

Mrs K Kumar and Dr G A Kumar

# Oldfield House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out this inspection on the 10 and 11 July 2017. The first day of our inspection was unannounced. We last inspected this service on 12 May 2015 when we rated the service as Good.

Oldfield House is registered to provide accommodation and personal care for 19 older people. On the day of our inspection there were 17 people residing in the service.

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

During this inspection three breaches of the regulations were found. These were in relation to the unsafe management of medicines, lack of privacy and dignity and failure to keep confidential records in a safe place. You can see what action we told the provider to take at the back of this report. We also made recommendations about infection control.

Most people we spoke with told us they felt safe living at Oldfield House. Two people told us they had concerns regarding a staff member. We discussed this with the registered manager who took immediate action. All staff members had received training in safeguarding and knew their responsibilities.

We reviewed medicines management within the service and found this was not always safe. A number of medicine administration records (MARs) had missing signatures for medicines that should have been administered. This meant we could not be certain that people had received all their medicines. There were no protocols in place for those people prescribed medicines 'when required' (PRN). Certain medicines were also not stored correctly.

Risk assessments were in place to keep people safe. We saw risk assessments in place in relation to moving and handling, falls, mobility and pressure ulcers. There was also an environmental risk assessment to ensure all parts of the service were safe. This covered topics such as scalds and burns, trips and falls, needle stick injuries, cleaning products and legionnaire's disease. All risk assessments were reviewed on a regular basis to ensure they were appropriate.

There were systems in place to prevent the spread of infection. Staff were trained in infection control. The service was clean and tidy and there were no malodours. During our inspection we noted none of the bedrooms had paper towels in for staff when they had undertaken personal care and needed to undertake hand washing. We discussed this with the area manager who felt that this distracted from the personal feeling of people's bedrooms. We recommended the service seeks guidance from current infection control guidance in relation to this matter.

We looked at the fire safety procedures in the service. We found policies and procedures, risk assessments and personal emergency evacuation plans (PEEP's) were in place to keep people safe. Fire systems such as alarms, fire fighting equipment and emergency lighting were checked on a regular basis. However, we noted on a number of occasions that a chair was blocking a fire exit. This continued after we had discussed it with the registered manager.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied to the relevant supervisory authorities for a DoLS for one person.

Recruitment systems and processes were robust. This ensured only those suitable to work with vulnerable adults were employed by the service.

People's privacy and dignity was not always respected. On the first day of our inspection a visiting healthcare professional had called to see two people who used the service. We noted they were taken into another service user's bedroom for these appointments, rather than to the bedroom of each person being seen.

Care records containing personal and confidential information were not stored securely and anyone was able to access them.

We observed positive interactions from all staff members on duty on both days of our inspection. Staff members explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We saw people laughing and smiling with staff members.

Records we looked at showed that prior to moving into Oldfield House, a pre-admission assessment was undertaken. This provided the registered manager and staff with the information required to assess if Oldfield House could meet the needs of people being referred to the service prior to them moving in.

People were given the information on how to complain with the details of other organisations if they wished to go outside of the service. The complaints procedure was displayed in the entrance of the service for visitors to see.

Staff and people who used the service all told us managers were approachable and supportive. The registered manager told us they received support from the area manager.

Meetings and supervisions with staff gave them the opportunity to be involved in the running of the home and discuss their training needs.

The registered manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The service asked people who used the service, family members and professionals for their views and responded to them to help improve the service.

## 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 managed safely. We found some medicines had not been signed for. This meant we could not be sure they had been given. There were no protocols in place for those medicines to be given 'when required' (PRN) and medicines, such as eye drops, were not always stored appropriately.

Most people who used the service told us they felt safe living at Oldfield House. Two people raised concerns with us about a staff member. The registered manager dealt with this immediately. Staff members had all been trained in safeguarding adults.

Effective systems were in place to ensure the safe recruitment of staff. There was a recruitment policy and procedure to guide the registered manager when recruiting new staff members.

### Is the service effective?

**Good** ●

The service was effective.

Staff members were expected to complete an induction when they commenced working at Oldfield House. People who used the service felt staff members knew them well.

