

Oakdene Residential Home Limited

Oakdene Residential Home

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This inspection took place on the 3 and 4 January 2018 and was unannounced.

At the last comprehensive inspection on 20 September 2016 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that audits and risk assessments at the service were effective.

We also identified a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that the premises and equipment were safe to use and were used in a safe way.

After the inspection we asked the registered provider to complete a report of actions to inform us of the action they would take to meet legal requirements. However this was not received. This was because the provider had made an error and sent the report to the wrong e-mail address.

At this inspection we found improvements had not been made and further concerns were identified. We are now considering the appropriate regulatory response to the concerns we found. We will publish the actions we have taken at a later date.

Oakdene Residential Home is registered to provide accommodation and personal care for up to 16 people who require support with their personal care. They specialise in supporting older people. At the time of our inspection there were 14 people at the service who were living with a range of age related conditions including dementia. One of these people had been staying at the service on a respite basis and left the service on the first day of our inspection. Accommodation is provided over two floors with the first floor accessible via a flight of stairs or stair lift. Three of the bedrooms were for occupancy by two people. There were toilets and bathrooms on each floor.

There was 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager told us they worked at home and visited the service once a week and the day to day management of the service had been

delegated to a manager.

The provider had not addressed the shortfalls identified at the last inspection. They had no effective internal quality assurance systems in place to assess and monitor the service provided to identify shortfalls and drive improvement. Records were not properly maintained to make sure they were accurate and fully complete. Care plans did not always contain accurate information regarding people's care needs and daily records did not detail information on people's wellbeing or how they had spent their time.

The administration and management of medicines was not safe. Medicines were being administered by staff who had not been assessed as safe to do so. Staff did not have access to specific guidance for when PRN (as required) medication, including pain relieving medicines, could be administered to individuals or for how long before medical advice should be sought. Medicine records were not fully complete or accurate and medication audits were not robust.

Risks to people's health and safety had not always been identified, assessed and reduced. Routine health and safety checks had not always been completed and risks identified.

The provider had not ensured that staff understood the principles of the Mental Capacity Act so that they knew how to gain lawful consent for people's care and treatment. Whilst applications of the Deprivation of Liberty Safeguards (DoLS) had been submitted to the local authority for some people, decision specific capacity assessments had not been completed as required.

Staffing levels were not always sufficient to protect people from the risk of harm. There were not always sufficient numbers of staff on duty to supervise the communal areas of the service and be on hand if people needed assistance. For four hours one day each week and two hours on another day only one member of staff was on duty.

The procedures in place to protect people from abuse were not robust. Information and guidance about safeguarding people and how to make a safeguarding referral, was not readily available to staff. The providers own policy on safeguarding people was out of date and did not reflect all categories of abuse. The CQC had not been notified about significant incidents that had occurred at the service including allegations of potential abuse as required.

People were not always provided with the opportunity to participate in activities they found enjoyable and stimulating to help them maintain their physical and psychological health.

People enjoyed the food on offer but referrals had not been made to relevant healthcare professionals so that people's swallowing difficulties could be investigated.

People saw their GP when needed and health care professionals visited the service on a regular basis to review, monitor and treat people's health needs.

People's privacy and confidentiality was not always ensured or their dignity respected. Records containing private information about people were not always stored securely. At times staff were indiscreet and discussed people's care in front of others.

Required identity and security checks had been completed before staff started work but staff records did not contain all the required information.

The provider had not ensured that staff had always received the training they needed to meet people's assessed needs effectively and keep up to date with current good practice.

People were complimentary about the staff who they described as "Kind" and "Caring" and the manager who they said 'listened'.

Complaints had been recorded and responded to appropriately.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the registered provider's registration of the service, will be inspected again within six months.

The expectation is that registered providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the registered provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the registered provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

The management of medicines was not safe.

Appropriate steps had not been taken to reduce the risk of people being placed at harm.

The deployment of staff was not always sufficient to ensure communal areas of the service were supervised and people's needs were safely met.

Recruitment records did not contain all the required information.

People were not always protected from abuse.

Is the service effective?

Inadequate ●

The service was not always effective.

People did not always receive support from staff who had completed the training they needed to undertake their role and provide safe and effective care.

