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# Oakview Residential Care Home

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 31 October 2016 and was unannounced.

Oakview is a residential care home and can accommodate 12 older people who may have dementia care or mental health needs. Located in the Gatley area of Stockport, the home has a communal lounge overlooking the enclosed rear garden and a dining room. There are four bedrooms on the ground floor and six bedrooms on the first floor, two of which have ensuite shower room facilities. There is no passenger lift between floors, although there is a stair lift. There is limited off road parking.

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

At this inspection we identified two breaches of the regulations of The Health and Social Care Act 2008 (Regulated Activities) 2014. One breach was in relation to; the safe management of medicines and the second breach was in relation to lack of robust quality audit processes being in place. You can see what action we told the provider to take at the back of this report. We made three recommendations, one in relation to fitting a privacy lock and privacy blind in one bathroom area to maintain the privacy and dignity of people using this facility, one to update the Statement of Purpose with the correct Regulation details and one to ensure all new staff that have not previously worked in a social care setting are enrolled to complete the Care Certificate induction training.

Friends and relatives of people who used the service spoke highly of the quality of service and the caring nature of the staff.

The staff personnel files we looked at showed us that safe and appropriate recruitment and selection practices were taking place and that staff were receiving training that was appropriate to support the job role they were employed to carry out.

People felt safe and had no concerns about their safety or wellbeing. Staff told us, and records seen confirmed that they had received training in safeguarding vulnerable adults and were knowledgeable about recognising the signs of abuse and how to report and deal with them.

Care plans and associated documentation were person centred and provided staff the details needed in order to provide effective support in accordance with the person's needs and preferences.

Staff were observed to be kind and considerate with people and also responded to requests for assistance quickly and in a sensitive manner. We also saw staff treat people and their visitors with respect and dignity and provide privacy when needed.

Staff, people using the service and their relatives and friends were provided with opportunities to give feedback of the service being delivered and potential improvements that could be made.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe

Medicines were not always managed safely. Balances of medicines were not always found to be correct.

Staff recruitment was robust and sufficient numbers of staff were employed at the time of the inspection to meet the needs of the people who used the service.

Staff were aware of how to safeguard people and report any concerns to the relevant regulatory agencies.

### Is the service effective?

**Good** ●

The service was effective.

Regular supervision and annual appraisals were taking place.

People were supported with their care needs and referrals made to healthcare professionals as and when required.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people well and treated them with respect and kindness and maintained the person's dignity and choices at all times.

People's care was person centred and their privacy maintained.

Visitors were welcomed at any time and were actively encouraged to stay for as long as they wanted.

### Is the service responsive?

**Good** ●

The service was responsive.

People and their relatives / advocate were involved in the development of their care plan.

A range of activities were offered to people using the service and staff told us that such activities were planned for a group of people or with individuals according to their preferences.

We observed that staff, including the registered manager, interacting with people in a calm and unhurried manner.

### **Is the service well-led?**

The service was not always well-led.

Although quality assurance checks were taking place we found that these had failed to 'pick up' on the concerns raised about medicines in this report.

Regular staff and service user meetings were taking place and minutes provided. Relatives and friends were provided with opportunities to give feedback on the service by way of quality questionnaires.

Staff spoken with told us that the registered manager was supportive, approachable and very caring.

**Requires Improvement** 

# Oakview Residential Care 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 31 October 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service. This included notifications that the service was required to send us in relation to safeguarding and significant events, such as, serious injury. We also reviewed the previous inspection report for this service and the Provider Information Return (PIR) that the provider had completed in January 2016. 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.

We sought feedback about the service from one local authority that used the services of Oakview and Stockport Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the view of the public about health and social care services in England. We did not receive any feedback from either agency.

At the time of the inspection there were ten people living at the home and one of the ten was receiving treatment in hospital. During our visit we spoke with the registered manager and two senior care staff, two people who used the service and one visiting advocate (representative). We also reviewed records relating to the care people were receiving including three care files, five staff personnel files, five medication administration records (MARs) and daily summaries of care. We also reviewed records related to the management and running of the service, such as, quality audits, meetings and staff supervision and training

records.

