residents meeting.

We found there were interim management and leadership arrangements in place to support the day to day running of the service. Staff indicated the acting manager was supportive and approachable.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Proper character checks had been carried out before new staff started working at the service. There were enough staff available to provide care and support and we were told staffing arrangements were kept under review.

We found people were supported to make their own decisions and choices. They were effectively supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

People were satisfied with the meals provided at Oakmount House. Arrangements were in place to offer a balanced diet. People were actively involved in devising menus, which meant they could make choices on the meals provided.

People made positive comments about the care and support they received from staff. We observed positive and respectful interactions between people using the service and staff.

There was a focus upon promoting and maintaining independence skills. Each person had a care plan, describing their individual needs and choices. This provided clear guidance for staff on how to provide support. People's privacy, individuality and dignity was respected.

People were supported with their hobbies and interests, including activities in the local community. Their well-being was monitored and reviews of their needs were held regularly. People were supported to keep in touch with their relatives and friends.

People could express concerns or dissatisfaction in their one to one meetings and during the residents' meetings. There was formal complaints procedure which was being reviewed .

There were systems in place to ensure all staff received regular training. We found some training was overdue, but action had been taken to address this matter. Staff supervision sessions were being re-introduced. Staff spoken with were positive and enthusiastic about their role in supporting people.

## 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.

There was an ongoing safeguarding investigation in progress at the time of the inspection.

We found some risks to people's health and well-being were not always identified, assessed and managed. We found there were some safe processes in place to support people with their medicines. However, some needed to be improved.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures. Staff recruitment included the relevant character checks.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Processes were in place to train and support staff in carrying out their roles and responsibilities. Some training and supervision was overdue, but action had been taken on this matter.

People's care and support was not always provided in line with the principles and requirements of the Mental Capacity Act 2005.

People's health and wellbeing was monitored and they were supported to access healthcare services when appropriate. People were provided with a varied diet and told us they enjoyed the food.

### Is the service caring?

**Good** ●

The service was caring.

People made positive comments about the kind and friendly attitude of staff. We observed friendly and respectful interactions between people using the service and staff.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

### Is the service responsive?

Good ●

The service was responsive.

Processes were in place to find out about people's individual needs, abilities and preferences. They had the opportunity to be involved with planning and reviewing their care and support. Processes were in place to monitor, review and respond to people's changing needs and preferences.

People had the opportunity to maintain and develop their skills. They had access community resources, to pursue their chosen interests and lifestyle choices.

There were satisfactory processes in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had not ensured their quality monitoring arrangements were sufficient in ensuring the service was safe, effective and well led.

The registered manager was absent from the service. Contingency arrangements were in place to promote continuity and day to day management of the service.

# Oakmount House

## 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 8 and 9 December 2016. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We also spoke with contacts in the local authority contract monitoring and safeguarding teams. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with six people who used the service. We talked with three support workers, the acting manager and a visiting training provider. We looked at a sample of records, including two care plans and other related documentation, one staff recruitment record, policies and procedures and quality assurance records.

During the inspection we asked for supporting evidence to be sent to the Commission by 17 December 2016. This was because some of the information we needed to review could not be located at the service. Following the inspection we received most of the information we asked for.

# Is the service safe?

## Our findings

We looked at how the service kept people safe and protected them from the risk of abuse and neglect. At the time of the inspection, there was a safeguarding alert, this had been raised with the local authority and was subject to a multi-agency investigation. However, people spoken with did not express any concerns about their safety and wellbeing at the service. Their comments included, "Things are alright," "I think I feel safe here," and "They are nice with me."

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. At our last inspection we found the temperature of the radiators was too hot to touch and the water at source in the baths had not been fitted with a safety valve to control the temperature of the water which was very hot. This meant people were potentially at risk. Thermostatic valves had been fitted to some of the radiators (although these could not be a safeguard against the surface temperature being too high). At this inspection, we found all radiators had been fitted with thermostatic valves and all water taps had been fitted with regulators to provide safe temperatures. The acting manager said she checked the radiators daily for safe surface temperatures. However, radiators were not guarded and did not have low surface temperature heat emitters. We also noted there was a lack of coverings on exposed pipework.