Staff lacked understanding of and did not always work within the principles of the Mental Capacity Act.

People enjoyed the food provided but referrals had not been made for people who may have swallowing difficulties.

People received the healthcare support they needed.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's rights to choice, privacy and dignity was not always maintained.

Information relating to people was not always stored securely.

Staff were kind and caring.

Is the service responsive?

The service was not responsive.

People did not always receive care that was centred on their needs and reflected their preferences.

Care plans did always not reflect people's current care needs or provide staff with the guidance they needed to provide safe and effective care.

People were not always provided with the opportunity to participate in activities they found enjoyable and stimulating.

Complaints had been recorded and responded to.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The registered manager and provider did not have oversight of the day to day management of the service.

The provider did not have systems and processes in place to effectively assess and monitor the service people received and drive improvement.

Staff did not have access to policies and procedures that were up to date and reflected good practice guidelines.

The provider had failed to ensure that records relating to the delivery of care and management of the service were accurate, up to date and complete.

The provider had failed to inform the Care Quality Commission of notifiable events that had occurred at the service.

Inadequate ●

Oakdene Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 3 and 4 January 2018 and was unannounced. The inspection was completed by an adult social care inspector and an expert by experience on the first day of the inspection and one adult care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who completed this inspection had experience of caring for an older person living with dementia.

Before the inspection we asked the provider to complete 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 improvements they plan to make. However this was not received.

We also looked at information the Care Quality Commission (CQC) had received about the service including statutory notifications received. Statutory notifications are information about significant events that occur at the service which the provider is required by law to inform the CQC about. We checked that we had received these in a timely manner.

We also contacted the local authority quality assurance team for their feedback.

We spoke with 8 people living at the service and one person who had been staying there on a respite basis. We also spoke with one social care professional. We spoke with the registered manager, manager, and seven other members of staff who completed care, cooking and cleaning tasks.

We observed people's care and staff interactions with people living at the service. We looked at the care

plans and pathway tracked the care of three people. We also looked at the staff files of three members of staff, the recruitment records for one member of staff and documents relating to the medication administration, health and safety, staff duty rota, staff training records, policies and procedures and other records relating to the management of the service.

Following the inspection we also asked the provider to send us further information relating to one person's care, copies of a range of policies and procedures, copy of the staff training record, copy of the staff duty rota and a copy of the last two medication audits completed by the pharmacy. At the time of writing this report not all this information had been received.



Our findings

At the last inspection in October 2016 we identified breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that the premises and equipment were safe to use and were used in a safe way. At this inspection we found the provider had failed to make the improvements needed to meet the requirements of the law. In addition to this we identified further concerns in relation to people's safety and the management of people's medicines.

At the last inspection we found the fire safety checks did not include checking the fire escapes. At this inspection we found no record of the fire escape being checked. In addition to this we saw that two rooms on the first floor had doors that opened onto the fire escape were not alarmed. Therefore staff would not be alerted if people wandered onto the fire escape. At the last inspection we saw that two people's bedroom doors, which were not self-closing, were being wedged open. At this inspection we identified that, although a self-closing device had been fitted to one person's room, two other people's rooms were being propped open. Both people told us these doors were propped open at night and one person commented, "The night staff come when I need them. I don't have a buzzer so I shout them, my door is propped open with a little cupboard so they can hear me". This placed the person at significant risk of harm if there was a fire in the home.

There was a grab file containing information about people which would be used the event of an emergency evacuation. However the information this contained about people's mobility was not all up to date. For example; some people needed to be transferred using a hoist and some people needed to use the chair lift to get down the stairs but their personal emergency evacuation plan (PEEP) did not state this. The PEEP did not always detail the number of the person's room or a recent photograph of the person. The grab file also contained a copy of the floor plan however this did not detail the name of the person accommodated in each room or the room numbers; therefore the provider could not be assured the grab file contained the information needed for the safe evacuation of people from the building. At the time of the inspection the registered manager and manager were unable to locate the fire risk assessment. We were later told this had been completed in 2013 and needed updating.

We also identified the fire door from the hall into the dining room did not close properly. A piece of fire safety equipment was hanging off the ceiling on the first floor. The registered manager told us these issues had not been present when the last monthly fire safety checks were completed in November 2017 and gave assurances they would be addressed without delay.