## Is the service safe?

### Our findings

Only senior care staff and the registered manager had the responsibility for administering medicines in the home and training records and certificates seen indicated that they had all completed relevant training with a qualified pharmacist. A medicines trolley was used to store all medicines other than controlled drugs. This trolley was anchored securely to the wall in the dining room. Each person requiring support with their medicines had a Medication Administration Record (MAR) in place. All MAR's were neat, legible and had an up to date photograph of the person to which the medicine(s) had been prescribed. Specimen signatures were in place for those staff with the responsibility for administering medicines.

All medicines received into and leaving the home were appropriately recorded and copies of the prescriptions were kept with the MAR charts. We found that internal (medicines to be taken) and external medication was being stored separately and the date of opening was written on all items with a limited or short shelf life, for example, eye drops. Where a MAR had to be completed by hand, each entry had two signatures to witness that the information was transcribed correctly. Medication stocks were kept low and staff told us that they only ordered stock that was required. There was a separate controlled drugs register in which a record of administration of this type of medicine was recorded. The cabinet used to store such medicines was to the required standard and bolted to the wall. Each controlled drug administered was witnessed and the register signed by two staff. We checked the administration this type of medicines for two people and found the balances to be correct and appropriately recorded. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These are called 'controlled drugs'.

We were told within the returned Provider Information Return (PIR) that the service complied with safety checks of the administration, storage, keeping adequate supply and regular reviews of prescribed medicines, with accurate records being maintained.

Some people had been prescribed medicines to be taken as and when required, known as 'PRN' medicines such as Paracetamol and Codeine. We checked the balances of such medicines for three people. One person was prescribed Codeine and the balance of remaining tablets should have been 178 tablets. We found that 190 tablets were left. This indicated that some staff had signed the MAR but had not administered the actual medicine. Another person had three too many Salbutamol nebuliser liquid vials left after we had checked the amounts signed as being administered. A third person was prescribed Paracetamol to be taken PRN. According to the MAR 18 tablets had been administered and a balance of 38 should have remained. On counting we found 40 tablets to be remaining. Such errors in the administration, recording and balances of medicines indicated that people did not always receive their medicines as required and that the management of medicines was not always safe.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



People who used the service, who we spoke with, indicated that they had no concerns about their safety whilst living in Oakview. One visiting friend and advocate of a service user told us, "His needs are being met and he's not constrained here. He's safe here."

Care staff told us about how they would protect people's safety from the risks of potential harm and abuse. One staff member we spoke with named and explained the many types of abuse someone may suffer from. They confirmed they would always talk to the manager and, if the concern was not appropriately dealt with, would take their concern(s) to the social worker and inform the Care Quality Commission (CQC). Another member of staff said, "It is my responsibility to look after the residents, to check and make sure they are safe. To make sure they are kept nice and clean, that they maintain an appropriate weight and are happy." "If not, there would be no argument, I would report to the manager and to the safeguarding team if I needed to."

The training matrix (record) identified that all care staff had completed safeguarding vulnerable adult training during 2015 / 2016 and care staff we spoke with confirmed this. A safeguarding policy was in place which guided staff and ensured compliance with the local authority's policies for the protection of vulnerable adults. Staff also had access to an up to date whistleblowing policy which gave clear guidance on who they could contact should they wish to raise any concerns. Staff spoken with also said they felt confident that any concerns they raised would be listened to and acted on by the registered manager.

We looked at the recruitment and selection process for the service and examined five staff personnel files. In each file all the relevant documentation was in place including, an application form, two written references and proof of identification and address. At the time of the inspection only two of the five staff personnel files contained a completed Disclosure and Barring Service (DBS) check. DBS checks inform an employer whether an applicant has a police record or is barred from working with vulnerable people. It was confirmed by the registered manager that all staff had completed a DBS check and the missing information for the three staff in question would be emailed through to the inspector. This information was emailed through the next day and each of the three staff in question did have a relevant DBS check in place.