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risk assessments and risk management strategies were in place to guide staff on minimising risks to people's wellbeing and safety. The risks assessed included compliance with medicines, aggressive behaviours, smoking, alcohol consumption and accessing the community. The risk management strategies seen, reflected people's specific needs, behaviours and preferences. Processes were in place to appropriately review and update risk assessments. However there were no individual risk assessments on the potential for people's prolonged contact with hot surfaces. This meant this aspect of people's vulnerability and safety had not been assessed, managed and reviewed. Following the inspection we received information from the provider that action had been to be taken in respect of this matter. We will check for improvements at our next inspection.

We found the service had appropriately consulted with other agencies for guidance and support, for example in relation to mobility and dietary needs. However, there was a lack of routine screening/assessing of risks associated with age including: skin integrity, malnutrition and falls, in accordance with current recognised guidance. This meant processes were not in place to proactively identify, monitor and respond to these risks for the wellbeing and safety of people who used the service. We discussed this with the acting manager who agreed to take action to rectify this matter.

- We recommend that the service seek advice on nationally recognised evidence-based guidance on assessing risks, including: risks of pressure ulcers, malnutrition, hot surfaces and falls and take action to review and update their practice accordingly. Following the inspection we received information from the provider that action was to be taken in respect of these matters. We will check for improvements at our next inspection.

We noted there had been alterations to the accommodation for people using the service. This had included the provision of a shared en-suite facility between two single bedrooms and the conversion of a staff sleep in room, to a single bedroom with an adjoining bathroom. We questioned the minimal available floor space in the single room and the configuration of open bathroom area. We asked for evidence of consultation with current guidance and the appropriate authorities, to demonstrate the works had been properly carried out for the safety and well-being of people using the service. However the information was not readily available, we therefore requested further evidence from the provider. At the time of writing the report the provider was unable to produce the requested evidence. They told us they were pursuing this matter further and were planning to renovate the room in accordance with regulations.

The gas and electrical wiring certificates were also not available. Following the inspection we received confirmation that due to the lack of appropriate certification, further gas and electrical safety checks had been carried out. We found there was not a suitable lock fitted to the laundry door which was located in the basement and one bedroom door was fitted with an inappropriate lock, the acting manager rectified these matters during the inspection. However we would have expected these matters to have been identified and resolved without our intervention.

We found the living accommodation to be clean and free from unpleasant odours. We looked at the laundry facilities and found suitable washing and drying equipment was available. However we noted there was no wash hand basin, liquid soap or paper towels, which meant appropriate safeguards were not in place to promote the prevention and control of infection in accordance with current guidance.

- We recommend that the service consider current Health Protection Agency guidance and take action to review and update their practice accordingly. Following the inspection we received information from the provider that action was to be taken in respect of these matters. We will check for improvements at our next inspection.

Records showed arrangements were in place to check, maintain and service fittings, equipment and fire extinguishers. Fire drills and fire equipment tests were being carried out on a regular basis. There were accident and fire safety procedures available at the service. We noted the fire safety procedures were discussed on a monthly basis with people using the service and each person had a PEEP (Personal Emergency Evacuation Plan).

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience to meet people's needs. We examined the recruitment records of the most recently employed staff. The recruitment process included candidates completing a written application form and attending a face to face interview. Records had been kept of the applicant's response to interview questions to support a fair process.

The required character checks had been completed before staff worked at the service and these were recorded. The checks included an identification check, clarification about any gaps in employment, evidence of previous training, health screening and written references from previous employers. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There was a brief recruitment procedure to support the process, however it was not clear this had been reviewed and updated to reflect current regulations and guidance. Whilst providers are required to obtain information on health conditions, we noted the application form requested the applicant's health details,



also their date of birth. We therefore questioned whether timing of this met the requirements of employment law legislation. Following the inspection we received information from the provider that action was to be taken in respect of these matters. We will check for improvements at our next inspection.

We looked at the way the service supported people with their medicines. One person told us, "They help me with my medicines; I get them at the right time." People had individual 'medicine profiles' and there were signed a medicines agreements to indicate on people's preferences the level of support they required. However, each person's ability to manage or be involved with their medicines was not routinely risk assessed and reviewed. This implied there was an assumption people could not manage or be involved with their own medicines.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. All the records seen of medicines administered were complete and up to date. The electronic MAR (medicine administration records) provided clear information on the prescribed items, including a description of the medicines, dosage instructions and a photograph of the person.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols are important to ensure staff are aware of the individual circumstances this type of medicine needed to be administered or offered.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Temperatures were monitored in order to maintain the appropriate storage conditions. However there were no lockable facilities for items needed to be kept in cold storage. The acting manager agreed to take action in respect of this matter.