Records we looked at showed a DoLS authorisation application had been made to the local authority for one person who used the service; no one was being unlawfully deprived of their liberty.

People had access to a range of healthcare professionals in order for their health care needs to be met. Records we looked at showed that visiting professionals included GP's, dietician's and speech and language therapists.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People's privacy and dignity was not always respected. On the day of our inspection a person's private space was used for other

people to see a healthcare professional.

Most people we spoke with told us that staff were kind and caring. We observed interactions from staff that were sensitive and respectful.

End of life care plans were in place to show people's wishes at the end of their life. These were person centred.

### Is the service responsive?

Good ●

The service was responsive.

We saw an activities board in the main entrance of the service. We received mixed views about the activities on offer. However, the registered manager told us often people did not want to join in with the activities. Trips in the local community had been arranged.

Prior to moving into Oldfield House a pre-admission assessment was undertaken. This was to ensure that the service could meet the needs of people prior to them moving in.

Throughout our inspection we saw staff members giving people choices such as what they wanted to eat, what they wanted to drink and where they wanted to spend their day.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There were policies and procedures for staff to follow good practice. These were accessible for staff and provided them with guidance to undertake their role and duties.

Confidential information was not stored securely and was accessible to anyone within the service.

Staff told us they felt supported and could approach managers when they wished.

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

This inspection took place on 10 and 11 July 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our inspection we gathered feedback from health and social care professionals who visited the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts, information from whistle blowers and statutory notifications sent to us by the registered provider about significant incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us.

During our inspection visit, we spoke with eight people living in the home, five relatives, one visiting healthcare professional, four members of staff, the cook, the maintenance person, the registered manager and the area manager.

We had a tour of the premises and looked at a range of documents and written records including five people's care records, three staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, staff meeting minutes and records relating to the auditing and monitoring of service provision.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe residing at Oldfield House. One person told us, "I kept wanting to go home but I'm settled now. I feel very safe here". One relative we spoke with told us, "I feel she is very safe here."

We asked people who used the service if they received their medicines on time. One person told us, "It frustrates me that medication is always at set times but I know it's their job but at times they've woken me up just to take it."

We reviewed the systems in place to ensure the safe administration of medicines. We looked at thirteen medicines administration records (MARs) and saw there was a photographic record of each person to help prevent errors. Five records we looked at showed that on separate occasions staff members had not signed to state they had administered a particular prescribed medicine. For example, eye drops that were to be administered at lunch time had not been signed for on the day of our inspection. These errors meant we could not be certain that people had received all their medicines as prescribed.

Inspection of the MARs showed that some people were prescribed medicines, such as painkillers, to be taken only 'when required' (PRN). We found there were no PRN protocols in place for care staff to follow. PRN protocols should be in place to ensure that medicines are given correctly and consistently, with regard to the individual needs and preferences of each person.

Medicines were not always stored securely. Medicines in 'monitored dosage systems' (MDS) were stored in a locked trolley in a locked room. This is a storage device designed to simplify the administration of medicines by placing them in separate sleeves according to the time of day. However; stocks of medicines were on shelves in a locked room. We checked the medicines fridge and found some medicines which required the date of opening to be documented had not been. For example, eye drops had been opened and no date documented, this type of medicine should be discarded after 28 days of being opened. We also found that medicines that required returning to the pharmacy were not stored in a tamper proof box and the medicines fridge had not been locked.

This meant that medicines were not always administered and stored safely and is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Only staff members that had completed medicines training were permitted to administer medicines within the service. Competency checks were undertaken by the registered manager to ensure that staff remained competent to administer medicines. We observed a member of staff administering medicines and saw they used safe procedures. We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal.

The temperature of the medicines room was checked daily as was the medicines fridge to ensure medicines

were stored to manufacturer's guidelines. The room was clean and tidy.

We checked to see that controlled drugs were safely managed. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two staff members to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who used the service and staff from the risks associated with the misuse of certain medicines.

Staff retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects.

Two people who used the service told us they had issues with a member of staff. We spoke with the registered manager on the second day of our inspection to address this. They told us they had not been made aware of these concerns by people who used the service and immediately responded by identifying further training for staff members. The following day the registered manager called us to say they had investigated the concerns and had taken action.

