# Prime Life Limited

# Oakdene

## 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? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We inspected Oakdene on 14 August 2018. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Oakdene provides personal care and accommodation for up to 40 people living with mental health needs. At the time of our inspection 38 people were using the service.

At the last inspection in September 2016, the service was rated 'Good' in all the key questions. At this inspection, we found the fundamental care standards were not being fully met, resulting in the rating for the service changing to 'Requires Improvement.'

At the time of our inspection there was a registered manager in place but they were unavailable on the day of the inspection due to being on leave. A registered manager is a person who has been registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are "registered persons". Registered persons have the legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Risks associated with people's needs had not always been effectively assessed, planned for or monitored. Information to guide staff of how to manage risks lacked detail or was not consistently followed.

Some shortfalls were identified in the management of medicines, this was in relation to medicines prescribed to be used 'as and when required'. Staff were not consistently provided with guidance of the administration of these medicines. Body maps were not routinely used to instruct staff where prescribed creams should be applied and two staff signatures were not used for transcribing hand written entries.

Infection control and cleanliness of the service had been improved. This included new systems for monitoring how infection control measures were met. However, further time was required for these to be fully imbedded and improvements to be sustained.

People were protected from the risk of abuse as far as possible because staff had received safeguarding training and followed the provider's safeguarding policies and procedures to safeguard people. Staffing levels and skill mix were sufficient at the time of this inspection. The provider had a dependency tool used to review staffing level requirements, staff covered any shortfalls and new staff were being appointed to fill vacancies.

Staff received an induction and ongoing training opportunities to formally review their work, training and development needs.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the provider's policies and systems in the service supported this practice. Where people lacked mental capacity to consent to their care and treatment, assessments to ensure decisions were made in their best interest had been completed. The provider was making further improvements to support staff by implementing new documentation to support the assessment of people's capacity.

People received a choice of meals and their nutritional care needs were known, understood and followed by staff. The staff team worked well with external healthcare professionals when required in meeting people's health needs. The internal and external environment met people's individual needs. There was a well maintained and secure garden with a smoking shelter.

Staff were aware of people's needs, routines and what was important to them. Staff were kind, caring, and they supported people ensuring their privacy, dignity and respect was met. Independence was encouraged and supported. Information about independent advocacy services was available.

People's care plans were not consistently detailed. Staff were aware of people's needs but there was a risk new staff, would not have sufficient written information to provide responsive and effective care and support. People's diverse needs had been assessed and were met, this ensured people did not experience any discrimination.

People received opportunities if they chose to participate in social and recreational activities. The provider's complaint policy and procedure had been made available to people who used the service. People's end of life wishes in relation to their care and support had been discussed with them and staff worked well with external professionals to support people's  end of life care.

People received opportunities to share their views about the service they received. The systems and processes in place to check on quality and safety were found to be ineffective because not all the shortfalls identified in this inspection had been identified by the provider.

During this inspection we found one breach of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe.

Risks associated with people's needs were not always managed or assessed effectively.

People's medicines were not always safely managed.

Staff were aware of safeguarding procedures and used these when required to ensure people's safety.

Staffing levels were sufficient and safe staff recruitment checks were completed.

Improvements had been made to cleanliness and infection control practice.

### Is the service effective?

**Good**

The service was effective.

Staff received an induction and ongoing training and support.

Improvements were being made to how people's mental capacity was assessed in making specific decisions.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People received support with their healthcare needs and staff worked well with healthcare professionals to inform this.

### Is the service caring?

**Good**

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

People had information about independent advocacy services to represent their views if needed.

People's privacy and dignity were respected by staff and independence was promoted.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

People's care plans were not consistently detailed to inform an individualised approach to their care.

People's diverse needs had been assessed and were being met.

People had access to the provider's complaints procedure.

End of life care needs had been discussed and planned for with people and staff worked well with healthcare professionals in providing end of life care.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

The systems and processes in place to monitor the quality and safety of people's care were not consistently operated or effective, resulting in shortfalls in the fundamental standards.

People, external professionals and staff were positive about the registered manager's leadership.

People received opportunities to share their experience about the service.

# Oakdene

**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 comprehensive inspection took place on the 14 August 2018 and was unannounced. The inspection team consisted of three inspectors 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 care service.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider for information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant at our inspection visit.