The management of medicines was not safe. We observed a member of staff dispensed each person's lunchtime medicines into pots and signed the relevant medication administration records (MAR) before administering the medicines to people. Potting up of medicines is not considered to be safe practice as it increases the chance of errors occurring. Signing the MAR to indicate that medicines had been administered to people before they had received them meant the MAR were not accurate, particularly if the person then refuses the medicine.

The registered manager told us that medication was only administered by staff who had been trained to do so and that as part of this training their competencies to administer medicines safely had been assessed. Staff confirmed they had received medication training but also told us that their competencies to administer medicines had not been assessed.

There was no guidance to indicate under what specific circumstances as required (PRN) medication, to help manage people's anxiety or pain could be administered or for how long before GP advice should be sought. We observed staff administered some PRN medicines to people without asking them if they needed them. When PRN medicines had been administered the reason for this had not been recorded. Some people's MAR's for prescribed creams were blank so it was not clear whether they had been administered or not. Therefore the registered provider could not be assured these medicines had been administered as prescribed. In addition they had no way of monitoring the effectiveness of these medicines.

Most medicines were provided by the pharmacy in blister packs that contained the medicines each person needed at the prescribed times. The quantity of these medicines received by the service was detailed on the MAR. However the quantity of other medicines was only recorded on a separate sheet. When we checked the quantity of two people's medicines they did not balance with the amount shown on the record. We also noted that the date and time of the administration of medicines recorded on the MAR did not always tally with the information on the separate sheet. Therefore the records were not accurate and the registered provider could not be assured that people had received these medicines as recorded.

We saw a large first aid box on the first floor only contained three wipes, one small bandage and an oxygen mask. There was no inventory to detail what the first aid box should contain and no checks had been completed to ensure that stocks had been replenished when used.

We identified that substances hazardous to health were not always stored securely. For example we saw a selection of toiletries stored in the ground floor bathroom. The laundry area, which was not locked, contained a range of cleaning and laundry products. We saw the hot water pipes in the ground floor bathroom were not guarded. We saw there were two steps down into the laundry area, the door to which was left unlocked or secured only with a bolt. We also saw that when people used the chair lift they left the seat down and the foot plates in place. This restricted the width of the stair case which could pose a risk to anyone walking up or down the stairs. We saw no evidence that the risks these issues posed to people had been assessed or that appropriate action taken to reduce them.

At the last inspection we found cooked meat in the fridge that was not stored properly. This was because there was no date identifying when this was cooked or should be used by. At this inspection we found this issue had not been addressed. We found two open packets of cooked meat in the fridge. The packaging detailing the use by date had been thrown away and there was no record of when the packets had been opened. Therefore the provider could not be assured that this food was safe to eat.

Not all areas of the service were clean, hygienic and well maintained. For example we saw that there was a build-up of cobwebs in the bathroom on the ground floor, a frame around the toilet in this room was rusty

and the bath was chipped exposing fibre glass. None of the floors in the toilets and bathrooms were sealed to the wall. There was a hole in the flooring of one room on the first floor that contained two toilet cubicles. The flooring in another toilet on the first floor was stained yellow and smelled strongly of urine. There was no toilet paper, soap or any towels in another toilet at the top of the stairs. Although a cleaner was employed there was no cleaning duty rota in place to detail which areas of the service needed to be cleaned or how often.

At the last inspection we identified there was no risk assessment for the use of oxygen or safety guidance for staff and there was no record of staff receiving training in the safe use of oxygen. At this inspection we did not see any evidence to show that these issues had been addressed.

The provider had not ensured that people always received safe care and treatment. The provider had continued to fail to ensure premises and equipment were safe to use and were used in a safe way. The provider had not ensured they had a proper and safe system in place for the management of medicines or that at all times people were protected from the risk of harm. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The procedures in place to protect people from abuse were not robust. When we arrived at the service the manager told us there were on-going police investigations into allegations of financial abuse. However care records did not detail people's ability to manage their own finances or what arrangements were in place for staff to support people who needed assistance to manage their finances. Feedback from the local authority was that checks they had completed on the records of some people's financial transactions did not balance, however this had not been identified by the provider's own quality assurance systems. The registered manager told us that people's valuables were kept in the office and that this was documented. However we saw no inventories of people's valuables or records on people's care files to indicate what valuables were being held by the provider.