Staff members we spoke with were able to tell us about safeguarding and how they would respond if they had any concerns. Comments we received included, "I would report any form of abuse; physical, verbal or neglect. I would deal with it there and then to protect them. I would report it to [registered manager] and then follow it through and it would be seen through from beginning to end", "I would talk to the manager straight away. It is one thing I would not support" and "I would tell my colleagues who I am on shift with and report it to the manager straight away and also the senior in charge."

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe.

The service also had a whistle blowing policy in place. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents and promoted an open and honest culture.

Risk assessments had been completed on an individual basis for people who used the service, such as moving and handling, falls, mobility and pressure ulcers. The risk assessments were person centred and were completed to keep people safe and not restrict what they wanted to do. They contained detailed information and provided staff with guidance to minimise the risks.

There was also an environmental risk assessment to ensure all parts of the service were safe. This covered topics such as scalds and burns, trips and falls, needle stick injuries, cleaning products and legionnaire's disease. This showed the service had considered the health and safety of people using the service. All risk assessments were reviewed on a regular basis to ensure they were appropriate.

We saw moving and handling equipment throughout the service, such as mobile hoists. Staff members we spoke with confirmed they had received training in moving and handling. They told us, "I make sure there is nothing around them that can harm them, I use the appropriate equipment and I use the care plans", "I use the equipment we are supposed to use for mobility, report any changes. I also work with [registered manager] to go through risk assessments whilst following policies and procedures and undertaking training" and "We do our training courses and also inform the manager if there are any problems. We support one another and our main role is to look after the residents."



Records we looked at showed all moving and handling equipment had been serviced regularly, for example, hoists and slings were serviced every six months. We observed staff using moving and handling equipment; we heard staff members encouraged and supported the person to put them at ease.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), the lift and fire alarm system. We noted most windows had window restrictors on them; however we noted one bedroom window and two lounge windows did not have any restrictors on them. We mentioned this to the registered manager who arranged for these to be fitted during the first day of our inspection.

Care records we looked at contained personal emergency evacuation plans (PEEP's). These showed the person's ability to make decisions and choices in the event of an emergency situation such as fire and the level of support they required. They also detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation. The service also had a contingency plan in place in case of emergency, including electrical failure and gas failure. Control measures were in place for staff to follow.

Inspection of records showed that a fire risk assessment was in place and regular fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order. During the first day of our inspection we noted a chair was obstructing a fire exit on the ground floor. The registered manager told us staff knew their responsibilities and arranged for it to be removed immediately. However, when we checked again the following day the chair was again obstructing the fire exit.

We looked at how people were supported following significant incidents or accidents. We found accident and incident forms had been completed following incidents and medical attention was sought in a timely manner.

We looked at the systems in place to ensure staff were safely recruited. The service had a recruitment policy in place to guide the registered manager on safe recruitment processes. We reviewed three staff personnel files. We saw that all of the files contained an application form, two references, and confirmation of the person's identity. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

One person we spoke to about the staffing levels in the service told us, "They always respond to the buzzers even if they had to say they will come back when they have finished with someone else." Relatives we spoke with told us, "Sometimes it takes them some time to answer the buzzers and when I have gone looking for them, they are busy with someone else" and "There is not enough staff on and some appear to do the job very reluctantly." During our inspection we observed that nurse call alarms were answered in a timely manner.

We asked staff members what they thought of the staffing levels in the home. Comments we received included, "It depends on the day and the residents, it also depends if someone is ill. [Registered manager] is upstairs if we need her we phone her and she will come down. Every day is different", "I think they are fine.

We have days when everyone comes at once like the doctors. [Registered manager] is usually here and comes downstairs. I would ring her and she would help out. As a rule it runs pretty smooth" and "Yes there is enough staff. You get your busy days when you get doctors and district nurses but we manage because our manager is always here. She can come down and help the other two members of staff." All the staff members we spoke with felt they had enough time to spend with people. One staff member told us, "Yesterday a resident wanted to talk about music so I made time to chat with them."

