

Surrey Rest Homes Limited

Oak House Care Home

Inspection report

Oak House
19 Queens Road
Weybridge
Surrey
KT13 9UE

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Oak House Care Home is a 16 bedded residential care home that provides care and support to older people living with frailty due to the progression of age or who are living with dementia. At the time of this inspection there were 14 people living at the home.

This was an unannounced inspection which took place on 04 July 2016.

During our inspection the registered manager was present. 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.

Oak House Care Home was last inspected on 23 July 2015 when it was awarded an overall rating of 'Requires Improvement'. Two breaches were identified in relation to regulation 11 (consent) and regulation 15 (cleanliness). Requirement actions were set and the provider sent us an action plan that stated they would be compliant by 14 September 2015. A recommendation was also made to make the environment more dementia friendly.

At this inspection we found that although some action had been taken this was not enough to meet the requirement actions. In addition, we found there had been a further deterioration in the cleanliness and maintenance of the environment. Most areas of the home required attention and cleaning or repairs. Serious concerns were identified in relation to servicing of hoists, electrical installations, gas facilities and the heating system.

No action had been taken had been taken since our previous inspection to ensure people's human rights were upheld when they lacked capacity to consent. Mental capacity assessments had not been completed, staff lacked understanding and a DoLS application had been made for a person who had capacity. This was not consistent with the law.

The registered manager and the provider had not ensured that the quality and safety of the service was monitored or that action was taken to improve service delivery.

We took enforcement action against the registered persons and served Warning Notices in response to the above concerns.

Training had been provided but staff did not demonstrate knowledge gained from this and it was not reflected in aspects of their practice. Staff told us that they were happy with the support they received from the registered manager. However, a robust induction and regular, formal supervision was not provided to all staff to help them to understand their roles and to undertake their responsibilities. You can see what action we told the provider to take at the back of the full version of the report.

Staff were not proactive in ensuring people who lived with dementia received stimulation to meet their needs. Care plans did not always reflect the whole person. You can see what action we told the provider to take at the back of the full version of the report.

Accidents and incidents were acted upon and reviewed to prevent or minimise re-occurrence. Risk assessments and care plans were in place that considered potential risks to people. People were supported to access healthcare services and to maintain good health. All apart from one aspect of medicines management was safe.

Everyone said that the registered manager was friendly and approachable. People said they were treated with respect and effort was made to promote their dignity and privacy. However greater effort was needed in this area.

People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. Staff and the registered manager understood their responsibilities in this area.

People who lived at Oak House Care Home, their relatives and staff told us that there were, on the whole enough staff on duty to support people at the times they wanted or needed. Appropriate recruitment checks were completed to ensure staff were safe to support people.

People said that the food at the home was good. Staff assisted people when needed.

People's needs were assessed and care given that reflected changes in people's needs. When recommendations were made by external professionals these were acted upon to ensure people received the care and support they required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe.

Cleanliness of the home had continued to deteriorate and maintenance of the building, equipment and facilities was not to safe standards.

Staff did not always ensure medicines were stored securely when they were administered to people. All other aspects of medicines management were safe.

Staff understood the importance of protecting people from harm and abuse. Risks to people's health and wellbeing were responded to appropriately.

There were enough staff on duty to support people at the times they wanted or needed.

Requires Improvement ●

Is the service effective?

Aspects of the service were not effective.

When people did not have the capacity to consent suitable arrangements still had not been made to ensure decisions were made in their best interests. Deprivation of Liberty Safeguards (DoLS) applications to deprive people of their liberty had not been made appropriately and people's rights were not protected.

People were cared for by staff who did not always receive support to do their jobs. A training programme helped staff to gain the skills and knowledge needed to care for people. However staff did understand how to care and support people who lived with dementia.

People told us that they were happy with the care and meals provided. People's health care needs were managed effectively.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Requires Improvement ●

People told us they were treated with dignity and respect. However, at times, their dignity was not with promoted.

People were supported to express their views and to be involved in making decisions about their care and support.

Is the service responsive?

Aspects of the service were not responsive.

Staff were not proactive in ensuring people who lived with dementia received stimulation to meet their needs. Care plans did not always reflect the whole person and were not always personalised.

People's needs were assessed and care given that reflected changes in people's needs. When recommendations were made by external professionals these were acted upon to ensure people received the care and support they required.

Comments, compliments and complaints were acted upon promptly and people felt that they were listened to.

Requires Improvement ●

Is the service well-led?