To help us plan the inspection we reviewed information we had received about the service from other agencies. We sought the views of the local authority care commissioners who support people to find appropriate care services, which are paid for by the local authority or by a health authority clinical commissioning group. We also contacted Healthwatch Nottinghamshire, who are an independent organisation that represent people using health and social care services. We received feedback from Nottinghamshire Local Authority about their audit of the service in July 2018, where some shortfalls were identified in the service people received.

During the inspection, we spoke with 12 people who lived at the service, to gain their views about their experience of the service they received. We also spoke with a visiting community nurse. We spoke with the area manager, two senior care staff, two housekeeping staff, a cook, kitchen assistant and four care staff. We looked at all or parts of the care records of seven people and checked that the care they received matched the information in their records. We also reviewed other records relevant to people's care and the management of the service. This included medicines, staffing, and complaints records, management audits and policies.

After the inspection, we contacted eight external professionals known to the service and received feedback from a community psychiatric nurse and social worker.

Requires Improvement

# Is the service safe?

## Our findings

Some concerns were identified in how the provider had managed risks relating to people's needs. For example, one person had a risk assessment in relation to smoking in their bedroom. This person's bedroom was found to have tobacco on the floor with burnt cigarette papers and a lighter. The area manager told us smoking in rooms was a constant concern and a known risk that was frequently discussed with people. A person told us risks associated with smoking was regularly discussed and raised in resident meetings. Records confirmed what we were told. We were concerned however that people, visitors and staff were at potential risk and improvements were required in how smoking was managed safely and effectively.

Risks associated with people's physical health needs had not always been adequately assessed. For example, one person's care records stated they had experienced skin infections to their feet, which had been treated with antibiotics on several occasions. There was no care plan or risk assessment in place that provided staff with guidance of how to support the person to manage this risk. This meant there was an increased risk of infection occurring, because there was no related care plan in place to help manage this risk.

People told us they felt involved in decisions about how health risks were managed. One person had a health condition and they told us how this could impact on their safety. They were confident staff understood their needs and how to keep them safe. Staff gave examples of how they managed risks whilst they promoted people's independence. A staff member said, "People can make unwise decisions as long as they have capacity to understand their decisions. We respect people's lifestyle choices."

Some people experienced periods of heightened anxiety associated with their mental health needs that affected their mood and behaviour and this was effectively managed. For example, one person's risk assessment provided staff with guidance of how to recognise when they became mentally unwell, such as an increase in sleeping and self-isolation. Staff were provided with guidance of the care actions they needed to follow that was required during these times, such as an increase in monitoring and contacting external health care professionals involved in the person's care.

People's safety in relation to their reduced mobility and associated risk of pressure ulcers from skin damage had been assessed and planned for. For example, where required, people had pressure relieving mattress and cushions and we saw people using these. We also saw how staff followed best practice guidance in supporting a person to transfer safely using a hoist.

Individual plans were in place to support people in the event of an emergency requiring people to be safely evacuated from the service. For example, in the event of a fire. Safety checks were completed on the internal and external environment and premises. This included fire, health and safety and the protection from legionella. This is bacteria that can be found in the water supply and can cause serious illness. This meant the provider had systems in place that checked on health and safety.

People's medicines were not always managed safely. Shortfalls were identified in some areas of medicines

management. Where people required medicines to be administered 'as and when required', protocols were not consistently completed to guide staff of how to administer these. This is important information to protect people from receiving medicines unsafely. Body maps to instruct staff of areas people required prescribed creams applying were not routinely used. Meaning there was a risk people may not receive their creams as prescribed. Hand written entries of prescribed medicines instructions on medication administration records (MARs), were not routinely signed by two staff. This is recognised good practice to help ensure accurate transcribing and reduce the risk of a medicines administration error.

People told us they received their medicines at regular times. One person said, "Staff give me my medication at regular times each day, it helps me a great deal." We completed a sample check of MARs that confirmed people had received their prescribed medicines. A sample stock check of medicines was also found to be correct. Information about how people preferred to take their medicines and any known allergies were recorded. Staff responsible for the management of people's medicines had received appropriate training and competency assessments. We saw staff followed nationally recognised standards for the administration of people's medicines.