There were electronic systems in place to check aspects of medicine management practices on an ongoing basis. The acting manager also carried out regular audits of medicine management practices. However, there was no overall audit of the medicines processes, including storage and security arrangements.

There were brief policies available to support medicines management and administration. The electronic MAR charts included information details on each prescribed item. Staff responsible for administering medicines had recently completed medicine management training and certificates were available to confirm this. However this had not included a practical assessment of their skills and competence. The acting manager said her own competence had not been recently assessed.

- We recommend that the service consider current The National Institute for Health and Care Excellence (NICE) guidance on medicines management and take action to review and update their practice accordingly. Following the inspection we received information from the provider that action was to be taken in respect of these matters. We will check for improvements at our next inspection.

We discussed the safeguarding procedures with staff. Those spoken with expressed an understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff had previously received training and guidance on safeguarding and protecting adults and further training was being arranged. There were policies and procedures available which provided direction on identifying and managing safeguarding matters. We noted the safeguarding procedure did not include the appropriate telephone number for the local authority; however a leaflet describing the local safeguarding protocols was displayed on the resident's notice board.

We looked at how the service managed staffing levels and the deployment of staff. People spoken with considered there were enough staff available at the service. One person told us, "All the staff have been working hard." We looked at the staff rotas, which indicated processes were in place to maintain consistent and flexible staffing arrangements. Staff spoken with indicated staffing levels were satisfactory. The acting manager explained an additional staff had recently been recruited to compensate for the changes in the management team. We noted that in the evenings there was only one staff on duty at the service with on-call management support. However, we were told staffing levels were kept under review and were flexible in response to people's needs. The acting manager said staffing arrangements would always be reviewed during the admission process of a new person moving into the service. Following the inspection, the acting manager informed us that staffing arrangements had been more formally confirmed, to take account of the changes in the management at the service.

# Is the service effective?

## Our findings

The people we spoke with indicated satisfaction with the care and support they experienced at Oakmount House. One person commented, "Things are champion."

People spoken with indicated they were always asked about matters affecting them, including their consent to support and care. During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. We found care records included individual contracts which outlined the terms and conditions of residence. These had been signed in agreement by people using the service. Similarly, people had also signed in agreement with their care plans and reviews.

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

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

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. Although the care planning process took into consideration people's needs and preferences, we found people's capacity to make their own choices and decisions was not routinely screened, monitored and reviewed.

The acting manager described the action taken to apply for DoLS authorisation in accordance with the MCA code of practice for one person. However for another person, there was a lack of information to demonstrate appropriate action had been taken to apply for DoLS in accordance with the MCA code of practice. Following the inspection, the acting manager confirmed action had been taken to pursue this matter.

The acting manager was unable to locate the service's MCA 2005 and DoLS policies, procedures and guidance. Following the inspection we received a copy of some MCA and DoLS guidance produced by a local authority which was being used in the interim for reference.

Staff spoken with indicated some awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions. They said they would report any concerns or changes in people's ability to make decisions to the acting manager.

- We recommend the service consider and follow the relevant codes of practice associated with the

implementation and use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Following the inspection we received information from the provider that action was to be taken in respect of these matters. We will check for improvements at our next inspection.

We looked at the way the service provided people with support with their healthcare needs. People we spoke with indicated they had received attention from healthcare professionals. They told us, "I have annual health checks," "I visit the dentist and have eye tests" and "Staff help me with health care appointments."

People's healthcare needs, including their mental health diagnosis, was identified in the care planning process, monitored daily and considered as part of ongoing reviews. This meant staff could identify any areas of concern and respond accordingly. Staff spoken with confirmed people's health care needs were monitored and that they supported people as appropriate with appointments. The service was signed up to a system whereby they could access remote clinical consultations, via a computer link with a hospital; this meant staff could access prompt professional advice at any time. People had 'hospital passports' to provide correct information on their care needs when accessing health care services.