Aspects of the service were not well led.

Quality monitoring systems were not being used to identify and take action to reduce risks to people and to monitor the quality of service they received.

People spoke highly of the registered manager.

Requires Improvement ●

Oak House 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 4 July 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience that had experience of older people and dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked the information that we held about the home and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. The provider also completed a Provider Information Return (PIR) before our inspection. 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 also reviewed comments that we had received from four health and social care professional who agreed to us using their comments in this report. We used all this information to decide which areas to focus on during our inspection.

We spoke with four people who lived at Oak House Care Home and three relatives. We also spoke with three care staff, a chef, a maintenance person and the registered manager.

We observed care and support being provided in the lounge and dining room throughout the day, including at lunch time. We looked at how medicines were obtained, stored, dispensed and disposed of. We sat and observed part of a residents and relatives meeting. We also viewed all parts of the home.

We reviewed a range of records about people's care and how the home was managed. These included five peoples care records, nine people's activity records and medicine administration record (MAR) sheets for everyone who lived at the home. We also looked at other records relating to the management of the home. These included three staff training, support and employment records. Also, quality assurance reports,

policies and procedures, menus and accident and incident reports.

Oak House Care Home was last inspected on 23 July 2015 when it was awarded an overall rating of 'requires improvement'. Two breaches were identified in relation to regulation 11 (consent) and regulation 15 (cleanliness). Requirement actions were set and the provider sent us an action plan that stated they would meet the requirements of the regulations by 14 September 2015. A recommendation was also made to make the environment more dementia friendly.

Is the service safe?

Our findings

At our previous inspection of 23 July 2015 a requirement action was set as all areas of the home were not clean. The provider sent us an action plan that detailed steps that would be taken to address the concerns and to become compliant. They said they would meet the regulations by 14 September 2015. At this inspection we found that although cleaning schedules and audits had been introduced and completed they had not ensured that all areas of the home were clean. In addition we found that there had been a further deterioration in the maintenance of the building and services.

All apart from one person told us that they were happy with the cleanliness and maintenance of the home. One person said, "Its, fine, they Hoover every day". A second said, "The home is clean, I can't fault them. They do everything to keep it clean." A relative said, "They could spend a bit of money on redecoration. The lounge is unattractive." The relative also raised some concerns with us about the cleanliness and the toilet in their family member's bedroom. We were invited to look at the room and found that the toilet would not flush properly and that there was a slight odour in the room.

Despite people expressing satisfaction with the environment we found that it was not clean or maintained to a safe standard.

Chairs in the lounge and sensory room were stained. Walls throughout the home were marked and paintwork was chipped. Carpets and radiator covers were stained. Windows were dirty. Cobwebs were in the corners of ceilings, on some light fittings and there was dust on pipework. Three ensuite bathrooms had damaged facilities.

Day and night cleaning records were in place that staff had ticked to confirm cleaning had taken place but these did not reflect the issues we identified at the inspection. For example, the records detailed that arm chairs were cleaned weekly. Daily housekeeping check list forms had been completed with tasks ticked to confirm cleaning had taken place. These again did not reflect the cleanliness in the home on the day of our inspection.

The registered manager told us and records confirmed that the carpets in ground floor corridors and the lounge had been recently cleaned. However, this had not been effective and stains were still apparent on the day of our inspection. the registered manager explained that once cleaned the carpets should not be walked on for two hours but this was not possible due to people needing to access areas of the home.

The registered manager told us that the cleaner had recently left and that a member of staff from another of the providers homes helped cover the vacant cleaning hours. Rotas confirmed that five hours per day, seven days a week were allocated for a cleaner. The rotas detailed that the vacant cleaning post had been covered six days per week. The registered manager confirmed that the cleaning hours had not been covered on Sundays. She explained, "Sunday can be bit of a problem." The registered manager informed us that cleaning hours were going to be increased from five to seven hours per day.

Two clinical waste bins were located at the front of the home in the car park. Neither were locked or secure. The car park was adjacent to a public path and the clinical waste bins were accessible to members of the public. Three used disposable gloves were on the ground next to the bins. The paintwork on four exterior window frames was peeling and there was a large amount of cigarette butts in the garden at the rear entrance of the home.

