brighterkind (Domo) Limited

St Oswalds

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 18 and 19 December 2017 and was unannounced.

St Oswalds was previously inspected in January 2017. During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered person had failed to undertake a Mental Capacity Assessment before seeking authorisation to deprive people of their liberty. Furthermore, we found that the registered person had failed to clearly demonstrate that staff employed by the service had received training appropriate to the work they perform.

At this inspection we found that the registered provider had taken action to address the breaches identified at the last inspection.

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

St Oswalds is a 'care home' operated by brighterkind (Domo) Limited (the provider). People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

St Oswalds is a two storey Victorian building with a single storey extension that is situated in the centre of Winwick. A range of shops and other local facilities are within walking distance of the home and the village is supported by good public transport services.

The care home accommodates up to 41 people in one adapted building. All rooms are for single occupancy and 18 are equipped with en-suite facilities. Communal bathing and toilet facilities are located throughout the home. At the time of our inspection, the service was accommodating 36 older people with a diverse range of needs.

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

During our two-day inspection, we spoke with relatives, staff and people living in the care home. We also undertook direct observations of the standard of care provided.

Throughout our inspection we observed that staff treated people with dignity and respect and were attentive and responsive to their individual needs. People living in the care home were seen to be relaxed in

the presence of staff, comfortable in their home environment and presented as well-groomed and content.

We found that assessment, care planning and risk management systems were in place that confirmed the holistic needs of people using the service were identified, planned for and kept under review. This helped staff to be aware of the support needs of people living in the care home and to understand how best to support them.

Staff had access to induction, mandatory and service specific training to help them understand their roles and responsibilities. Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had also been developed to provide guidance to staff.

Staff spoken with demonstrated a good understanding of this protective legislation and the need to protect the rights of vulnerable people who may lack capacity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a range of health care professionals to help maintain their health and wellbeing. Likewise, people were provided with a range of wholesome and nutritious meals and alternative choices were available if people did not like the meals that were on offer.

Systems had been established to safeguard people from abuse and a complaints policy and process was also in place to ensure concerns and complaints were listened to and acted upon.

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.

Records relating to the administration of medication were not robust.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people living in the care home and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people living in the care home and helped to ensure people were being cared for by suitable staff.

Is the service effective?

Good

The service was effective.

Learning and development systems had been established to ensure staff had access to training and development to help them understand their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of people living in the care home who may lack capacity.

The needs of people living in the home had been assessed and kept under review to ensure the service was responsive to their changing needs

People living in the care home were offered a choice of wholesome and nutritious meals and had access to a range of health care professionals subject to their individual needs.

Is the service caring?

Good

The service was caring.

Staff interactions were warm and relaxed and people living in the home were observed to be treated with dignity and respect.

Staff demonstrated an awareness of the importance of maintaining confidentiality of information and promoting independence and relationships.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Records relating to the provision of care to people living in the care home had not always been completed to a satisfactory standard.

There was a complaints procedure in place. People's concerns and complaints were listened to and acted upon.

A programme of activities was in place and people living in the care home were encouraged to engage in their preferred social and recreational activities

Systems were in place to provide appropriate and dignified end of life care.

Is the service well-led?

Requires Improvement

The service was not always well led.

A range of auditing systems had been established to monitor the service however some records relating to the care of people living in the care home were in need of review.

The care home had a registered manager in place that provided leadership and direction and was committed to the continuous development of the service.

There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

St Oswalds

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 checked 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 18 and 19 December 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed all the information we already held on St Oswalds such as intelligence, statutory notifications and / or any information received from third parties.

We also contacted the local authority and clinical commissioning group to request they provide us with any information they held about St Oswalds. We took any information provided to us into account.

On this occasion we did not request the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home and to gather information.

We spoke with the regional manager; registered manager; the national health and safety manager; one nurse; two care assistants; the chef manager; a hostess; an activity coordinator and the maintenance person. Furthermore, we spoke with seven people who used the service and two relatives.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate with us because they were living with dementia. We used this process in order to observe people's mealtime experience.

We looked at a range of records including three care files belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to

meet people's care needs.

Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas; staff training and audit documentation.

Requires Improvement

Is the service safe?