On the day of our inspection we noted a very rushed and busy atmosphere around the home. We observed one person who used the service pressed their nurse call. A staff member attended and said they would return with another staff member to assist them. It was approximately 20 minutes before staff members returned to assist the person. On the second day of our inspection we noted a much more relaxed atmosphere. We discussed staffing levels with the registered manager. They informed us that there were some days that were busier than others, in particular when the doctors or district nurses were in attendance. However, they told us that staff members always asked for their help in these situations. They told us staff had not done so on the day of the inspection as they did not want to disturb the registered manager. The registered manager reassured us that staffing levels and dependency levels were assessed regularly and addressed as and when required.

We spoke with staff members to ascertain if they understood their responsibilities in relation to infection control. Comments we received included, "To always use personal protective equipment (PPE). To wash hands thoroughly before and after and to make sure there are no soiled clothes lying around. If I had a wound I would make sure it was covered. To make sure food is always covered", "To promote good practice, wearing gloves and aprons, washing your hands, good housekeeping. To make sure there are plenty of gloves and aprons in stock" and "Always use the right equipment like PPE. Always wash your hands when entering the kitchen or going to the toilet."

During our inspection of the service we noted that none of the bedrooms contained paper towels for staff members to dry their hand on after washing them. Instead there were material hand towels. Some bins we looked at in bedrooms were not foot operated and some bins were missing. We spoke with the registered manager regarding this who informed us they had never had paper towels in bedrooms as it was not conducive to the homely feel of people's bedrooms. We recommend the provider seeks guidance from the current infection control guidance in relation to this matter.

There was a laundry sited away from any food preparation areas. There was one industrial type washing machine and dryer to keep linen clean and other equipment such as irons to keep laundry presentable. The washing machines had a sluicing facility to wash soiled clothes. There were different coloured bags to remove contaminated waste and linen. Staff had access to personal protective equipment such as gloves and aprons and we saw that there were plenty of supplies. We observed staff used the equipment when they needed to.

## Is the service effective?

### Our findings

All the staff members we spoke with told us they had completed an induction when they commenced employment at Oldfield House. Comments we received included, "Yes I had an induction; it covered a bit of everything. I also had to shadow a more experienced staff member for the first few shifts", "Yes I had an induction. It covered basic training like food hygiene, first aid, fire safety and policies and procedures were covered" and "Yes it was the basics around caring, residents, rights and policies and procedures. I also had to shadow a member of staff."

Induction records we looked at showed that staff were to complete an induction when commencing employment within the service. This consisted of reading relevant policies and procedures, fire safety procedures, moving and handling and confidentiality. All new staff members had to complete the care certificate when commencing employment at Oldfield House. The care certificate is considered best practice for staff members new to the care industry.

We asked a staff member what training they had completed over the last 12 months. They told us, "I have done first aid, moving and handling, fire safety, dementia, nutrition, food hygiene, person centred care and safeguarding." The training matrix showed courses available to staff members included safeguarding, person centred support, moving and handling, stroke awareness, infection control, first aid, health and safety, pressure care and Mental Capacity Act (MCA).

Records we looked at showed that staff training was delivered through both eLearning and face to face courses. We saw that staff members were required to complete two courses every month to enhance their knowledge and skills.

We asked staff members if they received supervisions and appraisals. Comments we received included, "Yes we do. [The registered manager] is good for listening but if she thinks you are not doing something right you soon find out, which is right", "Yes we have supervisions and I have to say you can talk about anything" and "We get appraisals and we have supervisions every month. [The registered manager] asks us about any training we would be interested in or we can ask her anything. She is very, very good." Records we looked at confirmed what staff members had told us. We saw supervisions consisted of discussions around training, medication, care plans, pressure charts, diet and fluids and personal protective equipment.

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. Then they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

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

principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good understanding of their responsibilities in relation to the MCA and DoLS. All the staff members we spoke with confirmed they had undertaken training in MCA and DoLS.

Care records we looked at showed consideration had been made to people's capacity. Consent forms were in place for those people with capacity to consent to being weighed regularly, to have their medicines administered by staff and to have their photograph taken. We also observed staff seeking consent from people prior to undertaking any support.