On the day of our inspection the heat in the home was excessive and uncomfortable. A thermometer in the dining room showed that the temperature was over 29 degrees Celsius. We raised this with the registered manager who informed us she was unable to turn radiators off as they were linked to the hot water system and this would result in there being no hot water. A door leading to the garden was opened in an effort to reduce the heat but after an hour this had actually increased the temperature to nearly 30c. She contacted the provider's maintenance person who confirmed that some of the radiators in communal areas were connected to the hot water thermostat. He removed radiator covers and was able to turn some radiators off and this reduced the temperature.

The maintenance log book detailed cleaning and maintenance works that had been identified but this was not always completed in full and did not demonstrate that all had been actioned. A ground floor toilet was locked. The registered manager informed this was due to repair works required to the toilet and that the toilet had not been able to be used for a week. This was not recorded in the maintenance log book as requiring attention.

We asked the registered manager for records that would evidence action was taken to ensure the building and facilities were maintained and serviced to a safe standard. We were given a maintenance folder. This contained a number of records that stated works were required. Discussions with the registered manager, examination of records and observations of the environment evidenced that action had not always been taken to address issues.

A safety advice record from British Gas detailed two concerns relating to pipework. A gas inspection record by a different gas company a month later detailed a further two concerns in relation to the lack of a carbon monoxide detector in the kitchen and a faulty ignitor on the cooker. The registered manager had requested assistance twice to address this from the provider but this had still not been addressed.

During our inspection we observed staff using a hoist to transfer people that had not been certified as safe to use. One of the three members of staff on duty using the hoist had not received moving and handling training since being employed. Equipment used to move or transfer people is governed by the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). This places a duty on providers to ensure equipment is used and maintained to a safe standard and is subject to thorough examination and inspection by competent people. A certificate detailed the hoists in the home were serviced in December 2015 and were due a further service in June 2016. The registered manager confirmed this had not taken place and that she "Have been chasing company who have the contract to do this."

The home had a digital weight scale that also needed testing in line with LOLER. The certificate confirming this had been checked and was safe to use expired in November 2015. The registered manager confirmed this had not been serviced since that date and that she was "Just about to get a quote" for this to be checked.

There was a photocopy of an electrical installation certificate dated 17 May 2016. The certificate stated 'inspection of existing installations only, all satisfactory'. There was no other information about what installations had been checked but we were unable to confirm what had been checked and whether it had

been checked by a qualified person.

Records confirmed that contractors visited the home when the lift was faulty and carried out remedial action to ensure people could access the first floor of the home. When engineers visited the home on 27 June 2016 they recorded 'On testing found main drive contactor worn. Recommend (strongly new)'. The registered manager confirmed this had not been arranged.

The above evidence demonstrates that cleanliness had not been maintained to a satisfactory level which is a continued breach. In addition, failure to have effective arrangements in place to ensure the premises and equipment is maintained to a safe standard is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Within 24 hours of our inspection we shared our concerns regarding the environment and equipment with Surrey County Council environmental health department. They informed us that they would visit the home the next day.

Within 48 hours of our inspection the registered manager told us some actions had been taken as a result of the feedback we gave regarding our concerns. This included confirmation that all lifting equipment had now been serviced and testing of electrical equipment had been arranged. Repairs had also commenced and infection control training had been booked.

During our previous inspection we found a strong odour coming from two people's bedrooms. When we explored this further we found that one person's bed had been made despite the mattress being wet with urine. At this inspection we found that neither of the two rooms had strong odours and that mattresses had been replaced and were clean. The registered manager had introduced a monthly mattress checklist where she examined mattresses to ensure they were clean and of a satisfactory state of repair.

Other aspects of the home and service had checks completed to ensure they were safe. Small electrical items had recently been tested as had the emergency call bell system. Legionella sampling of the water had also been done to ensure that bacteria that is harmful to people wasn't present.

People said that they were happy with the support they received with their medicines. Medicines management was safe apart from one aspect. The administration of medicines did not follow guidance from the Royal Pharmaceutical Society. We noted the medicines trolley was left unlocked when unattended on three separate occasions. On one of these occasions, the staff member left the trolley doors open and went to another room, out of sight. The trolley was left in a communal room with several people present, most of whom lived with dementia. The staff member did not therefore protect people from the risks associated with medicines administration.

We observed that staff did not sign Medicines Administration Record (MAR) charts until medicines had been taken by the person. There were no gaps in the MAR charts. We noted MAR charts contained relevant information about the administration of certain drugs, for example in the management of patches used for pain relief. Staff were knowledgeable about this and all the medicines they were giving. Information concerning people's allergies, if they had them, were clearly shown on the MAR charts. Regular training was provided in medicines management. Our examination of documentation confirmed this and that this included a process of regularly checking their competency to administer medicines.