Our findings

We asked people who used the service or their relatives if they felt the service provided was safe.

People spoken with told us that they felt safe. For example, we received comments from people using the service such as: "I feel very safe and the staff are extremely good" and "I like living here. I feel safe".

The provider had produced a 'Management of Medicines' policy which was available for staff to reference. The policy covered key areas including: controlled drugs; self-administration of medication; homely remedies and PRN (as required medication). We noted that the policy in the staff room had not been signed to confirm staff had read and understood the policy.

We noted that nursing and senior staff were designated with responsibility for the management and administration of medication and were informed that staff authorised to administer medication had completed medication training. A list of staff responsible for administering medication, together with sample signatures was available for reference.

Photographs of the people using the service and key information such as people's names; date of birth; room numbers; GP and any known allergies had been laminated on a cover sheet and attached to the front of their individual medication administration records. This helped staff to correctly identify people who required assistance with medication.

Appropriate facilities were in place to store medication and controlled drugs safely. Systems were also in place to record medication errors and the room and fridge temperatures. Records showed that medication auditing systems had been established by the provider and the dispensing pharmacist had recently visited the home during December 2017. A number of recommendations had been made to improve practice but no urgent action was noted.

We carried out a sample of checks on people's medication and associated medication administration charts (MAR), including controlled drugs medicines with a member of the nursing staff. We found that a number of MARs contained unexplained gaps as they had not been signed to confirm the administration of medication. Similar concerns were noted by a member of staff from the Clinical Commissioning Group following a visit in October 2017.

We could see that systems had been established by the provider to review medication records. However failure to record the administration of all medication raises concerns about the process and has the potential to place the welfare of people living in the home at risk.

This is a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that the registered person had failed to maintain accurate and complete records to confirm the administration of medicines.

We looked at three files for people living in the care home. We found that each person had a range of care plans and risk assessments which formed part of the provider's care planning model. This information helped staff to be aware of current risks for people using the service and the action that should take to minimise and control potential risks.

Environmental and person centred risk assessments such as a fire risk assessment, legionella risk assessment and personal emergency evacuation plans had also been developed to ensure an appropriate response in the event of an incident or fire. The plans were located near to the fire alarm system so they could be accessed quickly in an emergency. A business continuity plan had also been developed to ensure an appropriate response in the event of a major incident.

We checked a number of test records and / or service certificates relating to: the fire alarm system; fire extinguishers; fire drills; electrical wiring; portable appliances; emergency lights; passenger lift; hoists and nurse call system. We found all records to be in order except for records relating to the use of slings.

We found that there were 25 slings which were available for use. Two had missed the last LOLER (Lifting Operations and Lifting Equipment Regulations) check as they had last been checked over six months ago. One sling was not the property of the care home and had no signs of any checks. Visual checks on all slings had stopped in July 2017 and no checks conducted since that date. We raised this matter with the care home's maintenance person who was not aware of the checks and agreed to address this. Arrangements were made to remove the slings that had not been checked to ensure safe working practices.

Systems had been established to record any accidents and incidents that occurred within the care home on the provider's electronic records management system known as 'datix'. We noted that the system was able to generate charts and other statistical data to help in the analysis of incidents and that falls, pressure ulcers and other incidents had been analysed on a monthly basis to enable on-going monitoring of incidents and action taken. We saw evidence of review and root cause analysis at the care home, regional and organisational level. This helped to provide assurance that the provider was reviewing incidents and looking for trends and patterns that could assist them in reducing risks for people living in the home and staff.

At the time of our inspection, 36 people were being accommodated at the care home that required different levels of personal and / or nursing care and support.

We checked staff rotas with the registered manager in order to review how the home was being staffed. We noted that there had been no changes to the day time staffing levels since our last inspection and that the care home continued to be staffed with one registered nurse, one senior staff and six care staff from 7.30 am to 7.30 pm.

Staffing levels during the night had been increased to one registered nurse and four care staff on duty. The provider also operated an on-call system from senior management.