We looked at how the service supported people with their nutritional needs. People made some positive comments about the meals provided at the service. They told us, "The food is alright," "I can get a brew whenever I want one," "There's plenty of food," "The food is good we can choose what we want" and "We have fresh vegetables and fruit." People's individual food preferences, likes and dislikes were known. The day's menu was on display in the kitchen. The menus were routinely discussed and agreed with people during the residents' meetings, where people put forward their requests. Some people were involved with shopping for food, which meant they could make further choices. People could also request specific items to be included on the weekly shopping list. Staff expressed some awareness of nutrition and healthy eating. They described the support they provided in relation to food, diet meal preparation and cooking.

People's weight was checked at regular intervals. This helped staff to monitor any fluctuations in weight and support people with their diet and food intake. The care planning process took into consideration people's specific dietary needs when risks had been identified. Health care professionals, including GP's and dieticians had been liaised with as necessary. Care plans had also been drawn up to support people choosing to lose weight. However, the acting manager indicated an intention to devise and introduce a nutritional care plan for each person.

We looked at how the service trained and supported their staff. Processes were in place for new staff to complete an induction training programme. This included the completion of an induction checklist and the 'shadowing' of experienced staff. The induction training had been further developed to incorporate the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. The acting manager said all existing staff had completed the Care Certificate as 'refresher' training.

Staff spoken with told us about the training they had received and said that training and development was ongoing at the service. The training programme included: infection control, food hygiene, safeguarding, health and safety, MCA and DoLS. We were unable to access some of the records to confirm staff had received training; however we spoke with a visiting training provider who confirmed training had taken place and further training was in the process of being identified and arranged.

The service supported staff as appropriate to attain recognised qualifications in health and social care. Staff had attained a Level 2 or 3 NVQ (National Vocational Qualification) in health and social care, or were working towards a level 2 QCF (Quality and Credit Framework) diploma in health and social care. The team

leader had commenced the QCF diploma level 4.

Staff told us there had not been any recent one to one supervision meetings. However we found the acting manager had taken action to re-introduce a programme of staff supervision and appraisal. This would provide staff with the opportunity to discuss their responsibilities, their training needs and the care and support of people who used the service.

People spoken with were mostly satisfied with the accommodation and facilities available at Oakmount House. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. One person said, "I have my own room with everything I need." We found parts of the premises had been redecorated and refurbished. We noted the chairs and sofas in one lounge had been replaced with wooden framed low back chairs. One person told us, "The new chairs are not comfortable. I can't rest my head back," another commented, "It looks like a dentist's waiting room." We were told 'management' had chosen the chairs; there was no information to indicate people using the service had been involved or consulted. The acting manager told this matter was to be discussed and addressed at the next residents' meeting.

## Is the service caring?

### Our findings

People spoken with made some positive comments about the staff team at Oakmount House. They told us: "We have good staff here, they are very good, "The staff are alright" and "The staff here are okay." People appeared comfortable in the company of staff and had developed beneficial relationships with them.

People indicated they were treated with dignity and respect. They said staff spent time with them and listened to them. They said, "Staff are kind and considerate," "They complement you if you need a compliment; they are very good like that" and "They are nice with me." There was a 'keyworker system' in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. All the people spoken with were aware of their keyworker. The role of the keyworker had been defined; the acting manager explained that the main purpose of the role was to promote trusting and beneficial relationships. Records and discussions showed people had allocated time with their keyworker. One person said, "I have regular one to ones with my keyworker."

We observed some positive and respectful interactions between people using the service and staff. Staff demonstrated sensitivity and tact when responding to people's emotional needs and behaviours. They showed kindness when they were supporting and encouraging people with their daily living skills. One staff member told us, "I have not seen any staff being off hand or disrespectful." Staff spoken with were aware of people's individual needs, backgrounds and personalities. They gave some examples of how they delivered care and promoted people's involvement, dignity and choices.

We found people's care records include 'person centred' details. There was an introduction to the person, which included a summary of their background history, their diagnosis and interpersonal relationships. We found people had 'lifestyle passports' which highlighted people's individual skills and abilities, and an outline of how they wished to be supported. We found positive relationships were encouraged and supported as appropriate and people told us of the contact they had with families and friends.

We spoke with people about their privacy. People had free movement around the home and could choose where to sit and spend their time. All the bedrooms were single occupancy and people could spend time in their rooms whenever they chose. One person said, "I can go to my room anytime I want." People were offered keys to their rooms. We observed the acting manager and staff respecting people's private space by knocking on doors and waiting for a reply before entering.