All medicines were delivered and disposed of by an external provider. We noted the management of this was safe and effective. Medicines were labelled with directions for use and contained the date of receipt, the

expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Medicines requiring refrigeration were stored in a fridge which was monitored daily to ensure the safety of medicines.

All apart from one person told us that there were enough staff on duty to support people at the times they wanted or needed. One relative said, "I think there are enough staff. They seem to have one or two new staff." A second relative said, "I think they are very short of staff." They went on to tell us how this affected the service provided such as bedding not always being changed when soiled but this was not seen on the day of our inspection. Everyone said that the response times to call bells was good.

With regard to staff levels one staff member said, "Yes, there are enough staff. I have time to spend with residents." Another staff member told us, "Yes, there are. It's not a problem." A third staff member said, "I think we need more. There are three on duty during the day but we need four. That would help a lot."

Staffing levels consisted of three care staff during the day and two care staff during the night. In addition to the registered manager and care staff a cook and cleaner were allocated on shift seven days a week. Rotas confirmed that staffing levels had been maintained apart from a domestic person on Sundays. A formal assessment tool was not used to decide safe staffing levels to determine how many staff were needed to meet people's needs safely. However, we saw that on the day of our inspection there were sufficient care staff on duty to meet the care needs of people. We observed that staff were available when people needed assistance with personal care.

Recruitment checks were completed to ensure staff were safe to support people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. They also included checks on eligibility to work in the United Kingdom and completed applications forms. We did note that the provider's application form did not ask for a full employment history. The registered manager was aware of this and informed us that a new form was due to be circulated to all of the provider's homes.

People were protected from harm and abuse. Everyone said that they felt safe. One person said, "Yes, I feel very safe. Even with the window open at night. We have night staff who check on us."

The staff members we spoke with had undertaken adult safeguarding training within the last year. They were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member told us, "If I wasn't happy with the way someone was being treated, I'd tell the manager straight away." Staff told us the registered manager operated an open door policy and that could share any concerns with her. The registered manager demonstrated knowledge of safeguarding issues and was able to explain when and how to report allegations appropriately. Since our previous inspection the registered manager had sent us notifications where appropriate action had been taken to safeguard people.

Accidents and incidents were looked at on an individual basis and action taken where possible to reduce them occurring again. For example, when one person's behaviour deteriorated and resulted in them hitting another person both were offered assistance. Their next of kin were informed and risk assessments were reviewed. A urine test was completed which identified the person whose behaviour had altered had a urinary tract infection and the GP prescribed antibiotics. The registered manager informed the person's community psychiatric nurse and the local authority were informed of the incident. These actions helped to ensure the person received safe care that met their needs. Risk assessments were in people's care records on areas that included moving and handling, falls, behaviour and skin integrity including pressure ulcers.

People had pressure mattresses, hospital profiling beds and pressure relieving cushions to help ensure they were kept safe and to reduce the development of pressure areas.

Is the service effective?

Our findings

At our previous inspection of 23 July 2015 a requirement action was set as people's rights were not always upheld and the Mental Capacity Act (MCA) 2005 was not followed in full. The provider sent us an action plan that detailed steps that would be taken to address the concerns and to become compliant. At this inspection we found that action had not been taken and the requirement was not met.

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 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).

People's legal rights to consent were not upheld. Actions were not taken effectively where people lacked capacity to consent.

Staff did not have a good understanding of the MCA despite having received training in this area. When asked to describe what they had learned about MCA in their training, one staff member described safeguarding procedures. Another staff member was asked how they would establish whether someone possessed enough mental capacity to make decisions for themselves. They told us that they would ask their date of birth and the current date as a method of establishing mental capacity. No staff members could tell us the implications of DoLS for the people they were supporting. One staff member told us, "We need to prevent them (people without mental capacity) from leaving in case they harm themselves." The same staff member was asked how they would deal with a person with mental capacity who wished to engage in a risky activity. They told us, "We would try to distract them because of their age. We'd ask their relatives to decide." This is not consistent with the law.

When we fed back to the registered manager our concerns about the lack of understanding she said that this shocked her. She showed us leaflets that she had given staff about these subjects and informed us when she had spoken with them they appeared to understand these areas.

Mental capacity assessments had not been completed which are necessary to establish whether a referral for DoLS authorisation was appropriate. This was the same as at our last inspection. The lack of recorded assessments was acknowledged by the registered manager.