Staff rotas were in place and these indicated that enough staff had been available consistently to meet people's needs. Staff on duty at the time of our inspection did not appear rushed and we saw that they had enough time to sit and chat and spend some quality time with people using the service.

As part of the inspection process we looked around the home, including the communal areas, toilets, bathrooms, laundry area and kitchen. The lounge area was appropriately furnished and was found to be clean and tidy. The dining room was clean, well decorated, with tables nicely set with tablecloths and appropriate table settings. The room had a homely atmosphere with plants on the window ledge and a radio playing gentle music in the background. Dining furniture was of a good standard and dining chairs had 'sliders' to enable people to sit with ease.

Bathrooms, shower rooms and toilets were all extremely clean and hygienic. All but one had appropriate hand wash and paper towels in situ. However, we found that the shower room downstairs (room 2) had no privacy lock in place and no privacy blind at the window, only a piece of net curtain. The hand wash basin also required a new plug fitting. We recommend that a privacy lock and privacy blind be fitted to maintain the privacy and dignity of people using this facility.

Bedrooms all had locks in place but it was confirmed by the registered manager that no person had a key for their room, but did say she would ask people and provide a key if they so wished. We found some rooms to have numbers on the door but no names or means of identification. This meant that some people using the service may have difficulty finding their room independently. The registered manager said she would take

action to remedy this. We recommend that appropriate signage be used to support and guide people using the service to find their way independently around the home.

Each bedroom had been decorated and furnished to reflect the character of the person whose room it was. We noted that heavy furniture, such as wardrobes had been 'anchored' to the wall to minimise the risk of a wardrobe toppling on top of anyone in the room. In one room we found a new wash hand basin and vanity unit had been fitted leaving an area of flooring requiring re-carpeting and part of the wall needing re-decoration. The registered manager confirmed this work was in-hand to be carried out.

In one particular bedroom we found it contained a large amount of hoarded papers and other items. We were provided with evidence to demonstrate that both the registered manager and provider had taken appropriate actions to try and resolve the situation. This included, obtaining advice from the fire department, requesting support from the person's social worker and writing to the person reminding them of the terms of their residency. Appropriate risk assessments had also been completed.

Evidence was available to demonstrate that the maintenance and servicing of equipment and appliances used in the home was being maintained. For example, gas safety certificates were in place for 2016, hoists had been serviced in 2016, portable appliance testing was due again on 25 November 2016 and the stair lift serviced in February 2016. The service was visited by a fire officer in May 2016 and areas of non-compliance were identified. These areas of non-compliance had since been addressed. The fire alarm system was serviced in July 2016 and the last weekly test of the fire alarm system was recorded on 25 October 2016. Fire drills for all staff had been carried out in April and September 2016.

Each person using the service had a Personal Emergency Evacuation Plan (PEEP) in place. These plans identified the level of support the person would require in the event of an emergency situation taking place, for example, evacuating the premises in the event of a fire, flood or electricity failure.

We saw that daily checks had been conducted around the home that included checking, door guards, fire exits, call buzzers, fire extinguishers, floor hazards, garden areas, waste bins, mop buckets, medicine trolley, window restrictors and cleaning materials. All lists were found to be fully completed, dated and signed.

The service was recently awarded a rating of '5' (food hygiene scoring) following a visit by officers from Environmental Health. This is the highest rating that can be obtained.

# Is the service effective?

## Our findings

People who used the service told us that the care they received was good and provided them with support from well trained staff. One person said, "The staff know how to help me and do a good job."

We looked at five staff personnel files, four of which included evidence of staff receiving regular supervision and an annual appraisal. The notes of the supervision sessions were detailed and appropriate. Key areas were covered such as communication with service users and relatives, care practices, skills and competences, team working, training and development and safeguarding. Each of the records detailed the discussions held, planned action and a review date. We also saw evidence that specific sessions of supervision had been held to discuss particular issues relating to the care of people using the service, for example, dealing with continence issues and the importance of food and fluid intake. Annual appraisals included personal objectives, target dates, agreed action plans, resources and outcomes. This meant that staff were receiving appropriate support and guidance to promote a good service delivery.