The local clinical commissioning group completed an infection control audit in April 2018. Shortfalls were identified in the cleanliness of the environment and the prevention and control measures in place to manage infections and cross contamination. In response to these concerns, new cleaning schedules had been introduced and staff were positive these had made improvements. A refurbishment plan was also in place and improvements had been made to communal areas and some bedrooms. We found systems and processes introduced required further time to fully embed to ensure improvements were sustained.

People told us they felt safe living at Oakdean. A person said, "I feel safe because the staff are caring and the building is secure." This reflected other comments received from people. Information about how to report safeguarding concerns had been made available to people. This meant people were aware of what action they could take, if they had concerns about their safety. Staff told us they completed safeguarding refresher training and were aware of the provider's safeguarding procedures. We were aware when safeguarding allegations and incidents had occurred, staff had taken appropriate action in reporting these to external agencies and CQC when required and in a timely manner. This meant people were protected from the risk of harm or abuse.

People were positive there were sufficient staff to provide their care. A person said, "There seems to be enough staff on duty. I have no problems with getting help from staff when I need it." Feedback from healthcare professionals told us they had not identified any concerns about the availability and skill mix of staff.

Whilst one staff felt people would benefit from extra staff being available in a morning, they were confident staffing levels were safe for people. Other staff were positive there were sufficient staff available. A staff member said, "We are one team, and work together to cover shifts. When we are fully recruited there are between seven and nine staff on duty and that is plenty."

The provider used a dependency tool to inform them of the staffing levels required to meet people's needs. A senior manager told us this was up to date and staffing levels were appropriate for people's current needs. Some people required additional one to one staff support, however, it was not always clear from people's records that this had been provided. Staff assured us people had their needs met and this was more of a recording issue. On the day of our inspection staffing was short by one care staff, but we saw this did not impact on people's safety and people had their needs met. Staff were seen to be attentive and responsive towards people. A senior manager told us additional staff were in the process of being recruited. We

therefore concluded staffing levels were sufficient at the time of our inspection.

The provider had systems and processes in place to manage, monitor and review accidents and incidents that also considered any lessons learnt to reduce further risks. An example of action taken to reduce risks was a person who told us they had been moved to a ground floor bedroom, due to risks associated with falling, which they were pleased about.

Good

# Is the service effective?

## Our findings

Staff received an induction on commencement of their employment and ongoing training the provider had identified as required. The staff training plan showed a number of refresher training courses had been booked for 2018 and this was a mix of face to face, on-line training and workbooks. Whilst staff were positive about the training they received and the different learning styles, they felt new staff needed to complete mental health awareness training as a priority at the commencement of their employment. Staff felt this would better equip new staff in understanding and meeting people's needs. One staff member said, "I have had all the training I need, quite a bit of it and more keeps coming along to keep us up to date." Another staff member said, "We do mental health awareness training but new staff need this a lot earlier." We shared this feedback with the area manager.

The Mental Capacity Act provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people lacked mental capacity to make specific decisions about their care and treatment such as with their medicines, best interest decisions had been made. Staff were aware of the principles of the MCA. A staff member said, "We encourage people to make their own decisions and where they can't, this is assessed and best interest decisions have to be made on their behalf with the agreement of others." The provider was in the process of introducing an assessment tool to further support staff in assessing people's mental capacity to consent to specific decisions. Some people had fluctuating mental capacity that needed to be considered and planned for. This required further time to be fully implemented but was a supportive and useful tool to ensure people's capacity needs were fully understood. This meant people could be assured they were involved as fully as possible in decisions about their care and treatment.

People told us staff involved them in decisions about their care and support. People had signed their care plans as a method to show they had given consent to the support they received.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people had an authorisation that restricted their freedom and liberty staff were aware of this. At the time of our inspection no person had conditions attached to their authorisation.

Assessment of people's diverse needs included the protected characteristics under the Equality Act 2010 and these were considered in people's care plans. For example, people's needs in relation to any disability were identified. The environment, equipment provided and training staff had completed associated with people's physical and mental health needs, helped to ensure people did not experience any discrimination because their needs had been assessed and planned for.