Staff told us they had completed training in relation to safeguarding adults at risk and that they would inform the manager or registered manager if they had any safeguarding concerns. However they were not able to tell us which external agency they needed to inform if they had a safeguarding concern and needed to make a referral themselves. We saw that the provider's own policy on safeguarding was out of date and did not contain all categories of abuse. In addition to this staff did not have access to this policy because it was kept in a locked office that only management had the keys to.

The provider did not have adequate arrangements in place to protect people from the risk of abuse. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of the recruitment process new staff provided information on an application form outlining their background, skills and experience. Checks on applicants were made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. However we saw that the one member of staff recruited since the last inspection had not provided a full work history and no photo identification was held on file as required. Although two references had been obtained for this staff member and signed by the manager to indicate they had been verified, the section on the application asking for contact details for referees was blank. Therefore it was not clear who or where the reference requests had been sent to.

The provider had continued to fail to maintain a record detailing all the required information about staff. This is a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

People told us their requests for assistance were responded to promptly and staff felt that there were sufficient numbers of staff on duty to meet people's needs. However we observed that staff were extremely busy and did not have time to spend with people other than when attending to their personal care. In the afternoon the care staff spent a lot of time attending to non-care related duties including preparing the evening meal and drinks. We were also told that two people required two members of staff to support them to transfer. Therefore there would be no care staff in the communal areas when staff were supporting these people with their personal care. In addition to this the staff duty rota detailed that between the hours of 1pm and 5pm on three days in December 2017 and between 8pm and 10pm on three days in December 2017 there had only been one member of staff on duty. Therefore there had been insufficient numbers of staff on duty at these times to meet the needs of people who required two members of staff to support them or to supervise the communal areas of the service while they were supporting people with their care.

The manager told us they had one staff vacancy which was being covered by permanent staff doing additional shifts. They also explained some staff worked in more than one role, for example the cooks and cleaner also worked delivering care and the care staff also cooked. This allowed for flexibility in covering the staff rota. They told us there were two care staff on duty at all times including through the night when one staff member worked and the other slept but was on call. In addition to this a cook worked from 8am to 1pm each day and a cleaner worked from 9am until 12 am Monday to Friday. However the staff duty rota showed that on some occasions in December 2017 these staffing levels had not been maintained. For example on four days in December there was no cook scheduled to work from 8am and 1pm and one day in December there was one carer scheduled to work from 8am to 1pm rather than the usual two.

The provider had not ensured staff were deployed in sufficient numbers at all times to meet people's individual needs and protect them from harm. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people told us they felt safe at the service and received their medicines when they needed them. Their comments included; "Yes I do feel safe". "I feel safe yes. If I need help they help me, it's good". "I feel ok here, that is how it should be". "I have my meds done by staff, they watch me take them". "I get my medicines regular".

The manager kept a record of accident and incidents including people who experienced a fall. These were collated monthly. We also saw that assistive technology had been installed for one person which alerted staff if they got out of bed on the recommendation of the local falls prevention team.

We saw fire alarm and fire extinguishers checks had been completed on a regular basis and serviced annually by relevant professionals along with the emergency lighting and the fire alarm system. We were shown a certificate for the checking of portable electrical appliances (PAT testing) in the previous 12 months. Safety checks on the gas supply, electrical circuits and legionella checks on the water system had also been completed. Equipment used for safely lifting people had been checked and serviced. Slings and moving and handling belts had also been checked and cleaned regularly.



Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were.

The manager told us three people living at the service had a DoLS in place. We saw a file that contained DoLS applications for four people and paper work to confirm that one of these had been authorised. However these people's care plans lacked information about their capacity to make day to day decisions including whether or not they had the capacity to manage their own finances and whether an application for a DoLS had been made and authorised. In addition to this staff told us they had not completed any training on the MCA or DoLS and were not able to tell us whether anyone living at the service had a DoLS in place. They also told us that only one person living at the service was allowed to go out on their own and if anyone else tried to leave they would stop them. Therefore the provider could not be assured that people would receive the support they needed to make informed decisions about their care and welfare.