Staff we spoke with confirmed they had received regular training from external and internal resources. The registered manager had delivered some of the training which she told us she was qualified to do, with other training being supplied by the local authority or private training organisations. The training matrix (record) recorded that staff had completed training in health and safety, fire safety, moving and handling, infection control, first aid, food and hygiene, dementia awareness, safeguarding, mental capacity and deprivation of liberty safeguards, managing behaviour that challenges, safe administration and storage of medicines and elderly nutritional needs.

From April 2015, staff new to health and social care should be inducted to the service by registering to complete the Care Certificate. This replaces the Common Induction Standards and National Minimum Training standards. We spoke with the registered manager about training that staff new to Oakview had completed prior to joining the service. It was explained that, although some new staff may come with training already completed in certain aspects of care provision, it is the provider's (and registered manager's) responsibility to ensure that the training is appropriate, up to date, regularly refreshed and meets the required standard to deliver a good, safe and appropriate level of care at Oakview Residential Care Home. At the time of this inspection, all care staff employed by the home had previously worked in a social care environment.

We recommend that all newly employed staff that have not previously worked in a social care setting are registered to complete the new Care Certificate induction training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Within the Provider Information Return (PIR)

we were told that the service would, 'Safeguard service users against abuse and against unauthorised deprivation of liberty.'

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

We checked whether the service was working within the principles of the MCA. The registered manager told us about one person who was subject to a current DoLS. We looked at this person's care plan and the details of the DoLS and found that this had been appropriately authorised and approved by the local authority in September 2016 with an expiry date of March 2017. One member of staff told us regarding MCA and DoLS, "Some people don't have capacity to do everything for themselves and we need to support them. We use DoLS for the safety of the resident's; we have best interest meetings to make (appropriate) decisions on their behalf."

Care records we looked at showed that contact with other care professionals was maintained in order to meet the healthcare need of people who used the service. These professionals included, district nursing services, doctors, chiropodists, speech and language therapists and opticians.

The registered manager was also the person who cooked the meals for people using the service. Menus were developed in consultation with service users and the menu for the day was displayed on a notice board in the dining room. This information was updated on a daily basis by one of the people using the service. Some people chose to have their meals in the lounge area and we observed staff sensitively assist these people where necessary. No person was hurried to finish their meal and staff supported the person at their own pace.

We observed the registered manager (cook) and a member of care staff speak with one service user to try and encourage the person to come for lunch. This person said they didn't want any, but would like a sweet. The cook told the person that she'd made cheesecake but that she knew they didn't like that so asked them what they would like and gave them some alternative choices. This person said they would like ice cream and the cook said she would put some fruit with it because she knew they liked that.

One visiting friend and advocate of a service user told us, "He [service user] used to like making food, he can't go in the kitchen here and make the food but they [staff] let him stand at the door and watch now."

We saw evidence that care files included information about meeting people's nutritional needs. This information included checking the nutritional risk of the person on a monthly basis and monitoring people's weight on a monthly basis, and where any concerns about weight loss or too much weight gain was identified, weighing occurred every week. We saw that there were fluid and dietary intake charts in place for people who needed closer monitoring and support with their dietary needs and these were regularly reviewed and checked by the registered manager.

# Is the service caring?

## Our findings

One person who used the service told us, "I'm my own person. I get looked after but I still like to be independent. I like to go outside for a cig and no one stops me." The friend and advocate of another service user told us, "I cannot speak any more highly of them [staff]. They are so caring here – like a family. Staff seem very aware of each person's individual needs (described as 'individually focused'). Sometimes [service user] won't have a shower but they [staff] have managed it and [service user] is now lovely and clean, [service user] doesn't like having a shower."