People indicated they were supported to do as much for themselves as possible. For some people this included maintaining their independence and preferred lifestyle, for others there was an emphasis on promoting their motivation and skill development. One person commented, "I can go out whenever I want" another said, "I go to bed and get up when I want." During the inspection, we observed people doing things for themselves and others. People explained they went out shopping, cooked some of their own meals and tidied their rooms. We discussed with the acting manager, further ways of constructively involving and empowering people with day to day matters as part of their ongoing development.

People told us there were regular resident's meetings. The meetings gave people the opportunity to be consulted about day to day matters and opportunity to raise any concerns. One person explained, "Residents meetings are held. We talk about things we need and bring things up. We talk about meals. I suppose we can say what we want. They do what we ask if they can." We looked at the records of the last two meetings held which showed there had been various relevant matters raised and discussed and action points had been made to respond to people's choices and requests.

The service had a guide for people on Oakmount House. This briefly described the aims of the service and the facilities available. Mention was made of promoting people's rights, treating them as individuals and with respect. Also included were details of the staffing arrangements and staff training. The guide made reference to advocacy services. Advocates are independent from the service and provide people with support to enable them to make informed decisions. We noted the guide had not been reviewed and updated for some time; however the acting manager was to pursue this matter. There was a notice board which displayed information for people using the service. This included; information on safeguarding, weekly activities and reference to the service's policies being available on request.

## Is the service responsive?

### Our findings

We looked at the way the service assessed and planned for people's needs, choices and abilities. The acting manager described the service's assessment procedures. This involved gathering information from the person and other relevant sources, including the person's care coordinator, social worker and previous placement. We looked at the assessment records of the most recent admission and found a range of needs, abilities, choices and behaviours had been considered.

The assessment process included enabling people to experience the service, by visiting for short periods and overnight stays. This provided the opportunity for people to see the accommodation and meet with others who used the service and staff. The acting manager said people's experience was continually monitored and assessed during the process, to ensure their needs could be met.

All of the people we spoke with were aware of their care plans. They said they had been discussed and agreed with them. Their comments included, "I am aware of my care plan," "My keyworker goes through my care plan with me" and "I get involved with my care plan and reviews." We looked at two people's care plans and other related records. This information identified people's needs and provided guidance for staff on how to respond to them. The care plans were well organised and were divided into separate sections. Each section identified a specific area of need, such as; personal care, communication, social integration, personal relationships, spiritual needs, finances and domestic skills. The care plans were underpinned by a series of risk assessments. The management of the identified risks was summarised within each section of the care plans.

Records and discussions showed people's individual needs and circumstances were monitored and kept under review. There were processes in place to monitor, record and share information on people's changing needs, preferences and abilities. Records were kept of their daily living activities, their emotional health and well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example relating to specific behaviours and other identified needs. We found systems were in place to review people's care plans each month. Records were kept of any identified changes, which were then accordingly updated in the person's care plans. This enabled the service to monitor and respond to any changes in a person's needs, health and well-being. We saw evidence of actions taken in response to people's changing needs in consultation with other health and social care professionals.

Staff spoken with expressed a practical awareness of responding to people as individuals and promoting their rights and choices. They told us the care plans were useful and informative, they confirmed they had access to them during the course of their work. Staff told us, "The care plans definitely tell us how to provide support and they are kept up to date" and "I have read most of the care plans, but not had time to read them thoroughly."

Each person had a care plan which focussed upon their rehabilitation. This resulted in a programme of proposed activities. Goals, objectives and expected outcomes had been identified, in response to their needs and choices. For some people this included domestic tasks and self-help skills. People told us how they were supported to engage in activities within the local community and were encouraged to pursue



their hobbies and interests. This included: shopping, walks out, visits to nearby towns, attending community centres and clubs and holidays. Their comments included, "I'm going out tomorrow; to the community centre. We play bingo, make cards, do art and go on trips with them once in a while," "I go down to the community centre three times a week" and "I go out daily to the market and shops."

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with had an awareness of the service's complaints procedure and processes. One person commented, "I speak up if I'm not happy with things I can stand up for myself," another person said "They often ask us about complaints. If it was serious I would tell (the acting manager) they would sort it out." Staff spoken with expressed an understanding of their role in supporting people to make complaints and described how they would respond should anyone raise concerns. We noted people were given regular opportunities to express dissatisfaction with the service in residents' meetings and in one to one discussions. There were complaints forms available for people to put their complaint in writing. The acting manager indicated any matters raised would be appropriately dealt with.