Staff worked well with external healthcare professionals in supporting people to achieve effective outcomes associated with their health and well-being. Feedback from professionals were positive in how staff worked with them. An external professional told us, "The Manager and carers are excellent communicators and are swift to get in touch to raise matters of concern for clients, be that physical or mental health matters." This included making appropriate and timely referrals for further assessments and implementing recommendations made. For example, some people had been assessed by a speech and language therapist (SALT) as being at risk of choking due to swallowing difficulties. Recommendations made by SALT were understood and followed by staff and had been recorded. This meant people could be assured that staff were proactive and worked collaboratively with professionals to meet their needs.

People received sufficient to eat and drink and choices were offered and respected. A person said, "The menu has two choices and food is cooked okay." Another person said, "I'm happy with the meals, we get asked what we want and can make drinks whenever."

Staff were knowledgeable about people's nutritional needs and preferences and this information was recorded and updated when any changes occurred. Information was available about what people required their food presented in a specific way. For example, to support people with swallowing difficulties or weight concerns. Allergies people had were also known and dietary needs associated with any health conditions such as diabetes. The menu was developed with people to ensure it reflected their preferences. The cook told us how they provided people with alternative meals, if they did not want the options available. We saw people were given a choice of meals and seconds were offered. Independence was promoted, people had access to a drinks station and could make themselves a choice of hot and cold drinks when they chose. Food stocks and the storage of food were found to be good. This meant people's nutritional needs and preferences were understood by staff.

Important information was shared across organisations to ensure people's needs were known and understood by others. For example, NHS Hospital Passports', were used to record and share information with ambulance and hospital staff, about a person's health and social care needs in their ongoing care. This helped to ensure people received consistent care.

People were supported with their healthcare needs. A person said, "Staff will make health appointments for me and go with me." Feedback from a visiting health care professional was positive. They told us staff were knowledgeable about people's health needs and that they had no concerns how people were supported with their health needs.

People's health care needs were assessed, monitored and reviewed. On the whole people's care plans about health related needs, provided staff with sufficient guidance of what support was required. However, one person's care records showed they experienced recurrent urinary tract infections, but did not provide staff with any guidance of the signs and symptoms of an infection. Whilst there was a lack of guidance staff we spoke with could tell us what they would look for that would indicate a possible infection. The area manager agreed the care plan would be amended to provide further guidance.

The internal and external environment met people's needs. For example, smoking was important to some people and they had been provided with a covered smoking area with seating for their comfort. There were additional seating areas in a safe and secure garden and a choice of communal areas to spend time internally.

Good

# Is the service caring?

## Our findings

People were supported by staff who treated them with kindness, respect and compassion. People were positive about the staff that supported them. A person said, "I think staff do their job well. It's a difficult job but the staff have the correct personality for it." Another person said, "I've never seen any bullying. Staff know me pretty well." These comments also reflected what other people told us about the staff that supported them.

Feedback from external professionals were very positive about the care and approach of staff. One professional said, "It is without doubt the best example of a caring and efficient residential care providing home, I visit through my work." "Underpinning this is the caring nature of the manager and senior carers in the team, this good leadership ensures the staff understand the need to be professional in their delivery of care to the residents." Another professional said, "I think Oakdene has a very relaxed environment so it feels more like a home than a care home, which was important to my citizen as they have previously had very negative experiences."

Staff were positive about working at the service and showed an interest in people's welfare and understood people's care needs well. One staff member said, "I like it here as the work is really rewarding and I feel good when I have helped a resident achieve something when they were unable to do it before they came here."

Positive interactions were observed between staff and people living at the service. Light hearted exchanges were had, people demonstrated they were relaxed in the company of staff from their smiles and laughter, indicating positive relationships had been developed. The atmosphere within the service was relaxed and calm, staff worked well together, they communicated effectively and were organised. Some people had higher support needs than others and staff were seen to respond quickly to people's needs and requests for assistance showing a caring approach.

People were involved in decisions about how they received their care and support. A person said, "Once a month I talk with staff about my care plan and they ask if there's anything I want to change." Another person said, "I have discussions with staff about my care but I wouldn't say it was a regular thing but the staff look after me very well." A third person said, "I can talk to staff everyday about my support, they are attentive to me."