The provider had not ensured staff who obtained consent of people who used the service were familiar with and acted in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Consent for people's care and treatment had not always been provided by a relevant person. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the fact that staff lacked understanding of the MCA people were supported throughout our visits to make a number of choices regarding how they received their care and we observed staff seeking consent from people before initiating care interventions.

Staff we spoke with told us they received regular training and thought they were up to date with the training the provider considered to be mandatory. They told us this training included first aid, health & safety,

moving & handling and safeguarding. The manager showed us a record of the training staff had completed. We saw there were gaps on the record which indicated some staff had not completed training relevant to their role, for example; there was no date to indicate whether six staff had completed training in dementia, whether five staff had completed first aid and food hygiene training and whether four staff had completed moving and handling training.

The manager told us most of the gaps were due to the fact that the training company had not yet issued the training certificates. We asked the manager to update the record with the dates the training had been completed and to send us this information. Following the inspection we also asked the registered manager to send us this information, however this was not received.

The provider had not ensured that staff received the training they needed to undertake their role and deliver safe and effective care. This is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) 2014 Regulations.

Most staff held a nationally recognised qualification in care and the manager told us that staff new to care were required by the provider to complete the care certificate. The care certificate is a nationally recognised set of standards that care staff are expected to meet within their practice. Records showed staff had received regular supervision meetings and an annual appraisal with the manager. The manager told us that new staff completed an induction to the service when they first started work which included an orientation of the building, being introduced to people and shadowing experienced members of staff for two days. Staff confirmed this however records of staff inductions had not been maintained.

People spoke highly of the food which we saw was homemade from fresh ingredients. Their comments included; "The food is lovely". "I get enough to eat and drink yes". "Food is good". "Food is lovely and lots of it". We saw that people who chose to eat in the dining room were served at tables which were laid out with cutlery, condiments and a table cloth. Other people were served their food in their room. People's dietary preferences and needs were catered for. Staff told us one person needed to eat a special diet and the showed us they had a stock of appropriate food stored in the kitchen specifically for this person.

Staff told us they gave one person their meals in a bowl and "mashed it all up". One staff member told us this was the person's preference and commented; "We cut the meat up very fine and mix it with the potatoes". They went on to tell us "She says she can't swallow it, but she can when it's mixed in with mashed potatoes". On both days of the inspection we saw two people's meals were mashed together with a fork. However we did not see that a mashed diet had been prescribed by a healthcare professional or that a referral had been made to a relevant health care professional for the issues these people had in swallowing some types of food to be assessed. People's care plans did not contain evidence that people's nutritional needs had been assessed, monitored and kept under review. Daily records made reference to the fact that people had 'enjoyed all meals' but not what they had eaten or how much.

The provider had not ensured people's nutritional intake was monitored or that risks related to people's nutrition had been assessed. This is a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14.

Staff were aware of people's likes and dislikes in relation to food. There was one main meal served each day and staff told us that people could have alternative if they didn't like the meal on offer. We observed hot and cold drinks being served throughout the day.

People were supported with their health needs and to access their GP and other health professionals.

People confirmed they were able to see a health care professional when needed. One person commented "I can see a doctor when I want one". Records of visits by healthcare professionals had been maintained along with a summary of the outcome of their visit.

The premises had been adapted to meet people's physical needs. A bathroom on the ground floor contained a bath hoist to transfer people in and out of the bath. We were also told that there was a wet room on the first floor however this was locked on both days of our inspection. However no adaptations had been made to assist people living with dementia to orientate themselves around the service.



Our findings

People told us staff were kind and caring and treated them with respect. Their comments included; "I think they are very caring". "Fantastic they are here". "Great girls". "Very kind and caring to me". "I feel treated with respect". "Staff always knock before they come in to my room".

We saw that most of the time staff were considerate and respectful to people. However we also heard staff being indiscreet when talking about people's care. For example we heard one member of staff shouting to one person over the dining room, "What's the matter are you itchy?" and talking to another staff member across the dining room "Has she got now? She isn't going to eat is she". We also saw when staff were assisting someone to eat, they stood over them rather than sitting with them and making eye contact in line with good practice guidelines.

