Care Quality Commission

HC-One Limited

Oakland (Rochdale)

Inspection report

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21 July 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Oakland (Rochdale) provides accommodation for up to 40 older people who require help with personal care. Care and accommodation is provided over two floors. The ground floor provides 18 beds for people with dementia and the first floor has 22 beds for people with a range of care needs. All bedrooms are single rooms. A passenger lift is available.

The service were last inspected in July 2014 when the service met all the regulations we inspected.

We undertook this inspection on 20 and 21July 2016. This comprehensive inspection was unannounced and conducted by one inspector.

The service had a registered manager. 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.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

There were sufficient staff to meet the needs of people who used the service.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

People who used the service told us the food was good. We observed one mealtime which was a social occasion with staff talking to people and encouraging them to take a good diet.
We also saw that people were offered fluids regularly and during hot weather ice creams.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies. There were regular fire alarm tests and staff fire safety training to help protect the health and welfare of people.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent

professionals.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind, knowledgeable and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

There was a record kept of any complaints and we saw the manager took action to investigate any concerns, incidents or accidents to reach satisfactory outcomes. There had not been any complaints since the last inspection.

Staff, people who used the service and family members all told us managers were approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home and discuss their training needs.

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

The environment was maintained at a good level and homely in character. We saw there was a maintenance person to repair any faulty items of equipment.

People who used the service and their relatives were asked about their views of the service and action was taken to make any improvements suggested.

There were sufficient activities to provide people with stimulation if they wished to join in.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

Is the service caring?

Good

People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and people could see their visitors in private if they wished.

We observed there were good interactions between staff and

people who used the service.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ability.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

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

Care Quality Commission

Oakland (Rochdale)

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 was an unannounced inspection and was conducted by one inspector on the 20 and 21 July 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We requested and received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

During the inspection we talked with five people who used the service, two visitors, three care staff members, the cook, and the registered manager.

There were 39 people accommodated at the home on the day of the inspection. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for four people who used the service and medication administration records for ten people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "I feel safe here and feel very well looked after", "I feel safe but there is one man who causes a bit of a nuisance", "Well nobody bothers me if that is what you mean" and "I feel safer here than I did at home." A visitor said, "I feel [my relative] is very safe with him being here. You have peace of mind knowing that my [relative] is being looked after."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Rochdale social services safeguarding policies and procedures to follow a local initiative, which was displayed where staff and visitors could see it. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Three staff members told us, "I would be prepared to bring up abuse to the manager. I have read and understand the whistleblowing policy", "I would report any physical or emotional abuse and staff if I see anything at all. I know about the whistle blowing policy and am not afraid to use it" and "I would report anything I thought was untoward, resident against staff or vice versa. I am prepared to inform the safeguarding team if I have to. I understand the whistle blowing policy." There were safe systems for the protection of people who used the service and staff understood their responsibilities.

We looked at the system for looking after people's spending money and saw that it was safe. Receipts were kept for any money spent such as for hairdressing and two staff signed for taking money for shopping. Finances were audited by a senior administrator who did not work at the home.

People who used the service told us, "My room is very nice. Yes very clean and I have my own things in it and "They keep the home clean and a lady cleans my room regularly. Every day I think." A visitor said, "It is normally very clean and tidy. No smells like at some homes."

During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The registered manager conducted infection control audits and checked the home was clean and tidy.

We visited the laundry and noted it was sited away from food preparation areas. There was sufficient equipment to keep linen clean and a sluicing facility to wash soiled clothes. The service also used red alginate bags. Soiled linen can be placed in the bags which dissolve when put in the washing machine. There was a dedicated member of staff to do the laundry. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection. Staff had access to personal protective

equipment such as gloves and aprons. We saw staff used the equipment when they needed to.

People who used the service told us, "Staff come quickly if I call them" and "There seems to be enough staff around most days." A visitor said, "I come a few days a week and staff seem quick to help people." On day two of the inspection we saw that there was the registered manager, administrator, six care staff on normal duties and one undertaking one to one care with a person, a laundry worker, three domestic staff, a chef and kitchen assistant, and a maintenance man. The off duty showed this to be the norm for this service.

A member of staff who had not worked at the service for very long said, "They did a lot of checks when I first started. They sent for references and did a police check." We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. 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. The registered manager said that people who used the service were involved in interviewing staff if possible and their opinions helped choose who worked at the home.

We saw that electrical and gas equipment was serviced and maintained. This included the electrical installation, portable appliance testing, the fire system, emergency lighting, the lift, hoists and call bell system.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. There was a 'grab bag in the entrance hallway. This contained important numbers staff could call in an emergency, the fire procedures, names and addresses of all relevant organisations who may need to be contacted and the names and telephone numbers of homes within the group people could be evacuated to. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure, staffing crises, loss of gas supply and the responsibilities of staff.