People's care plans included people's preferences of how they wished to receive support from staff. Whilst we saw examples of recorded discussions with people about the care and support they received, this was inconsistent in frequency. For example, some people had been involved in meetings in April 2018, whilst others had more regular meetings. It was not known if this was people's choice, a recording error or shortfall by the management team.

People had information about how to access an independent advocacy service. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection we were told there was no person who was receiving advocacy support.

People were treated with dignity and respect. People told us they found staff to be respectful of their privacy. A person said, "I feel the staff listen to me, they treat me with respect and observe my dignity." This reflected the comments received from other people. Staff had time to spend with people and picked up on any change of behaviour or mood, they showed an interest in people enquiring how they were.

Staff understood what was important to people and they told us how they respected people's privacy and dignity and promoted independence. For example, one member of staff explained how they supported people to shower, but would step outside whilst they washed themselves and would only go back into the room, if they needed further support. Another staff member told us how they had supported a person with their anxiety to enable them to access the local community. They felt this was a significant step forward for the person as something they were building on to give them more independence.

Throughout our inspection we saw how staff were respectful towards people, they knocked on people's bedroom doors before entering, included people in discussions and respected people's wishes of how they spent their time. People told us there were no restrictions on them having visitors.

Requires Improvement

# Is the service responsive?

## Our findings

People's needs had been assessed prior to moving to the service, to help ensure their needs could be met. Care plans were then developed with people and used by staff, to know how them. We received a mixed response from staff about the level of information and guidance they were provided with, about how to support people's needs. Whilst some staff felt care plans were sufficiently detailed, others felt information was limited or did not accurately reflect people's needs. We found inconsistencies in the level of detail included in people's care plans. Whilst some were informative others lacked accurate detail. For example, care plans did not always inform staff of people's mental health conditions, such as how this impacted on people. The area manager told us people's care plans were being reviewed to ensure they accurately reflected people's care needs.

People's care plans included a document referred to as 'Getting to know you', where information on people's background, likes and dislikes, interests and hobbies were recorded to give staff a more comprehensive account of the person. People told us they could not recall being asked what their interests were. A person said, "I engage with the activities but no one has asked me my interests." These documents were not consistently completed, this shortfall meant staff had limited information about important events and information that mattered to people. Whilst staff were knowledgeable about people's needs and histories, there was a concern a lack of recorded information could impact on new staff understanding and meeting people's individual needs, wishes and aspirations.

We found care records such as monthly care plan reviews, food diary's, personal hygiene charts and activities people had participated in, were incomplete and sporadic. The area manager was aware of these shortfalls and showed us their action plan that identified what was required by whom to improve documentation. Whilst improvements were being made, further time was required for this work to be completed and the improvements to fully embed and be sustained, to ensure people received care that was responsive to their needs and wishes.

People's religious and cultural needs had been assessed and planned for and staff supported people accordingly. For example, one person was supported by a weekly external visitor to practice their religious faith. Another person was supported by staff to spend social time with others in their local community. This person's first language was not English and they had access to an interpreting service when required. People's preferences in relation to their daily living routines, such as when they liked to bath or shower, go to bed and get up was recorded and known by staff.

Some people were subject to the Mental Health Act and could be required to attend mental health tribunals. Staff worked with relevant external mental health professionals to facilitate and support this to happen at the service, to allow people to be comfortable in a familiar environment.

People were supported to participate as they chose in social and recreational activities. One person told us their interest was gardening and told us how they worked in the garden, which was clearly important to them. They proudly showed us the vegetable plot and a greenhouse where produce was growing. The

person spoke warmly of a particular member of staff who supported them in the garden. Another person had their pet living with them. They said, "The staff are really great and if they hadn't let me have my dog with me, I would sooner have been on the street." A third person had a passion for drawing which they did and enjoyed doing, they were keen to show us their art work and explained how they had learnt to draw.

Feedback from professionals of how staff provided a responsive service was positive. They told us social inclusion was promoted. Staff supported and encouraged people to access the local community and facilities. A professional said, "What works well is the feeling that the home is a community, like an extended family, residents are encouraged to be out of their rooms and engaging in activities regularly." Another professional said of the staff being responsive to people's needs, "Nothing is too much trouble."