The provider had not ensured they always followed their own policy on privacy and dignity. This stated that people should be 'offered private single accommodation furnished, decorated and equipped to a high standard'. However, we found that people's rooms had not always been equipped to a high standard or well maintained. For example we saw that rooms were in need of redecoration, some furniture needed repairing, towels, face cloths and bedding were communal and many items were faded and frayed. The provider's policy also stated people 'should have locked cabinets for the security of all valuables'. We did not see that people had been provided with locked cabinets in their rooms; however we did see that one person's money tin had been chained to their bedroom window for safe keeping.

The provider's policy on privacy and dignity also stated that people should 'expect confidentiality in all matters'. However daily records in which staff had recorded information relating to people's care and health appointment outcomes were stored on a shelf in the dining room along with other records relating to the running of the service. In addition to this a folder containing the medication administration records was stored on top of the medication trolley in the hallway. There were also charts marked 'mattress cleaning' attached to some people's wardrobe doors which visitors to the room would be able to see. There was a sign above another person's bed which showed a lack of consideration for the fact this was someone's room. This sign was directed at staff informing them not to move the bed because it was damaging the wall.

Information was not always provided to people to enable them to make choices. For example, there was no information on display about what the menu was for the day or what the alternatives were on offer. Some people living at the service were blind and some other people were living with dementia, however none of the information we saw was available in any format other than written for example none of the information

we saw, such as the complaints policy, was illustrated with pictures to aid understanding or available in large print.

At the last inspection there was no evidence of any family involvement in the formulation or reviewing of people's care plans. At this inspection we identified this issue had not been addressed. Although these plans had been signed each month by staff to say they had been reviewed there was nothing to indicate any discussion had taken place with the person or their family or whether they had been asked if they were happy with the way their care was provided.

The provider had not ensured that people's rights to choice, privacy and dignity were always respected. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We saw people's doors were shut when they were receiving personal care. Although one room was being shared by two people, a screen was available to provide privacy when they were using the commode or receiving personal care.

It was evident that staff knew people well and that positive relationships had been formed. Staff demonstrated a caring approach to people. For example, we observed that staff were genuinely interested to hear how people were feeling and saw some tender interactions with people. We heard staff addressing people in a gentle manner and offering reassuring and comforting hand or arm when needed. They were all aware of people's full names and how they preferred to be addressed.

People received care from staff that had worked at the service for many years and knew and understood their needs. Staff were able to describe people's character, routines, personal preferences, health and support needs. We heard staff explaining to people what they were going to be doing before offering support and laughing and joking with people.

Although there was limited information in people's care plans and daily records to demonstrate that people were supported to remain independent, some people's night care plans did provide some guidance to inform staff of what people could do themselves. For example one person's stated they were 'Very independent' and 'able to take self to bathroom. Will get self-dressed and make own bed'. Another person's night care plan stated they would 'take themselves to bed'.

People told us they were able to do as they wished. Comments included; "I can do what I want". "I get up and go to bed when I want to". "I do what I want to when I want". "They are good; if I could do anything for myself I know the staff would let me". We observed people who could move without staff support freely moving around the service and one person who had been staying at the service on a respite basis confirmed they had been able to come and go as they pleased. There were arrangements in place for people to continue practicing their religion. One person told us "The priest comes in every Sunday so I can take communion".

The service had a 'homely' feel and people and staff told us that visitors were welcomed at any time. One person commented "My family visit when they want to, they are never stopped". We also saw visitors were able to use the kitchen to make drinks for themselves and their relatives.



Our findings

At the last inspection we identified breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because provider had not ensured that people's care plans accurately reflected the care they were receiving.

At the last inspection care plans contained brief information on peoples like and dislikes, including food, their interests and their preferred routine which had been signed by staff as having been reviewed each month. However, when changes had occurred, the relevant sections of people's care plans had not been updated to reflect these changes. At this inspection this issue had not been addressed. For example in one person's care plan it had been recorded that the person 'needs oxygen 15 hours a day'. However a record of a GP visit on the 21 November 2017 states they needed 20 hours oxygen a day. This information had not been recorded on the care plan itself. The care plan for another person who was living with dementia dated 2 January 2015 stated their communication was 'fine' that they had dementia and 'gets confused at times'. The last review of this section of this persons care plan stated their communication was 'very poor' and that they were 'confused most of the time'. However the care plan had not been updated to reflect this. Staff told us this person did not walk anymore and used a wheelchair to mobilise but the care plan stated the person walked with the support of one staff and could transfer themselves on and off the bed and toilet. Therefore the provider could still not be assured that people's care plans accurately reflected people's care needs.