There was a very relaxed and friendly atmosphere in the home and staff spoke about the service with passion and told us, "We know our residents very well" and "This is the residents' home so it needs to feel homely. Each person has their own likes and dislikes and abilities."

Within the Provider Information Return (PIR) we were told that "A trusting relationship, non-judgemental and empowering approach to engage the service user whenever implementing care interventions." It also stated, "Each person is treated with respect, their dignity maintained and service users are addressed by their preferred name, having their privacy maintained."

Observation of staff's interactions with people using the service demonstrated that they knew people well and treated them with dignity and respect. The actions of the staff's interventions with people conveyed that they understood and supported the person according to their individual assessed needs and with the consent of the person. Personal care was provided behind closed doors.

We observed people moving freely around the home and chose where they spent their time, whilst maintaining their independence as much as their abilities would allow. Staff encouraged people to make choices for themselves; we observed staff asking people if they wanted to participate in activities and encouraged them to do so.

At the time of our inspection no person was receiving End of Life care but we were informed by the registered manager that this service was provided when required.

All care files and related documentation was kept confidential in locked filing cabinets, meaning only care and management staff had access to the information they contained.

We saw some recent feedback from family and friends of people using the service and their comments included, "The staff are always polite and helpful and [service user] is always well dressed and appears comfortable" and "I cannot speak highly enough of all the staff at the home. They have time for each resident and offer a highly tailored one to one relationship with each, something that can be rarely found in larger, busier homes. All the staff go out of their way to meet the needs of each individual resident...well done!!"

# Is the service responsive?

## Our findings

Within the Provider Information Return (PIR) we were told "We review regularly, assessments, care interventions and outcomes and look for changing needs of the service user. We liaise with the relevant professionals and arrange for reviews to ensure care interventions in place are appropriate for meeting the present and changing needs of the service user. To ensure that service user's attend appointments and are accompanied by staff."

Care records seen contained information to show that people using the service had been involved in discussions with staff and family / advocates about their care needs. We saw evidence that the person had been involved in their care plan development including a signed agreement to their consent to care and support. Where an individual was unable to sign or had refused, this was recorded in the care plan agreement document.

In one care file we reviewed we found the following information available, care plans and associated risk assessments for; Safety, communication, breathing, eating and drinking, personal hygiene, clothing and dressing, body temperature, mobility, pressure care, sleeping, dying, orientation / memory, social interaction, anxiety, perception, decision making and mood. All care plans and risk assessments had been reviewed on a monthly basis. The care file also included copies of the local authority's care plan, relatives contact sheet and daily notes and falls analysis.

The friend and advocate of a service user told us, "They [staff] held a best interest meeting for [service user] in July around where [service user] should live. This meeting involved [service user], their niece, the registered manager, the social worker and myself." Another comment from the same person told us, "I think if [service user] had been anywhere else they [staff] would have had to medicate [service user] as [service user] does get so emotional. They're incredible; I just think they are fantastic."

To help staff support and manage people who had emotional needs, as well as some behaviours that challenge, one member of the staff team told us, "We've got a more challenging person at the home so we got more training from the HIT team (Health Intervention Team) and have learned how to manage [service user] behaviour, to keep them calm. [Service user] gets anxious; we know this person personally and can now support them appropriately."

A range of activities were offered to people using the service and staff told us that such activities were planned for a group of people or with individuals according to their preferences. Such activities included soft ball / exercise / watching old movies / puzzles / dominoes and pampering sessions. A visiting entertainer came once or twice a month to entertain with music. One member of staff told us, "Some puzzles are difficult so we [staff] modify them to each person's capacity. [Service user] likes to walk in the garden. Some people just don't like activities."

In the care plans examined we saw that support to meet the person's health care needs and treatment that was planned came from input provided by other healthcare professionals that were, or had been, involved

in meeting the person's care needs, either prior to or during their time living in Oakview. We saw that contact had been made with healthcare services such as, falls team, doctors, district nursing services, speech and language therapists (SALT), physiotherapists and social workers. Such multi-disciplinary working helped people to receive a service that met their needs and respected their choices and wishes.