In addition, mental capacity assessments had not been completed when there were changes in people's ability to consent. There had been a referral for DoLS authorisation for a person who had full mental capacity. This was not consistent with the law as a deprivation of liberty cannot be authorised if someone possesses full mental capacity. On another occasion, relatives' consent had been verbally obtained for a referral for DoLS authorisation. However, relatives and representatives are only authorised to give consent if

they are in possession of Lasting Power of Attorney for health and welfare decision making. This person's relatives were not and subsequently the provider had not acted in a manner consistent with the law.

The above evidence demonstrates that people's rights to consent had not been upheld, that the MCA 2005 had not been followed and their legal rights protected. This is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite formal processes not being followed in full for people who lacked capacity to consent, we observed that staff checked with people that they were happy with support being provided on a regular basis and attempted to gain their consent. Staff sought people's agreement before supporting them and then waiting for a response before acting on their wishes. Written consent had been sought in the areas of photography for identification purposes, information sharing, and referrals to podiatrists and chiropodists.

The registered manager had enrolled on a "Higher level MCA/DoLS course" as her current training was the same as what care staff at the home had completed. Documentation was in place that confirmed the registered manager had registered to undertake further training but had not started this at the time of our inspection.

Within 48 hours of our inspection the registered manager informed us that all staff had been enrolled on further MCA training.

Staff said that they received sufficient support in order to fulfil their roles and responsibilities. We spoke with staff about their experiences of induction at the start of their employment. One staff member told us, "I had worked at another home before but I spent time with the staff before working on my own." Another staff member said, "Yes, it was good. There was no problem." However, when we looked at the induction records for the three newest staff employed at the home two did not evidence that they had received a full induction. There was evidence that one of the staff was in the process of completing The Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. There was no documentary evidence that any of the three staff had received formal supervision as part of their induction and the registered manager confirmed that this had not taken place.

Staff said that they received sufficient training in order to care and support people. One staff member said, "I have done all my training." Another told us, "I'm new but I've done a lot of training already." Training provided included first aid, fire safety, food hygiene and health and safety. A programme was in place that included courses that were relevant to the needs of people which included dementia care and equality and diversity. Despite this staff did not demonstrate knowledge and understanding of supporting people who lived with dementia.

We asked staff about their understanding of risk management and keeping people safe whilst not restricting freedom. One staff member told us, "We need to keep them safe as they could harm themselves." Another staff member said, "A lot of people here have dementia so don't know what they're doing." We asked staff about the care of people with dementia as the majority of people at the home were living with it. We posed the question, 'What do people with dementia need?' One staff member said, "Patience. You have to repeat things. Sometimes I say that I told you this before." Another staff member told us, "We have pictures on the wall so people can recognise where they are." No staff members were able to describe other specific ways of helping people with dementia to cope with their condition and improve their quality of life, despite all having undergone training in dementia care.

Staff told us they had received recent, formal supervision or a yearly appraisal. Despite this we found that that formal one to one supervision had not always taken place on a regular basis. One person received a formal supervision during February 2016 but had not had any since. Of the 10 staff employed six had received one supervision session in 2016, two had received two sessions and two staff had not received any.

The above evidence was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had however received an appraisal during either November or December 2015.

Within 48 hours of our inspection the registered manager informed us all staff would complete further dementia training on 20 July 2016.

In the main, people said that the food at the home was good. One person said, "I think it's good. If you don't like anything they'll bring something else. I like that they bring the potatoes and vegetables separately, rather than serving them up for you." A second person said, "The food is okay, sometimes I don't like it. I'm not fond of sandwiches. They are done well. I can't fault them for that." A third person said, "The food is very good. There's no choice but you can ask for whatever you want."

During the morning we observed that three people were having their breakfast later in the morning whilst others had finished their breakfast before we arrived. This showed that there was flexibility in the home and that people had a choice as to when they ate.

We observed the lunchtime experience. Staff offered assistance to people when needed. People that we spoke with did not know what was for lunch. There was a menu on that included photographs of the dishes. This indicated that the lunch for that day was Cornish pasty, potatoes and vegetables and stewed apple for dessert. There was no choice. We observed that the Cornish pasty when served looked quite dry and that one person did not eat it. This person was not offered an alternative and subsequently could have been left feeling hungry.

The menu was based on a four week rota and did not include a second option. The registered manager informed us that she was in the process of producing pictorial menus that offered alternative choices at meal times.