The provider had developed an internal staffing tool known as 'care home equation for safe staffing' (CHESS) to calculate staffing levels based upon the dependency levels of people using the service. The manager reviewed staffing in the home on a weekly basis in consultation with nursing staff. We noted that staffing levels could vary dependent upon the needs of people using the service and occupancy levels and that rotas were due to be updated to reflect handover time between shifts.

Other staff were employed for catering; activities; laundry; domestic; clerical and maintenance roles. The manager and deputy manager continue to have supernumerary hours and worked flexibly subject to the

needs of the service.

The provider had developed a policy on recruitment and selection to provide guidance for people responsible for the recruitment of staff.

We looked at a sample of four staff personnel files. We noted that staff had completed an application form and that recruitment checks included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff had been barred from working with vulnerable adults. In appropriate instances there was also evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

However, two files viewed did not contain medical fitness declarations on file, one had no proof of ID and one file contained only one reference. We could see that the provider had attempted to chase the outstanding reference but had not received a response. We raised the findings with the registered manager who agreed to look into the issues raised.

A policy and procedure had been developed by the provider to provide guidance for staff on 'Safeguarding Adults'. A copy of the local authority's 'Safeguarding Adults Procedures' was also in place. Furthermore, a 'Procedure for raising confidential concerns (Whistleblowing)' was available for staff to refer to and a whistleblowing notice was displayed on a notice board in the reception area for staff to view.

Records held by CQC detailed that two whistleblowing concerns had been received in the last 12 months. The whistleblowers raised concerns regarding the standard of personal care and treatment provided to people using the service, record keeping and the conduct of staff. We referred this matter to the safeguarding team and an investigation was undertaken by the provider.

Overall, the concerns raised were not substantiated however it was noted that there were areas such as record keeping and people's mealtime experience were in need of review following the departure of the previous manager.

We looked at records and noted that systems were in place to log and ensure that any incidents or allegations of abuse were referred to the local authority and notified to the CQC in accordance with local policies and procedures.

Training records indicated that 82.35% of the staff team had completed safeguarding training. Staff spoken with demonstrated a clear understanding of the different types of abuse however two staff lacked awareness of how to raise safeguarding concerns externally. This was feedback was shared with the registered manager who agreed to look into the issues raised.

The provider had developed a policy and procedure on infection control. Staff spoken with reported that they had access to personal protective equipment such as hand sanitisers and gloves and aprons. At the time of our inspection, 82.35% of the staff had completed infection prevention training.

We noted that infection control audits were routinely undertaken as part of the home's quality assurance system and surveillance reports produced. The last infection control audit undertaken by the infection control team was in April 2017 following which a score of 82% was noted. This meant that the home was only partially compliant in some sections.

An action plan had been developed in response to the audit however it was noted that the laundry area continued to be a problem due to its design and layout. We noted that there were plans in place to address this matter by reconfiguring affected areas.

Good

Is the service effective?

Our findings

We asked people who used the service or their relatives if they felt the service provided was effective.

People spoken with told us that their care needs were met by the provider. For example, we received comments from people using the service such as "I find the staff very good"; "I like living here"; "The food is very good. There is always a good choice of something" and "The food is okay. It must be very difficult to cater for so many people."

One relative raised concern regarding a person who preferred to eat meals in their bedroom and highlighted that the meals were sometimes not very warm. We shared this feedback with the registered manager who assured us that she would monitor this feedback.

At our last inspection in January 2017, we found a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'staffing'. This was because the registered person had failed to clearly demonstrate persons employed in the provision of the regulated activity had received appropriate training to enable them to carry out the duties they are employed to perform.

At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

For example, at our last inspection we noted that only 33% of the staff team had completed training in the Mental Capacity Act; 43% for Adults at risk and 38% for dementia awareness. At this inspection we noted that the figures had increased to 88.24%; 82.35% and 94.12% respectively. At the time of our inspection, the overall completion rate for statutory training was 80.99%

The regional manager informed us that the care home had two home trainers and the support of a regional training team. Training champions had also been identified to lead and promote key areas of interest within the care home such as infection prevention and control; palliative care; pace setters; tissue viability and moving and handling. 'Pace setters' are members of staff who have been delegated with responsibility to attend a residential course and help to deliver the organisation's cultural change programme.