Throughout the inspection, we observed that staff, including the registered manager, interacting with people in a calm and unhurried manner. We saw examples of staff chatting with, or encouraging and comforting people who sometimes got distressed and observed care being offered and provided that was person centred and addressed people's individual needs.

We saw that a complaints procedure was in place. There were details displayed in the hallway of the home, which advised people on the action to take should they wish to raise a complaint. We examined the details of the complaints file and found that two complaints had been recorded and both had been satisfactorily investigated and responded to.

## Is the service well-led?

### Our findings

At the time of this inspection a Registered Manager was in post and was available throughout the time of the inspection. The registered manager was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A range of quality assurance checks were completed on a daily, weekly and monthly cycle. For example, a falls analysis had been completed in September 2016 for two people using the service, daily checks on the safety of the premises were fully completed and daily and monthly checks on the cleanliness of the environment were fully completed. These checks also included details of any action taken when concerns were found. However, we found that although a monthly medication audit was being completed, it had failed to 'pick up' on the concerns raised about medicines in this report.

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

Staff we spoke with confirmed that regular staff meetings took place and we looked at a random selection of minutes from some of those meetings from 2016. For example, in January 2016 the following agenda items were discussed, The Care Quality Commission (CQC) new method of inspection, clothing, cleanliness and infection control, safe storage of hazardous substances, activities, medication management, training needs and other matters. Agenda items from the meeting in April 2016 included Health and safety, storage of hazardous substances, beds, eating and drinking and training needs. The latest minutes were from a staff meeting held in September 2016. This meeting included discussion about, Managing behaviour that challenges, medication management, training needs, health and safety and buildings maintenance. This demonstrated that staff were kept informed and up to date with guidance about providing a good and safe standard of service delivery to those people using the service.

We reviewed the minutes of meetings held with people using the service in September 2016. Discussion took place about meals, clothing, cleanliness (premises), activities, outing and staff (residents were happy with staff). Although no details of any actions taken had been recorded, such meetings provided people using the service with an opportunity to be involved in matters relating to how the service is managed.

Family and friends were provided with an opportunity to give feedback about the service via a 'Quality of Service Questionnaire'. We looked at four returned questionnaires from various months in 2016 and comments included, "I'm really happy with [name] care, staff are warm and friendly and are always on hand for resident's needs", "This is a good friendly home and the staff really do try very hard to help residents to feel this is their home", "Very good care" and "My [service user] has become comfortable, well cared for and in great health. [Service user] is much better than in the past year as he is more settled. Due to his condition he can be difficult to deal with and they [staff] deal with him with respect and patience. They also go the extra mile to meet his needs and ensure he is as comfortable as possible. He loves the food and states even



though he doesn't like living in a home, he does like the staff."

We saw evidence that the registered manager / provider completed a feedback analysis of the returned questionnaires and included a detailed action plan to address those issues raised as requiring action. Evidence was available to demonstrate appropriate action had been taken by the registered manager / provider where required.

Staff spoken with told us that the registered manager was supportive, approachable and very caring.

An up to date Statement of Purpose was available and provided to each person living in Oakview Residential Care Home. Within the contents page it stated that the document was written in accordance with the Care Standard Act 2000. This is in fact now incorrect, and we recommend that the registered provider updates this information to confirm that the Statement of Purpose is in accordance with the Care Quality Commission (Registration) Regulations 2009.

Information held by the Care Quality Commission (CQC) showed that we had received all required notifications. A notification is information a provider shares with CQC about important events which the service is required to send by law and in a timely way.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not being managed safely.  Regulation 12(2).  The provider was not ensuring that balances of all medication were correct and that all medication could be accounted for at all times. Regulation 12(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not operated effectively to ensure the quality and safety of the service was adequately monitored. Regulation 17 (1)  Accurate records of medication were not effectively being maintained. Regulation 17(2)