Care plans included information about people's dietary needs and food likes and dislikes, food allergies and specific dietary preferences which the chef was aware of. A record of each person's medical conditions, and special dietary needs, such as thickened foods was maintained to help ensure people's dietary requirements were met. Weight was monitored and records evidenced that people maintained stable weight which indicated they received effective dietary support.

People were happy with the support they received to manage their healthcare needs. One person told us about their continence needs; that they were satisfied with the support they received. The relative of another person told us how the home arranged for hearing tests and eyesight checks for their family member.

A health care professional wrote and informed us, 'I currently have a patient who resides there and I visit every two weeks or more often if needed. They feel they can phone the team if they have any concerns about our patient, and they do so in an appropriate manner. They inform me of any changes to their condition, and ask for help when they are not certain of what to do. They have accessed the support of the District

Nurses for this patient and request GP input when it is needed.'

People were supported to access healthcare services and to maintain good health. This included calling a GP promptly as required and also having access to district nurses. Everyone received a six monthly medication review with their GP to ensure their medicines were still effective and met their health care needs. One person had attended a routine optician appointment where concerns with their eyesight were identified and further treatment arranged.

Since our last inspection further efforts had been made to the environment in response to people who lived with dementia. Large, coloured picture signage had been put on doors to aid people with memory problems to orientate around the home independently. The sensory lounge had been refurbished and decorated and was colourful and contained a number of interactive tactile activities.

Is the service caring?

Our findings

Everyone said that they were treated with dignity and respect by staff. One person said, "I'm very happy, they couldn't do any more for me." A second person said, "Most of the girls are very good." This same person did however mention that some staff could be more gentle when they helped them to dress. A relative said, "I appreciate the care the staff show towards my husband. They are exceptionally gentle." Another relative said, "There are many examples of devotion of the staff to individuals. They usually smile." A third relative said, "They are all very nice and helpful. X (family member) want to chat so she chats to the carers."

One health care professional wrote and informed us, 'I find the staff at Oak House professional and caring and always polite and courteous.' My patient has chosen to stay at Oak House, as he went for respite there several months ago, and he felt comfortable and well looked after. He looked at several nursing homes, but chose to stay at the residential home because of how kind they are to him and the good care he receives.'

Everyone said that their privacy was promoted by staff. People told us that staff always knocked on doors before entering and we saw this to be the case during our inspection. When people needed assistance with personal care we observed that staff did this behind closed doors in bedrooms and bathrooms.

One relative said sometimes when they visited their family member residents skirts exposed the tops of their legs when sitting. During our inspection we observed one person who was sitting in a chair and their thigh was exposed. Staff had placed a blanket over the person's legs but greater attention to detail was needed to promote this persons dignity further. The same person also said, "My skirt is soaking wet." Staff in the room did not appear to hear or react until the person said this a further two times.

Other people wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Some people were seen wearing colour co-ordinated outfits and non-slip footwear. On other occasions staff were prompt to notice when people required assistance to maintain their dignity. For example, if they had spilt food down themselves when eating.

Some effort was made by staff to build positive relationships with people who lived at the home. Staff said hello to people when they entered the room, smiled at people and checked that they were content. However, at times communication appeared to impact on the building of positive relationships between people. We noted one staff member's first language was not English and they sometimes found it hard to make themselves understood. They sometimes misunderstood questions which could have made it difficult for people living with dementia or who had sensory impairment.

One person attempted a joke with a member of staff about the tube of gel they were caring, asking it was whisky. The member of staff did not seem to understand and did not respond. We intervened and explained to the staff member what the person had said and that it was a joke.

People were supported to express their views and to be involved in making decisions about their care and support. Some people had signed their care plans which indicated they had been involved in their

compilation. At the start of lunch there was some pop music playing quite loudly from a radio in the dining room. A member of staff changed the station but did not tune it properly nor did they check people's preferences.

People told us that they were able to get up and to go to bed at times that suited them. Since being in post the registered manager had introduced joint residents and relatives meetings as a way that people could express their views. We sat in part of a joint meeting that took place on the day of our inspection. During this people were asked for their views on the menus and activities. The registered manager made sure she asked everyone who attended their opinion. Several people made suggestions and the registered manager assured people these would be acted upon.

Is the service responsive?

Our findings

People said that they received personalised care that was responsive to their needs. One person said, "I ask a senior if I need anything and they deal with it." A relative said, "They know what's needed, for example if necessary they call the district nurse."