We noted that the training needs of staff were kept under regular review by the regional manager, registered manager and also the regional trainers who were provided with a monthly action plan on the on-going training needs of staff. Systems were also in place to keep under review the competency of staff.

Discussion with staff and examination of training records confirmed staff had access to a range of training which covered topics such as induction; mandatory and service specific training. We noted that there were some training courses that staff still needed to complete which was work in progress.

We saw that the provider had established systems to monitor outstanding training needs. We also saw evidence of training planners and correspondence with regional trainers to highlight training required by

staff.

Staff spoken with confirmed they had attended team meetings periodically and that they had access to supervisions. Since our last inspection, the registered manager had also introduced 'staff forum' meetings to help drive improvement and encourage staff involvement in the development of the service.

Examination of a supervision tracking form confirmed that this was an area that still required further improvement however we could see that there had been an improvement in the frequency of supervisions following the appointment of the new registered manager.

At our last inspection in January 2017, we also found a breach Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to 'need for consent'. This was because the registered person had failed to undertake a Mental Capacity Assessment before seeking authorisation to deprive people of their liberty. At this inspection we found the provider had met their legal requirement and that action had been taken to address the breach.

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 as least restrictive as possible. People can only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS).

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager and noted that corporate policies and procedures were in place relating to the MCA and DoLS.

We saw that mental capacity assessments had been completed and if applicable DoLS applications made. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring that they were kept under review. The registered manager maintained a record of people with authorised DoLS in place and the expiry dates.

At the time of our inspection, training records indicated that 88.24% of the staff team had completed training in the MCA and staff spoken with demonstrated awareness of this protective legislation.

We noted that systems were in place to ensure the needs of people were assessed and kept under review following admission to the home. This helped to ensure the changing needs of people were responded to in a timely way and that potential and actual risks were appropriately managed.

St Oswalds is a care home providing accommodation, personal and nursing care for up to 41 older people. The home consists of a two-storey Victorian building and a single storey extension. All rooms are single occupancy and 18 are equipped with en-suite facilities. The home has two lounges, a dining room and conservatory with pleasant private gardens and a shelter for smokers. A car park is located at the front of the building for visitors to use.

During our inspection we undertook a tour of the home. We could see that people access to a range of individual aids and adaptations to assist with their mobility and independence and that they had been encouraged to personalise their rooms with photographs, memorabilia and personal possessions. This helped to create a homely environment. However, we noted that some parts of the home were in need of maintenance and redecoration in order to enhance the environment. We spoke with the management team and the person responsible for maintenance and received assurance that this was work in progress.

During our inspection we visited the kitchen area and spent time with the chef manager in order to gather information on the catering service and the dietary needs of people living in the care home.

We enquired about the last food hygiene rating for St Oswalds and noted that the Food Standards Agency had inspected the service in September 2017 – following which they awarded a rating of 5 stars. This is the highest award that can be given.

The kitchen area was viewed and appeared clean and well stocked. We looked at how catering staff recorded key information relevant to the operation of the kitchen and noted that the provider had established a food safety management system. Information on people's dietary needs and allergies had also been recorded on a whiteboard in the kitchen for staff to reference.

A four week rolling menu plan had been developed which offered people a choice of menu and was reviewed and changed periodically. Pictorial menu plans had also been produced to help people to make choices more easily. Alternative options were available upon request and refreshments and snacks were served throughout the day.

People told us that they were asked to choose what they wanted to eat each day and a record of people's choice was then recorded and passed to catering staff. Meals were prepared in the central kitchen and transported to the dining room in heated trolleys.

The dining room offered a pleasant environment for people to socialise and eat their meals. We saw that menus had been placed on each table in a leather bound folder and that tables were attractively laid with tablecloths, cutlery, crockery, sauces and napkins.

We observed that people living in the care home required different levels of care and support at mealtimes. Staff were seen to be attentive and responsive to people's individual needs and were supported by the home's hostess who helped to serve meals and refreshments.

We saw that people were offered a choice of meal which was attractively presented and that people were given the necessary time to eat and finish their meals at their chosen pace. People were also encouraged to eat their meals in the rooms if they preferred.