A local authority assessment of one person's needs completed in May 2016 stated they were at high risk of developing pressure areas and needed to be supported to turn every two hours at night. However there were no records in place of this person being turned and staff told us they checked on them in the night but did not turn them. Although we were told this person did not have any pressure areas there were no records to show on what basis the decision had been made that this person should not be supported to turn as assessed.

This provider had not ensured that people's care plans accurately reflected their assessed needs. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we identified there were some activities and stimulation for people happening however week to week the activities lacked structure and there was no evidence that these were tailored to people's needs and preferences. There had not been any development of activities focused on people who were living with dementia or were visually impaired. At that time the registered manager told us they were

working on developing activities for people with dementia and providing more in depth training for staff on dementia. However at this inspection we found these improvements had not been made. In addition to this, the opportunity for people to participate in activities had reduced because the provider no longer employed an activities organiser.

People told us a singer visited the service every month or so and staff told us there had been several parties over the festive period which people had enjoyed. One person told us "A singer comes in sometimes". Another commented "We had a good party at Christmas". A further person told us "We've had a banjo player, bingo, a singer, play your cards right and the staff did a Christmas party with a Victorian theme. I can't fault them". However other people told us there was not much to do on a day to day basis. Their comments included; "There isn't much going on". "We used to have bingo, but not anymore". "Not much happens in the day". "The hairdresser used to come as well but not now, not sure why". We observed that no activities were provided whilst we were there and most people spent their time watching television in the communal lounge or spent time in their own rooms. We saw that the staff kept a daily record for each person. However, with the exception of detailing visits from family and whether a person had attended the entertainment over the festive period, the majority of these records only stated 'all care given, enjoyed meals' and contained no information about the persons wellbeing or how they had spent their time.

We saw that one person spent both days of the inspection in their room. Staff told us that this person used to come down and socialise but they had become withdrawn spending each day on their own in their room. There was no evidence in the care plan and daily records for this person of any input around their emotional well-being or that staff spent any time with this person apart from when bringing meals to their room.

The care plan for another person stated they liked bingo, theatre, going for walks, chatting, getting their hair done and watching television. However their care plan also stated 'sits in the dining room of a day so staff can keep an eye on her'. The 'sight' section of this person's care plan states 'can only see shadows' and staff should 'ensure has glasses on at all times'. However we observed they were not wearing any glasses. The cognition section of their care plan stated they got 'agitated when confused'. When asked about this staff told us this person sometimes slapped staff. However the care plan contained no details of this behaviour or of what strategies staff should use when the person became agitated other than to give reassurance. Some people preferred to be referred to by a name other than their given name however their care plans did not indicate this.

The provider had not ensured that at all times people received appropriate care and treatment that was centred on them, met their needs and reflected their preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the shortfalls identified in relation to people's care plans we also saw some care plans that were centred on people's preferences likes and dislikes. For example some people had care plans detailing their preferred night time routine. These plans clearly detailed people's preferred times for going to bed, getting up and what time they liked to eat their breakfast. One person's plan stated 'Will buzz for assistance if needs staff. Likes breakfast taken up on a tray at about 5.30. Bowl of cornflakes or rice crispies and cold milk. Two slices of toast and butter and a cup of tea no sugar. Staff to tell (person's name) who it is when entering the room. Take the tray and explain where everything is'. Another person's plan stated that the person would usually be in another person's room watching television with them until midnight. Although not everyone had a care plan in place for their night time routine, staff told us they were working on them and that it was their intention that they would all be as detailed and person centred as the one's we had seen.

The provider had processes in place to receive and act on complaints. People told us they would speak with

the manager if they had any concerns or complaints. The complaints log showed that when complaints had been received they had been recorded, investigated and responded to appropriately.

The manager told us no one living at the service was receiving end of life care. They also told us that in the event of a person needing end of life care they would contact the relevant health care professionals for advice and guidance.