A health care professional told us, 'They seem to encourage a Multi-disciplinary approach to care. They treat X (person) as an individual and put X and his needs at the centre of the care that he receives.' Records were in place that confirmed the health care professional's views.

People's choices and preferences were documented. The daily records mostly showed that these were taken into account when people received care. For example, in their choices of going to bed and getting up. However, care plans and daily records were not always personalised. For example, in two people's care plans, we noted repeated identical entries in each of their daily records over a period of time. The first person's daily record contained only the words, 'X was in a good mood today', for four consecutive days, signed by the same staff member. The second person's daily record contained only the words, 'X was eating and drinking very well today' for six out of ten days, again signed by the same staff member. This was not consistent with person centred care, nor did it provide meaningful information of the person's health and well-being.

Some of the care plans also contained information about people's personal and social histories. However, others did not; it was not possible to see the whole person in these documents.

We asked staff what they understood by the term 'person centred care'. One staff member told us, "I treat the residents like family members." Another staff member said, "I think it's about getting to know people." A third staff member did not understand what was meant by the term and could not describe it.

People's views about activities and stimulation varied. One person told us that they wanted to be more active and to help in the home if they could. They said they asked staff, "Is there anything I can do to help?" and that staff replied "No." This person said, "There's nothing to do." Another person told us about singing by the piano and art classes once a week. They told us they liked to sit in the garden but that staff did not offer or arrange this activity. A relative was critical of the television being on all the time in the lounge. They said, "They should give it a rest. The activities are few and far between. They don't go overboard on the activities." They did however say that painting took place on Tuesdays. Another person said that they were happy with the activities provided.

An activity timetable was on display on a notice board in the entrance hall which informed people that two activities took place each day. These included arts and crafts, armchair exercise, sensory activities, and musical entertainment. On the day of our inspection one of the two advertised activities did not take place. Staff said this was because people did not want the activity but people told us that they had not been asked.

Attempts were only made occasionally to engage people in any activities. Staff were quite passive in their engagement with people and did not appear to understand how to engage with people who lived with dementia. One member of staff did a puzzle with a person. They sat with the person but did not encourage them to do the puzzle and did not initiate any conversation. Another member of staff put some soft toys in front of another person. Although they lifted the soft toys so that the person could see them they did not talk to the person. A third member of staff put questions from reminiscence cards to two people but did not really understand the questions. They pronounced some of the words incorrectly and as a result people did not appear to understand or engage. There was very little encouragement by staff to help people to engage. The staff appeared to lack confidence and understanding about involvement, activities and stimulation.

In the afternoon there was some positive interaction and stimulation for one person. A member of staff paid good attention to the person who needed to use their left hand instead of their right when participating in a balloon activity.

We did not see anyone being offered the opportunity to go outside to sit or walk around the garden although it was a sunny day. This was the same as at our previous inspection.

We looked at the recent activity records of nine people which showed that people were not supported to participate in a range of activities that offered stimulation. One person's record stated they were visited by their family but there were no other records. A second person's record confirmed they went on the daytrip to the garden centre and on other occasions watched TV and completed a puzzle. A third person's record detailed they either watched TV or listened to music on a regular basis. In addition they had attended the daytrip to the garden centre and completed a puzzle. A fourth person had not been provided with any stimulation apart from when they attended the daytrip also.

One person told us that at times they were bored. There were no activity records for this person apart from watching TV.

The lack of personalised care plans and activities is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection people could recall having been on any outings. Since then the registered manager had organised a daytrip to a garden centre.

People said were aware of their rights to raise concerns or complaints. The home's complaints procedure was displayed in the home in order that people could refer to this if needed. Information about how to make a complaint was also included in the home brochure which was given to each person when they moved into Oak House Care Home. There was a complaint folder in place; however no formal complaints had been received since November 2015. Relatives told us that if they had concerns they raised these with the registered manager and as a result they did not have to use the formal complaints process. There was evidence that the registered manager took action in response to concerns. For example, during a staff meeting held in March 2016 she reminded staff about the personal care needs of people as a direct result of feedback received from a relative.

Is the service well-led?

Our findings

People all spoke positively about the registered manager and said she was approachable and friendly. One person said, "The manager is very nice, she's awfully good. She makes sure everything is okay. She's a happy person, always smiling." A second person said, "The manager seems very nice." A relative said, "The manager is great, very good. I'm always made to feel welcome and I've been invited for lunch on occasions." A second relative said, "The manager does her best."