We looked at four plans of care during the inspection. We saw people had risk assessments for falls, the prevention of pressure sores, mental capacity, nutrition and moving and handling. Where a risk was identified the relevant professional would be contacted for advice and support, for example a dietician.

There was also an environmental audit to ensure all parts of the service were safe. This covered topics like tripping hazards, faults and décor.

We observed two medicine rounds discreetly during the inspection. We noted staff gave out medicines correctly and safely. . We saw the member of staff observed good practice and took care not to leave the medicines trolley unattended. The member of staff waited patiently whilst people took their medicines and then signed the medicines administration records (MARS).

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. All staff who supported people to take their medicines had been trained to do so. We looked at ten medicines records and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home and for any hand written prescriptions to help prevent errors.

Medicines were stored safely in a locked room. There was safe storage for controlled drugs. There was a separate controlled drugs register. We checked the medicines stored and controlled drug book and saw the records were accurate.

We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines. There was a safe system for the disposal of unused medicines and sharp objects, for example, hypodermic needles.

Staff had access to the British National Formulary to reference for possible side effects or contra-indications. Staff who administered medicines had their competency checked to ensure they followed safe practice. The pharmacist who supplied the care service was available for staff to contact for advice.

The documentation for medicines to be given when required clearly told staff when the medicine should be given, the amount, what the medicine could be given for and how often it could be given. This followed safe practice guidelines.

We saw that all rooms that contained chemicals or cleaning agents were locked for the safety of people who used the service.

Good

Is the service effective?

Our findings

People who used the service told us, "The food is very nice. We get two choices of everything", "The food is always good and you get plenty of choice", "You get a choice of food all the time. It's good but you get too much really" and "The food is very good and we get a good choice."

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. We observed lunch on the second day of the inspection. There was a good social atmosphere and staff and people who used the service chatted with each other. Some people were very reticent to eat and we observed very patient staff trying to entice people with various options. We saw one person asked for and was given another helping. We saw that any person who required assistance with the meal was treated in an individual and dignified manner. Staff sat with them and verbally encouraged them to eat. Tables were set with cloths, serviettes and flower posies. There were condiments available on each table for people to flavour their food.

People knew what the choices were for each meal which was displayed as people came into the dining room. Although there were two set choices we saw four different meals at least were provided. We looked at the menus and found them to be nutritionally balanced and varied. There was information about allergens that may be contained in some foods for staff to be aware of. At breakfast time people arrived at various times when they got up. People were offered a choice of hot or cold drinks with their meal and most of the people we observed had both. The cook or a member of staff asked people what they wanted and they were served their choice promptly. The cook talked to people after the meal to see if they had enjoyed their meals. We were told he did this every day.

On the days of the inspection the weather was very hot. We were sat in an area where we could observe or hear staff. Drinks were offered at very regular intervals. People were also offered an ice cream to help keep them hydrated.

There was a record of any special diets required and we saw there were plentiful supplies of fresh, frozen, dried and canned foods. This included the option of fresh fruit. The kitchen had been awarded the five star very good rating at the last environmental health inspection which meant the cook followed safe food hygiene practices.

Each person had a nutritional assessment in their plans of care and we saw that people had access to dieticians if they needed more support.

A member of staff who had worked at the service for a few months said, "I completed an induction. I came in for the first time. I was shown around, shown the paperwork, looked at key policies and procedures and the fire systems. I am completing the care certificate and I get supported. I am part way through the certificate. When I started looking after people I went with another member of staff. I feel confident to work on my own and feel confident I know the residents now. New staff were given an induction when they commenced working at the service. Staff were shown around the service, introduced to the staff team, had to familiarise

themselves with key policies and procedures and informed about the arrangements in case of a fire. Staff were then enrolled on the care certificate which is considered best practice for people new to the care industry.

Staff members told us, "I think I have done enough training for where I am at (this staff member had not been at the service for long). The computer training system lets you know when training is due but I have done a lot of training for the time I have been here" and "I think I we get enough training to do the job."

We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), first aid, food safety, medicines administration, moving and handling, infection control, health and safety, safeguarding, medicines administration and fire awareness. Staff were encouraged to take a recognised course (NVQ or Diploma) in health and social care and from looking at the training matrix we saw that most staff had completed a course at various levels. Other training included dementia care, dignity, falls awareness, nutrition and hydration and diabetes awareness. We saw that refresher and further training was planned for future dates, including end of life care.

Staff said, "We get supervision and appraisal. You can bring up your needs or get things off your chest". "If you feel stuck you can go ask for help. The managers and staff are supportive. I feel I am a member of the team" and "I have had regular supervision and appraisal and we also have team meetings." Supervision was held regularly between managers and staff. We saw evidence of one – one sessions in staff files. Staff felt they were able to discuss their careers during supervision.