During the inspection we looked at people's records and saw the registered manager had applied to the relevant supervisory authorities for a DoLS for one person. The application had been made when it had been necessary to restrict someone for their own safety, and was as least restrictive as possible. The service was awaiting a response from the local authority for the application they had submitted.

Records we looked at showed people had access to a range of healthcare professionals in order for their health care needs to be met. Records we looked at showed that visiting professionals included GP's, dieticians and speech and language therapists.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People had mixed views on the quality of the food provided. Comments included, "The food is very good and there is always a choice of two things", "We get plenty to eat. Some is alright but some isn't very nice", "The food is alright here" and "Most of the time the food is great but occasionally it's not for me, like when it is chicken in a special sauce. I have a very temperamental stomach. I like meat and two veg. They pile my plate and I always get any leftovers." One relative told us, "I have seen a big difference in her and she has put weight on. She [service user] had lost a lot of weight but she has fortified drinks now and they liquidise her food and feed her."

The service used an external company who specialised in providing frozen, nutritionally balanced meals on a daily basis. People were able to choose from a wide and varied choice of meals provided by the company and any allergies people had could be avoided. The external company provided the service with detailed information on each meal, including all nutritional information, additives, calorific content and if they were suitable for vegetarians. All the staff we spoke with told us they had undertaken training in nutrition.

The registered manager told us that in addition to the frozen meals they were able to prepare snacks for people who used the service should they not want what was on the menu. On the day of our inspection we noted a choice of two hot meals and a dessert for lunch. Tea consisted of a choice of soup and sandwiches or a hot snack. We looked in the kitchen and found it had recently been refurbished to a high standard and was very clean and organised. We found adequate supplies of food were available including fresh fruit.

We spoke with the cook in the service who told us the menu was on a four week rolling rota. The cook had a good knowledge of people's dietary needs and preferences including their likes and dislikes, favourite snacks and preferred portion sizes.

At the lunchtime meal service on the second day of our inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. On the first day of our inspection we observed the lunchtime experience was rushed and disorganised. We spoke with the registered manager regarding this who informed us that a doctor and district nurse had arrived at the service which occupied one staff member and other staff had not requested the support from the registered manager. We observed the lunchtime period again on our second

day of inspection and found this much more relaxed and organised. People who required it were supported to eat their lunch, we saw people were offered second helpings and a choice of fluids was offered.

We saw some areas of the service required refurbishment. The service had a programme of refurbishment and we saw some areas had already been improved. However, we found there were no usable bathing facilities on the first floor as the shower room had been awaiting improvement for some time. Whilst this was working it was deemed unsuitable due to the design of the shower base. People told us they did not mind going downstairs to bathe but they would prefer to be able to use the shower on the first floor. We spoke with the registered manager regarding this. They informed us this would be addressed as a matter of urgency and would be in place within two weeks of our inspection.

The communal areas had sufficient seating for people accommodated at the home; again these were in need of re-decoration and modernisation. The communal areas were homely in character and televisions were available for people to watch if they wished. Some people preferred to remain in their rooms. We saw that pictorial signs were in place to identify toilets, bathrooms, dining room and the lounge; this should support people to remain independent when mobilising around the service.

Bedrooms we visited had been personalised to people's tastes. We saw some of these had been re-decorated and modernised with new furniture. Again we were informed by the registered manager that all remaining bedrooms were on the list of improvements to be made.

## Is the service caring?

### Our findings

People who used the service told us staff were caring. Comments we received included, "We get very good care", "It is brilliant here and the staff are great", "I like it here, it is nice" and "I like it here." Relatives we spoke with told us, "The staff are fantastic with them, very patient", "They get very good care here", "She is well looked after and she is always clean and tidy. They have actually mentioned that her clothes are now a little too big for her", "She has perked up a lot since she arrived. She has got more confidence." One visiting professional told us, "Fantastic home this, I would put my own mum in here with no hesitation."

On the first day of our inspection a visiting healthcare professional had called to see two people who used the service. We noted they were taken into another service user's bedroom for these appointments, rather than to the bedroom of each person being seen. This does not promote privacy and dignity. People's bedrooms should remain a private space for their own personal use.