Staff told us how they provided social activities and opportunities. A staff member said, "We are part of the community here, people go to three shops locally, and use the local chemist. They use the local park, or get the bus into town. We have a good relationship with the local taxi company too they look out for our residents." An activity planner was displayed for people advising what activities were available, these included crafts, bingo, bowling and external entertainment such as a keep fit session. On the day of our inspection we saw two people went out individually with a member of staff. Some people were supported with table top activities and arts and crafts, whilst others went out independently into the community.

People's communication and sensory needs had been assessed and care plans provided staff with guidance for any communication needs. Key documents such as the complaints procedure, were available in an easy read format to support people. The meant the provider was meeting the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

People told us they felt confident to raise any concerns with the staff. A person said, "I would speak with the manager if I had any complaints." No person we spoke with told us they had any complaints about the service. We reviewed the complaints log that showed what action had been taken to investigate any complaints made and this was in line with the provider's complaint procedure.

People's end of life care needs and preferences had been discussed and planned with them. At the time of our inspection, some people were at the end stage of their care. Staff were working with the community nursing team to meet their needs and care for them in a dignified and restful manner. External professionals were complimentary of how staff were providing end of life care. Comments included, "The team provide clients with true dignity, despite the complex needs of terminally ill clients, they will offer these individuals the chance to remain and have their needs met, at the place they have felt comfortable."

Requires Improvement

# Is the service well-led?

## Our findings

Whilst the provider had an action plan in place that identified improvements which were required in the fundamental care standards, this did not include all the shortfalls we found during our inspection. This meant the governance of the service was ineffective because systems and processes that monitored quality and safety, were not sufficiently robust.

For example, the fire risk assessment renewed in November 2017 showed a number of safety deficiencies. The actions identified to make the required improvements had not been signed off as completed. We found some of these deficiencies remained in place, nine months after they were identified. This included a number of fire doors in people's own rooms and communal areas that were not safely maintained to ensure the required fire resistance. A check on window restrictors completed by the provider recorded that these were all in order in June and July 2018. However, from the outside of the building six could be seen to be broken. Improvements had been made in the procedures to manage and monitor the cleanliness of the service and infection control. However, gaps were identified in the night cleaning records for six dates in August 2018. This meant there was an increased risk to people, staff and visitor's safety.

A medicines audit completed in January 2018 by the provider, found written protocols, to show staff how to administer people their 'when required' medicines, were either missing or not regularly reviewed to make sure they were up to date. Action for completion by the registered manager was set for 28 February 2018. However, we found this was outstanding, there was missing protocols for ten different medicines. This meant there was a risk that people may not have received these medicines safely, due to a lack of guidance provided to staff about administration.

The provider's procedure to review people's care plans, risk assessments and supplementary records had not been kept up to date at the frequency expected by the provider. There were inconsistencies in the level of care guidance provided for staff, about people's health conditions and related care actions required by staff to help manage risks identified. This meant there was an increased risk to people receiving unsafe or ineffective care.

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

People spoke positively about the registered manager, they told us they were approachable and supportive. One person said, "I know who the manager is, I see them all the time in the home and get on well with them." This reflected other comments received from people who used the service. Feedback from professionals were also positive about the registered manager and their leadership. A professional said, "Oakdene is very person centred."

Staff were organised, understood their role and responsibilities for people's care and told us they enjoyed working at the service. A staff member said, "We have good communication systems in place and work well as a team." Staff understood the provider's care values and demonstrated this in their approach with

people. Staff were supportive, took an interest in people and respected their individual differences and lifestyle choices.

People received opportunities to share their experience about the service they received. People told us they attended regular resident meetings. A person said, "We have meetings and discuss things like the menu, activities and changes, the decorating and staffing." Whilst not all people could recall having been asked to complete the provider's annual care quality assurance survey, we reviewed the results collated from their 2017 survey. Feedback had been analysed and an action plan identified to make any improvements required from this. An example of this was for the service to be redecorated and we saw this had commenced.

The provider had submitted written notifications to the Care Quality Commission when required to do so, about important events that happened at the service. We saw policies and procedures were in place and these were regularly reviewed, to make sure they met with legislation and relevant national guidance for staff to follow. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their website.

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<br><br>Systems in place to assess, monitor and improve the quality and safety of the service were not effective.<br><br>17 (1) |