All the people we spoke with were satisfied with their personal space and had personalised their rooms to their own tastes. We observed that there was clear signage for people with dementia. This included highlighting communal areas, bathrooms, toilets and supporting the menu with pictures of the meals supplied. People who had dementia (or their families) were also offered the opportunity to personalise a memory box next to their room with photographs or other items that they may recognise. Corridors had a street name and there were other items people could recognise such as bus stops and a variety of door handles.

Two people who used the service said, "I have a very nice room with some of my own things in it." and "My room is very nice. Clean and I have my own things in it."

We toured the building during the inspection. All the rooms we visited were well furnished, nicely decorated and homely in style. We looked at several bedrooms which had been personalised to people's tastes. There was sufficient comfortable seating in communal areas. We saw people could sit together or in their rooms if they wished privacy.

There were suitable aids and adaptations in bathrooms and toilets to provide ease of use for people with mobility problems. There were grab rails in corridors to help people move around safely.

There was a lift for people to access both floors and a garden area for people to sit in during good weather.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We looked at four plans of care during the inspection. Each person had a mental capacity assessment when they were admitted. We saw that three of the people's plans we looked at contained documentation for a deprivation of liberty decision to remain in the home as the least restrictive and safest decision that they (where possible), their families and external professionals could make on their behalf. We saw that this had been undertaken for all the people who did not have the mental capacity to make a safe decision. We saw that the decisions were reviewed after a year. At this time the local authority is behind in looking at the applications and resubmissions but we saw that the service was completing all documentation correctly.

The plans of care we looked at showed people who used the service had signed their agreement to care and treatment if they could. We also observed staff asking people for their consent before undertaking any tasks. This gave people choice and ensured they got the support they wanted.

Good

Is the service caring?

Our findings

People who used the service said, "The ladies (staff) are very kind. They look after me well. It is all right living here. You could be in worse places"; "The staff are very good. They are cheerful" and "The staff are great. I like it here. I have settled very well. The staff are very helpful. They are very kind to me. They look after me very well." Two visitors said, "The staff are nice. Some of the staff are exceptional but they are all kind" and "I cannot fault this home." People who used the service and visitors we talked to said staff were caring.

Two people who used the service told us, "Any care I get is always given privately" and "They give my care very privately and my relatives who also lives here." We observed staff during the day. We did not see any breaches of a person's privacy and staff delivered care in a professional and polite manner. There was also some appropriate light hearted banter amongst staff and people who used the service. We observed staff were able to sit and talk with people who used the service.

Visiting was unrestricted and we saw some people received their visitors in communal areas or their rooms if they wished. We saw staff offered visitors refreshments and welcomed them into the home. Visiting was encouraged to help people remain in contact with their family and friends.

We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This helped staff get to know people better and deliver personalised care. We observed that people had choice in the time they got up, where they ate and how they spent their day. People told us they had choices in their day to help them retain some control over their lives.

Most of the plans of care contained the details of what a person wanted at the end of their life. We saw that this included their decision to stay at the home rather than hospital if possible, their choice of cremation or burial, who they would like to carry out their final arrangements, any specific place they wished this to be and any special arrangements such as what they would like to wear. This would ensure that their final wishes were respected at this difficult time. However, one person's plan we looked at did not have any details surrounding their end of life wishes. This person's relative came to us during the day and said, "I don't want to talk about [my relatives] end of life wishes and make any plans. It is too soon for us to think about it. I will do it nearer the time." We talked with the relative and assured her that this was fine as long as staff recorded who was responsible for making any arrangements. We saw on the notice board that staff were being enrolled on an end of life course which will help them better understand people's needs at the end of their life and help support bereaving family members.

Staff we spoke with said, "I like working here. I would definitely agree to a member of my family living here if they needed to. There are a lot of good staff. A good staff team and good morale", "I enjoy working here. I would be happy for a member of my family to live here" and "I adore working here. I can go home at every shift and know everyone has been looked after. I would recommend here but I think we need more staff

sometimes. It is nice for the residents but sometimes you wish you could do more. You do get time to sit down and talk to them. I am happy working here." Staff were happy working at the home and thought they provided a good team to care for people who used the service.

On the day of the inspection we saw that people attended prayers and communion if they wished. A person's religious needs were recorded in plans of care. There were no people who had any ethnic or other religious needs on the day of the inspection.

Good

Is the service responsive?

Our findings

People who used the service told us, "I would talk to the manager if I had any concerns but I don't", "I don't have any complaints but they would hear me out if I did" and "I can talk to the manager or staff if I have any concerns. I trust them." A visitor said, "They would definitely listen to me if I had any concerns, They would appreciate your input if you thought you could help improve things."

On the day of the inspection all the people we spoke with did not have any concerns or complaints about the service. There was a suitable complaints procedure located in the hallway that informed people on how to raise any concerns. Each person also had a copy in the documentation provided on admission. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch. We saw the registered manager had a system for analysing complaints which would enable her to provide a satisfactory outcome.