The acting manager considered each person had previously been provided with a copy of the services complaints procedure. We looked at a copy of the procedure and found it included some useful guidance on making a complaint. However we noted there was a lack of clarity around the investigation process, including timescales. There was also a lack of information on how people could contact the provider should they have concerns and there was an implication the Care Quality Commission would deal with complaints which was misleading. The acting manager agreed to review and update the procedure in line with current guidance. We looked at complaints records and found there had not been any complaints raised in the last 12 months. We did note however that the last recorded complaint was lacking in clarity around the investigation and outcome of the complaint.

## Is the service well-led?

### Our findings

At the time of the inspection, the registered manager was absent from the service. The deputy manager had stepped up into the role of acting manager. People spoken with had an awareness of the overall management arrangements at Oakmount House. Although some expressed anxieties about the recent changes in management, they did not express any concerns about how the service was run. One person told us, "The acting manager is doing okay."

There had been a safeguarding alert which was raised with the local authority and was subject to a multi-agency investigation. This had resulted in a local authority management team working closely with the acting manager and staff, in an advisory capacity for a short period of time. They had assisted the acting manager in developing and introducing effective systems to improve the day to day running of the service.

This inspection showed there was a lack of robust quality monitoring and governance processes to ensure the service was operated safely and effectively.

At the previous inspection, we asked the provider to make improvements in relation to the safety and suitability of the premises. We did not receive an action plan from the provider indicating how and when they would meet the relevant legal requirements. However, at this inspection we found sufficient progress had been made, although some further action was required. We also found further matters relating to the premises in need of attention. This meant the premises had not been effectively assessed, monitored and maintained to mitigate risks to the health safety and welfare of people using the service. We were told of proposals to develop and refurbish the premises, however there were no action plans available to inform and direct these proposed changes.

We found there was a lack of progress in developing the service in response to people's changing needs. This meant the monitoring and auditing processes had not been effective in identifying and mitigating risks to individuals in line with recognised guidance.

We found some improvements were needed with medicines management. There was no information to show the service's overall medicines management processes had been audited in accordance with current guidance, with action taken to make improvements.

We found progress was needed in assessing people's capacity to make decisions and choices and apply as appropriate for DoLS authorisation. This meant effective monitoring processes were not in place, to ensure the service was working within the principles of the MCA.

We noted some of the service's policies and procedures were not readily available for staff to refer to. We found some were brief and had not been appropriately updated to include information in line with current legislation and recognised guidance.

Although we were told the provider visited the service and spoke with people regularly, there were no

records of this consultation. There were no governance audits or monitoring reports available. There were no plans available from the provider to demonstrate there had been an analysis and evaluation of the service, in response to the findings of audit systems and any consultation surveys. This meant the provider was not fulfilling their responsibilities in ensuring they had oversight of the service and in making sure the audit and governance systems remain effective.

Processes were lacking in supporting a robust and accountable approach to monitoring, evaluating and strategic planning of the service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we received information from the provider that action was to be taken in respect of these matters. We will check for improvements at our next inspection.

Throughout the inspection the acting manager was proactive in response to our findings and expressed commitment to the ongoing improvements at the service. It was apparent from observations and discussion with people and staff that the acting manager had provided stability and continuity of leadership at the service. The acting manager told us of a forthcoming meeting with provider, which had been arranged to discuss contingency arrangements and plans for improvements at the service.

We found staff were enthusiastic and positive about their work. Those spoken with indicated the acting manager was approachable and supportive, they said there had been no changes in the day to day smooth running of the service. They confirmed regular staff meetings were held, as well as 'handover meetings' at the beginning and end of each shift, to communicate and share relevant information. Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.

There were clear lines of accountability and responsibility. Staff had been provided with job descriptions, they had access to a 'staff handbook', policies and procedures which aimed to outline their roles, responsibilities and duty of care. New staff were made aware of the aims and objectives of the service during their induction training.

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 17 HSCA RA Regulations 2014 Good governance  The provider had failed to demonstrate overall responsibility for the service and had not evaluated the audit and governance systems to ensure they were effective. Regulation 17(1)(2)(f)