Staff spoken with demonstrated awareness of each person's dietary needs and food preferences. Staff also demonstrated an awareness of the importance of making referrals to health care professionals. For example, speech and language therapists and / or dieticians for anyone identified at an increased risk of aspiration, malnutrition, dehydration, or who had significant weight loss.

We could see from care plan records that people using the service had seen a GP and attended healthcare appointments subject to individual needs. Staff made referrals to appropriate health professionals where they had concerns about someone's health and that they had developed working relationships with a range of health and social care professionals to help ensure positive outcomes for people's health and well-being.

Good

Is the service caring?

Our findings

We asked people who used the service or their relatives if they felt the service provided was caring.

People spoken with confirmed that they were cared for and treated with dignity and respect. For example, we received comments from people using the service such as: "They [the staff] look after me very well"; "I am always treated with dignity and respect" and "The staff are very caring. They are lovely people."

During our inspection we undertook a Short Observational Framework for Inspection (SOFI) as a means to assess the standard of care and support received during the mid-day meal. We observed that staff were attentive and responsive to the needs of people living in the care home and that they communicated and engaged with people in a respectful and dignified manner.

We spent time talking with people and undertook observations during the two days of our inspection. People were seen to be relaxed in the presence of staff, comfortable in their home environment and presented as well-groomed and content.

We noted that people were encouraged to retain their independence and mobility, to follow their preferred routines and participate in activities within the care home if they wished. We also saw that staff took time to talk and interact with people whilst undertaking their duties or when people were in need of help or assistance.

Staff spoken with confirmed they had received induction and other training to help them understand their roles and responsibilities. They also told us that they had worked alongside experienced colleagues and had opportunities to read care plans and other important information which had helped them to understand people's needs and support requirements.

We asked staff specific questions relating to the care needs of people using the service and noted that they were aware of matters that were important and unique to people such as their needs and support requirements, required personal aids, known risks and preferred routines.

Staff were also able to describe how they treated people with dignity. For example, by closing doors and curtains when providing personal care to ensuring that visiting healthcare professionals saw people in the privacy of their own rooms. We heard staff speaking to people and explaining their actions so people felt included and considered. We did not see or hear staff discussing any personal information openly or compromising privacy. This showed the service understood the importance of maintaining a person's dignity.

Electronic and paper records were kept securely within the care home to help ensure confidentiality.

Information was available in the reception area of the care home for people to view which included a statement of purpose and a detailed information brochure to provide current and prospective service users

and / or their representatives with information on the services provided.

Requires Improvement

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they felt the service provided was responsive.

People spoken with told us that they found the service was responsive to their individual needs and that they felt listened to. For example, we received comments from people using the service or their representatives such as: "There are plenty of activities to do"; "I am helped to lead my life pretty much as I choose to" and "It's lovely living here. Staff are really good and always want to help."

Two people raised concerns about the time staff took to respond to call bells and this information was relayed to the management team. We received assurance that response times were subject to on-going monitoring and review.

The provider had developed a corporate care planning system. We looked at the care plan files of three people who were living at the care home and noted that files contained key information on the needs of people using the service and their support requirements.

'Care Alerts' forms were prominently positioned at the front of each person's file to ensure important information on people using the service was highlighted to staff such as whether people had a DNACPR in place; allergies, medication; wound care; capacity or were at risk of choking or falls.

Records viewed contained information on each person's assessed needs; expected outcomes and a description of the support required by staff. We noted that acronyms such as AO2 (assistance of two) and PPE (personal protective equipment) had been recorded in some plans which could confusion. We fed this information back to the registered manager who agreed to review this matter.

Risk assessments formed an integral part of the care plan model and this helped to ensure potential and actual risks had been identified and planned for. Records were noted to have been kept under monthly review or sooner in the event a person's needs had changed.

Supporting documentation such as: professional visit records; discussions with significant others; daily reviews; dependency assessments; confidential records and past and current medical history was also available for reference. Records viewed provided evidence that people using the service or their representative, where possible, had been involved in care planning.