One relative we spoke with told us, "They take service users to the toilet and leave the door open. There is no privacy in that respect." Whilst we did not observe this practice on the day of our inspection, we did observe one occasion when supporting someone using a hoist their skirt was left in an undignified manner.

The privacy and dignity of people who used the service was not always respected and is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed positive interactions from all staff members on duty on both days of our inspection. Staff members explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We saw people laughing and smiling with staff members.

We asked staff members if they could tell us how they supported people who used the service to remain independent. Comments we received included, "Really part of promoting independence is through choice. Asking them what they would like to eat and wear" and "We have one person that likes to go out every week and he is able to do that. One person used to go to the pub every week and we used to ring a taxi for him. A few others have gone out with families and on their own. They do whatever they want to do." We observed throughout our inspection that staff members encouraged people to remain as independent as possible.

We asked staff members how they ensured they met people' needs when they were at the end of their life. They told us, "We get told how often people have to be moved, what we can give them to drink, their medication. We also talk to them and give them reassurance. It would definitely all be in the care plan", "We talk with their family and themselves. We do have a preferred plan of care where people put down what they want and we are led by that. We had a family that moved in once and stayed 24 hours a day. We do as much as they want us to do. We get a lot of good back up from the district nurses with their medication; they do a brilliant service and nothing is too much trouble. That gives the family confidence as well" and "We refer to the care plan, talk to the family making sure we know what their preferences are and also talking to the person."

At the time of our inspection there was nobody receiving end of life care within the service. However, we noted consideration had been made to people's wishes when they were at the end of their life. Care records we looked at contained end of life care plans; these were person centred and contained the wishes of the person.

## Is the service responsive?

### Our findings

We spoke to people who used the service to ask them about activities within the service. One person told us, "I went out yesterday with my family. There's nothing much to do here just watch the TV", "Sometimes there are things going on. I like to do Word Searches" and "There's not much for us to do to be honest. There was talk of getting a Karaoke machine." One relative we spoke with told us, "There are not enough activities or stimulation here. We have seen nothing so far."

We observed there was an activities board in the entrance to the service. We saw the activities planned on the days of our inspection included, music and instruments and baking on the first day and nails and massage on the second day. We did not see any of these taking place during our inspection; however, we did observe a game of dominoes being played on the second day of our inspection. We spoke with the registered manager regarding this. They told us, "If no one wants to bake the cook will do the baking. They do get offered activities but a lot of them will not join in. The popular activities are superstars [exercise based activity], the hairdresser and having their nails done." The registered manager also told us they had been looking at arranging external trips to the Zoo and local seaside as people had requested this.

Records we looked at showed that prior to moving into Oldfield House a pre-admission assessment was undertaken. This provided the registered manager and staff with the information required to assess if Oldfield House could meet the needs of people being referred to the service prior to them moving in. We saw background information about the person, medical history including any medication the person was receiving, what was important to the person and likes and dislikes were all discussed prior to moving to Oldfield House.

We looked at the care records for five people who used the service. The care records contained detailed information to guide staff on the care and support to be provided, including what people were able to do for themselves and any equipment they may need, such as a walking frame. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had all been incorporated into their care plans. People had a 'map of life' showing information such as where they had been born, where they went to school, if they had siblings, childhood memories and interests. Care plans were person centred and were reviewed on a regular basis to ensure they met people's changing needs.

We asked staff members how they supported people to make their own decisions. They told us, "I support them because I ask them if there is something they would like to be done or if they need any help with a decision. For example, would you like to wear this? Whatever they ask for we try to meet their needs and if it is anything above me I ask [registered manager]", "By communicating, we ask and promote choice as much as possible" and "If they have the capacity they can have their own choices and we do not influence them." We observed throughout our inspection that people were given plenty of choices, such as what they wanted to eat, where they wanted to sit and if they wanted to be in their room.

We asked people who used the service if they had ever needed to make a complaint. None of the people we spoke with had made a complaint. One person told us, "I have no complaints at all. I would definitely tell



you if I did."