Our findings

At the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that audits and risk assessments at the service were effective. At that time it was not clear who held responsibility for what. We were told the manager completed the day to day management of the service including the reviews of people's care plans, the rota, staff supervision and appraisal, training, recruitment and health and safety audits. However there was no evidence that the registered manager had oversight of these processes. In addition to this the processes in place at that time had not picked up on health and safety concerns or ensured that people's care plans were up to date. At this inspection we found these issues had not been addressed.

Medication audits were not effective. We saw a medication audit was completed by the manager on a monthly basis which consisted of checking that the quantity of some of the medicines in stock balanced with the amount shown on the records. However no other checks had been completed. The registered manager also told us that the pharmacy completed an audit of the medicines every month and that they had not identified any concerns. They told us paper work to evidence this was kept at the pharmacy. We asked the provider to send us copies of the last two audits however these were not received.

The provider had failed to implement robust quality assurance systems to assess and monitor the service provided, identify shortfalls and drive improvement in relation to care plans, care records, risk assessments, infection control, recruitment records, the provision of activities, health and safety, policies and procedures and the administration, storage and recording of medication. There was a lack of oversight of issues relating to consent and the need for mental capacity assessments to be completed. Staff practice did not always ensure people's privacy, dignity and confidentiality was always respected. Medication audits were not robust and had failed to identify the shortfalls in the records and poor practice in relation to the administration of medicines. Therefore the provider had not identified areas that needed to improve and had missed the opportunity to take corrective action. The failure of the provider to take action to identify and address these issues meant areas of poor practice were being allowed to continue and people were not always receiving safe and effective care.

The registered provider had continued to fail to effectively assess, monitor and improve the quality of the service and ensure the service people received was safe, effective and responsive to peoples changing needs. These failings placed people at significant risk of receiving inappropriate care and treatment and constitute a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

The provider had not ensured that the Care Quality Commission (CQC) had been informed of significant events affecting the health and wellbeing of people who used the service, by way of a statutory notification as is required. The CQC had not received any statutory notifications including those relating to the authorisation of DoLS and potential abuse that had occurred at the service since the last inspection or of any incident which had been reported to, or investigated by, the police.

On the evening of the first day of the inspection the provider submitted one statutory notification form to inform the CQC of allegations of financial abuse of three people.

The provider had failed to notify the Commission without delay of incidents of potential abuse and the authorisation of DoLS applications. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider had a range of policies and procedures that were kept in locked office that only management held the keys to. However the policies and procedures we saw were not dated did not include a review date and did not always refer to up to date legislation. For example the policy entitled 'Aims and objectives' referred to the Care Standards Act. This legislation was superseded by the Health and Social Care Act HSCA2008 (Regulated Activities) Regulations 2014. We saw that the 'Privacy and dignity' policy made reference to the fact the service adhered to the 'National Minimum Care Standards for older people' which had also been superseded by the introduction of the Fundamental Standards under the Health and Social Care Act HSCA2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a copy of their medication policy however they told us this could not be found and were in the process of sourcing another policy. Therefore the provider had not ensured that staff had access to policies and procedures that were up to date and reflected good practice, to refer to for guidance.

The home had a registered manager. The registered manager is also the nominated individual and director of the company that owns the service. The registered manager told us they visited the service once a week and worked from home the rest of the time. A manager, to whom the responsibility for overseeing the day to day running of the service had been delegated to, worked Monday to Friday from 8am until 3pm. People spoke highly of the manager and felt they were approachable, caring and listened to them. Their comments included; "I know the manager". "The manager is like a mother to us. She listens". "The manager is (managers name), she mucks in as well". "I can tell her anything". The manager told us they had fallen behind with managerial tasks and acknowledged that the care plans were out of date. They explained they were in the process of updating them but they had taken on other aspects of managing the service. They explained this was due to the fact that a senior carer, to whom some of the managerial tasks had been delegated to, had not been working at the service for the last three weeks; in addition to this they also had a staff vacancy.

The providers policy on 'Quality Management' states that people should be given a say in the running of the home through regular meetings and residents surveys carried out on an annual basis'. It also states 'the results of the survey will be published and distributed'. One person confirmed they had meetings and told us "Sometimes we have meetings, not often though". We asked the provider to send us a copy of the latest survey results however these were not received.

At the last inspection we were told that staff meetings took place however at this inspection we were told they did not. The manager explained they did not feel they were necessary because they were a small staff team who regularly worked together.