Separate files had been stored in some people's bedrooms to ensure staff had access to the records when providing personal care to people. We looked at the records for two people and noted that positional change charts and fluid balance charts had not been correctly completed to confirm people had received appropriate care and support as per the information recorded in people's care plans. Similar concerns were noted by a member of staff from the Clinical Commissioning Group following a visit in October 2017. Failure to maintain accurate and up-to-date records of the care provided to people living in the home may place the health and welfare of people at risk. This is because there is no record to confirm that people have been

cared for in accordance with their assessed needs.

This is a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that the registered person had failed to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.

At the time of our inspection, none of the people using the service were receiving end of life care.

The registered manager informed us that the provider was in the process of supporting more key staff to complete 'six steps' training in addition to the deputy manager, three nurses and a senior carer who had previously completed the programme. The 'Six Steps' programme was originally developed in the North West as a programme of learning for care homes to develop awareness and knowledge of end of life care. The steps include: discussions as end of life approaches; assessment care planning and review; coordination of care; delivery of high quality services in a care home; care in the last days of life and care after death.

We noted that the provider had produced assessment and care planning documentation for people in need of palliative or end of life care. Additionally, the registered manager told us that the home utilised a document produced by Bridgewater Community Healthcare NHS Trust, NHS Warrington Clinical Commissioning Group, Warrington and Halton Hospitals NHS Foundation Trust and St. Rocco's Hospice entitled 'Individual plan of care and support for patients as end of life'. This document seeks to involve the patient, family and those involved in the planning and provision of end of life care.

The provider had developed a 'Management of Feedback policy' for 'Complaints, Concern and Compliments' which outlined the provider's required standards to ensure quality and consistency of communication following the receipt of complaints, concerns and compliments and ensuring the Company met its 'Duty of Candour' obligations.

A complaints procedure had also been developed and was displayed in the reception area. This helped to provide guidance to people using the service or their representatives on how to make a complaint. Details of how to raise a complaint had also been included in the home's information brochure.

We asked for a copy of the electronic complaint records for the care home during the last 12 months. Records indicated that there had been three complaints received by the home in that period. Two concerned the provision of personal care and one complaint concerned assessment processes. Two of the three complaints were upheld in part. Examination of the records and discussion with the registered manager confirmed appropriate action had been taken in response to concerns raised.

We noted that the home also had a file documented 'informal complaints' which were less detailed than formal complaints. Three complaints were initially seen in the complaints file for 2017. On request two additional complaints were located which had been archived by the previous manager.

Residents and relative spoken with said they would be confident in making a complaint should the occasion arise.

We noted eight compliments had also been received from relatives thanking staff for the standard of care provided to people.

The provider had developed guidance entitled 'Recreation and activities' and employed three part-time

activity coordinators and a bank activity coordinator. The activity coordinators were responsible for the planning and provision of a range of activities within the care home each day.

We spoke with one of the staff responsible for activities and noted that a four week rolling programme of activities had been produced for people using the service to access. A 'Wishing Well Programme' had also been introduced. This aims to involve people using the service in planning person centred activities and making their wishes and requests a reality.

During the two days of our inspection we observed various activities being facilitated for people using the service. For example, on day one, we observed people participating in an art and craft session and musical entertainment. Likewise, on the second day of our inspection we observed a group of residents playing board games and dominoes. Staff had also set time aside to provide one to-one time for people too. We observed people to engage positively in the sessions and it was clear that they enjoyed the activities.

Examination of the weekly activity programmes highlighted that people had participated in a range of other activities also such as: coffee mornings; karaoke sessions; external entertainment; gentle exercises; hairdressing appointments; OOMPH (our organisation make people happy); bingo; reminiscence and sing-a-long sessions.

We saw that visitors were encouraged to visit throughout the two days of our inspection. Relatives we spoke with told us they could visit at any time and they were welcomed by staff.

Requires Improvement

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they felt the service provided was well led.

People spoken with confirmed they were satisfied with the leadership of St Oswalds and we received comments from people using the service such as: "The management are good. You see them around a lot and they seem to care" and "The manager is often around to keep an eye on things."

Likewise, feedback received from two staff included: "X [the registered manager] has a vision and she definitely has the best interests of residents at her heart. She is good to work for, she has a transformational leadership style and looks for ideas from the staff to assist" and "X [the registered manager] door is always open and I can go and speak to her if I need to."