People who used the service told us, "You can join in any activities if you want to" and "I join in with the activities when I want to and also go out sometimes. I like the entertainers." On both days of the inspection we saw activities were provided. One day staff were observed holding an exercise activity with a beach ball and an entertainer was singing to many people on the second. People sat listening or had a dance to some of the tunes. Other activities included ball games, exercises, baking, treasure island, birthdays, arts and crafts, movies, karaoke, gardening or just relaxing in the garden in good weather, dancing and going out. One recent trip had been to a local pub for a drink and a meal. One person had her own trolley and liked cleaning. Simpler activities for people with less abilities included folding towels, washing and putting the washing out to dry. There was a quiet room which was set up as a restaurant and family members could take a meal and if they wished drinks with people who used the service. We saw that a couple had used the dining experience on one of the days of the inspection. The service employed an activities coordinator to provide entertainment and photographs of activities were shown on a notice board.

The service had their own transport and regularly had trips to parks, museums and places of interest such as Blackpool.

We looked at four plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

The plans of care showed what level of support people needed and how staff should support them. Each need was highlighted and what support staff should give to help people remain safe and well. Each heading,

for example personal care, diet and nutrition, mobility or sleep showed what need a person had and how staff needed to support them to reach the desired outcome. We saw that where people were able to do tasks for themselves this was encouraged to promote independence. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. A visitor said, "They keep me up to date with anything that goes on. They let me know last week that [my relative] was not very well."

There was little staff turnover and most staff had worked at the service for some time. This meant they knew people well which helped them meet people's needs.

There were regular meetings between people who used the service, their relatives and management. At the last meeting of May 2016 we saw that items on the agenda included cleanliness of the home, bingo as an activity and crockery. Managers also kept people up to date with any changes such as new staff members. We saw that there had been improvements made as a result of the meeting, for example more thorough cleaning of tables and bingo added to the activity list.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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.

People who used the service told us, "The manager is easy to talk to" and "The manager is very good. I like to talk to her." Staff said, "The door is always open to the manager. She is very good to talk to"; "The managers and staff are supportive. I feel I am a member of the team" and "I can speak to the manager. She is very approachable, even if you are not at work. The new manager seems to be very nice as well." A visitor also commented, "You can talk to the manager if you want to. The managers are approachable." All the people we spoke with thought management was approachable and fair.

The registered manager held a regular 'surgery' where she made herself available to talk to people who used the service and relatives. She said discussion was usually around care at these informal meetings.

Each day the registered manager held a meeting with heads of departments. This included kitchen staff, housekeeping, manager or deputy and the administrator. Items discussed included care, any GP visits, safeguarding, medication changes, catering, menu changes, end of life care, diet and activities. Any relevant information was passed down to other staff. Care staff had handover meetings at the beginning of every shift to keep them up to date with people's care needs.

Staff told us and we saw evidence staff had regular meetings with management and were given a chance to have their say in how the home was run.

We looked at the numerous audits the service undertook to maintain or improve standards at the home. The area manager undertook an audit of the service to support the manager or pick up on any part of the service not functioning correctly or needing improvement. New carpets had been discussed for one of the lounges and were due to be fitted.

The registered manager completed audits for all aspects of service provision. We saw records for audits which included care plans, spot checks for things like how well people were dressed, infection control, medicines administration, the grounds and gardens, professional visitors, diet and the dining experience, health and safety, maintenance, the fire alarm system, incidents and accidents, complaints and cleanliness. We saw that where any problems were highlighted the registered manager took action to improve the service, for example one area was seen as being too wet when mopped so this was brought to the attention of housekeeping and an area outside needed sweeping.

We looked at policies and procedures which were updated regularly. The policies we looked at included health and safety, reporting of incidents and accidents, infection control, managing behaviours that challenge, safeguarding, DoLS, confidentiality, medicines management, complaints and mental capacity.

There were policies and procedures available for staff to follow good practice.

People were issued with documentation called the service user guide when they were admitted to the home. This gave people sufficient information about the services and facilities provided at Oakland.

There was evidence in the plans of care that the registered manager and care staff liaised with other professionals who visited the home to help ensure people received the care they needed.

The registered manager arranged for an annual survey questionnaire to be sent to each person or their family members. This year's forms had just been sent out and there were not sufficient returns to form a judgement on how they were performing. We looked at last year's returns and found them to be positive. We saw that action was taken to improve any area where the result was not as good as expected. This included the purchase of more cushions, better use of the garden and daily cleaning monitoring.

We saw that there was information about caring for people with dementia on view in the reception/seating area for staff, people who used the service or family members to read and this should help them have a greater understanding of the needs of people who suffer from this illness. There was also advice on how to get help and support if this is what people needed.