Staff members we spoke with knew how to respond should they ever receive a complaint from a person who used the service or a relative. They told us, "I would get the information, write it down and give it to the manager. I would not get in the middle of it. Just write down the facts and take it to the manager", "I would make them fully aware of the complaints procedure, take the complaint there and then and see if it could be rectified. I would put them in touch with [registered manager]. I would deal with it if I felt it was something I could deal with" and "I would refer them to the manger or a senior first who would contact the manager."

The service had a complaints policy in place. This provided guidance for staff members on verbal complaints, written complaints, investigating and following up actions. We saw the service had not received any complaints since our last inspection.

## Is the service well-led?

### Our findings

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the first day of our inspection we noted that care records relating to people who used the service were being stored in a cupboard, within the dining room that was not locked. This meant that anyone could access these and therefore not stored confidentially. We asked the registered manager to address this immediately so that they were stored safely and securely. Prior to leaving the service on the first day of our inspection we noted this had been addressed and a lock put on the cupboard.

We also noted that in the main entrance area of the service there were files containing the contact telephone number of each staff member, a diary, a handover book, an accident book and a medical appointment letter. All of which contained confidential and personal information. Again these were left in a public area for anyone to access. We asked for these to be moved to a secure area, which was actioned immediately.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as all confidential information and records should be stored in line with current legislation.

People we spoke with told us the registered manager was approachable. Comments we received included, "[The registered manager] is very good and she always listens to us and actions anything we ask for" and "I have no problem at all talking to [The registered manager]. She has always got time for me." One relative told us, "They are all very approachable." All the staff members we spoke with told us the registered manager was approachable and they felt able to report any concerns or issues to them.

The registered manager conducted audits regularly. The audits included care records, fire safety, bedrooms, communal areas, equipment such as moving and handling equipment and medicines. Any actions required were noted.

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included safeguarding, whistleblowing, recruitment, complaints, supervisions and appraisals, infection control, medication and fire safety. These were accessible for staff and provided them with guidance to undertake their role and duties.

Records we looked at showed that regular meetings were held with people who used the service. The last meeting was held on the 22 May 2017. The minutes of this showed that discussions took place around activities and things that people who used the service would like to be involved in during the day. We saw a gardening club had been mentioned and trips out in the local community.

Staff we spoke with told us they had regular staff meetings within the service. One staff member told us, "Yes we have regular staff meetings and we can bring anything up in them." Records we looked at showed that separate meetings were held for day care staff, night care staff, cooks and housekeepers. We looked at the minutes of the most recent staff meeting and found discussions covered care plans, activities, training, cleaning schedules, breaks, shifts and mobile phones. These also evidenced that staff were given the opportunity to have their say during these meetings.

We saw the service had received a number of thank you cards from people who used the service and relatives. Some of the comments we saw included, "Thank you all for looking after [relative]", "Thank you for all the care you gave [relative], I know she was happy here", "I wish to commend all the staff at Oldfield House on how you treated and looked after my [relative], she survived a longer and happy life due to your care and support. Thank you for all the outings you gave her and also on her final days she still had a good quality of life", "Thank you again for a quality service. We will be sure to give your rest home the thumbs up" and "Thank you for doing such a wonderful job taking care of our relative."

The service sent out satisfaction surveys to residents and relatives. We looked at the results from the residents survey from October 2016 and found 13 people had responded. The results of the survey were analysed and put into a report. This showed all 13 people said they felt safe living at Oldfield House, that staff members knew what they were doing and were kind and compassionate. All felt they were well looked after and staff members had time to spend with them when they needed support. We also saw surveys had been sent out to relatives and staff members, both of which had been returned with positive results.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating. A copy of the latest inspection report was also made available for people to read.

We asked the registered manager what improvement plans they had for the near future. They told us the wet room/shower room would be completed by the end of July 2017, a toilet in the downstairs area would be refurbished by 4 August 2017 and redecoration of lounge area by 19 August 2017. Other improvements were also planned such as refurbishment of an upstairs toilet. This showed the management team were committed to improving the environment for people who used the service.

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 10 HSCA RA Regulations 2014 Dignity and respect  The privacy and dignity of people who used the service was not always respected.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always administered and stored safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Confidential information and records were not stored in line with current legislation.