The provider had appointed a new manager at St Oswalds during July 2017 who had registered with the Care Quality Commission. The registered manager was present for the two days of our inspection and was supported by the regional manager.

The registered manager and her regional manager were helpful and supportive to the inspection team and were noted to engage positively with people using the service, staff and visitors.

The provider had a senior management team in place that was governed by a board of directors that had overall responsibility for the operation of the service. The governance structure incorporated a range of meetings to facilitate the exchange of key information throughout the organisation.

We noted that the provider had developed a five year strategic plan for the organisation and published information on the four principles of brighterkind on its website. The principles outlined a commitment to promoting people's identity, independence and community involvement and working in collaboration with people using the service.

The regional manager provided the inspection team with a range of information on the organisation's vision of delivering measurable market leading customer care to people using the service and its five values of 'Choose to be happy'; Do it from the heart'; 'Keep it simple'; Make every moment matter' and 'Sort it'. This in turn had led to the development of the organisation's brand of care which focused on creating quality of life, the development of an enhanced recreation and activities programme that supports wellbeing and a superior food and dining experience.

The provider had developed a governance policy and a risk management strategy which outlined the organisation's governance framework and systems and processes to manage potential risk.

We saw that the provider had established a suite of audits and a quality system that were RAG rated (a traffic light system) which indicated the level of risk and importance. The audits were stored within a shared drive and could be accessed by designated senior people within the organisation based on access rights to

ensure confidentiality and scrutiny.

A 'monthly home manager audit matrix' was available for reference which outlined the audits that were to be completed by the registered manager or deputy manager throughout the year as part of a 'whole home audits' framework. This focussed on five key headings of 'care'; 'support'; 'environment'; 'staffing' and 'leadership' for which a variety of audit tools had been developed.

We noted gaps in the completion of some audits and daily walk around visits. The management team explained that this occurred due to the registered manager completing her induction period, training and a period of annual leave. We received assurance that action had been taken following this period, to ensure all necessary audits were undertaken as per the frequency required by the provider.

We noted that the regional manager continued to complete a monthly visit report and the registered manager completed a QI (Quality intelligence) audit, the findings of which were analysed by head office and a report produced from the information. The results were weighted depending on area and risk factors following which a QI queries report was generated for any risk factors identified in the home and these were answered by the home manager and discussed by the regional manager at review with the Chief Operating Officer.

An electronic records management system known as 'Datix' was also used by the provider and home manager to record monitor and analyse significant events such as incidents and accidents.

The quality assurance process for St Oswalds involved seeking the views of the people using the service or their representatives throughout the year. The last survey was completed during May to June 2017. The response rate was 48.8 %. We found that the results had been reviewed and scores had been compared against the provider's average to produce a RAG rating across the different areas such as 'home and environment'; 'food and dining'; 'recreation and activity' and 'care and the home team'.

An action plan and a "You Said" and "We did" notice had been developed following an analysis of the results. This highlighted the action the provider had taken in response to feedback regarding food and dining experience; staffing, environment and recreation and activities.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Borough Council's Contracts Monitoring Team. This is an external monitoring process to ensure the service meets its contractual obligations.

At the time of our inspection, a full monitoring visit had not been completed since April 2016. However, a representative from Warrington Clinical Commissioning Group had visited the care home during October 2017 in order to review medication, care plan and record keeping and infection control. Concerns were noted for all three areas.

Residents and relatives meetings were also coordinated throughout the year to enable people to share and receive information about the operation of the care home. We noted that the meetings were sometimes planned in conjunction with events such as 'cheese and wine' evenings or "Tapas and Sangria" nights to encourage people to attend.

We noted that the provider had developed a range of policies and procedures for staff to reference. These included: recruitment and selection; safeguarding adults; Mental Capacity Act; deprivation of liberty safeguards; whistleblowing; management of feedback; incident management; infection prevention and

medication. These were readily available for staff and copies were stored in the staff room.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service so that we can check that appropriate action has been taken.

We noted that the manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the manager was aware of and had complied with the legal obligations attached to her role.

The ratings from the previous inspection were displayed prominently within the care home and also on the company's website as required by law.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.