One health care professional wrote and informed us they felt it 'Well led and carers appeared caring. We appear to get phone calls if they have concerns and apparently X (registered manager) appears very caring.' A second health care professional wrote and said, 'I am regularly in touch with the manager of the care home who, in my dealings with her, appears to be a very effective leader and I have no concerns regarding the care home from the experiences I have had working with them over the last nine months.'

Despite people speaking positively about the registered manager we found that aspects of the home were not well led. There was a system of quality assurance audits in place that helped ensure quality standards were maintained and legislation complied with. These included audits of accidents and incidents, medicines, care records and complaints. Some of these had not been completed at the frequency stated on the audit forms. At our previous inspection the registered manager had identified this as an area for improvement and had set a target date of 31 August 2015 for improvements to be achieved.

At this inspection we found that audits and checks were still not being completed at the frequency stated on the forms. Monthly audits of mattresses, water temperatures, medicines and accidents were last completed in April 2016. The registered manager confirmed this and informed us there had been no accidents in May and two in June. Although individual records and discussions with people confirmed appropriate action was taken when incidents occurred there was a risk trends and themes may not be identified due to the lack of systematic auditing. When asked why audits had ceased after April the registered manager informed us that her time had been taken up covering shifts as this was a priority. When we arrived at the home on the morning of our inspection the registered manager was on duty as the chef for the day as the designated person was on leave.

In addition, the audits and checks that had taken place had not identified and ensured prompt action had been taken for all the concerns we found during our inspection. Although audits and checks had been completed in relation to cleanliness of the home these had not identified the concerns we found during our inspection. The registered manager informed us that she was aware improvements were needed. During a recent meeting with a representative of the provider she had requested an additional two hours per day for cleaning staff. At the time of our inspection the provider had not responded to this request.

During a staff meeting held in March 2016 the registered manager had instructed that all staff must carry out activities as part of their role. She explained to staff that activities 'Enhances quality of life for service users, they benefit from having stimulation each day.' Although this indicated that the registered manager was aware of the need to improve this aspect of the service the lack of activities and stimulation did not feature

in any audit that had taken place to make sure staff were carrying out their duties.

There was no evidence to demonstrate that the registered manager or provider had checked or monitored that the contents of the action plan they submitted to CQC had been complied with. The registered manager confirmed when asked, that the majority of action points had not been acted upon.

There was a 'Development and refurbishment plan 2016' in place for the home. However this was not comprehensive and was a record of changes that had taken place rather than a plan for the forthcoming year to drive improvements. It did not detail any plans for improvements to take place for August 2016 onwards and it did not demonstrate that a systematic approach to improving the service was in place.

Some records were not accurate or up to date. An electrical installation certificate stated that an engineer visited the home on 17 June 2016 to certify that the installations were safe. There was no record of this person entering the home in the signing in records that all people who entered the building were required to complete. Cleaning records were not accurate and had not been completed for every shift. Prior to our inspection the registered manager completed and returned the PIR as we requested. Some of the contents of the PIR were not accurate and did not reflect the evidence gained during our inspection.

The lack of robust auditing meant that effective systems and processes were not in place to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Audits and checks that had been completed at the frequency stated on forms included six monthly reviews of care packages, monthly pressure ulcer audits and anti-psychotic drug audits. People's care plans and records were legible and securely stored.

Since our last inspection the manager had completed her registration with us. There was very little evidence of the registered provider or their representative having involvement or oversight of the home. We were informed that a service manager had been employed and had recently visited the home and completed an inspection. The registered manager had not received a copy of the inspection report. Prior to this visit the registered manager said that the provider last visited the service in 2015. There were no records of this visit in place. In order to have better oversight of the home weekly managers reports had been introduced. The first of these was completed by the registered manager 1 July 2016 and sent to the provider in order that they had greater oversight of the service provided.

People's views were obtained in the form of questionnaires to help drive improvements at the home. Three people who lived at the home, two relatives and one external professional returned completed questionnaires during June. In the main, responses to questions ranged from 'good' to 'excellent'. Additional comments included, 'Great team of staff run by X (registered manager)', 'My father says the care he is receiving is outstanding' and 'My mother has not appeared as relaxed for many years.' Three people rated the décor and furnishing as 'adequate'.

Staff said that they were consulted and information was shared with them. Records confirmed that staff meetings were held in January and March 2016. In addition memos were given to staff on a regular basis in order to keep them informed of aspects of the service and their responsibilities.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person had not ensured that all service users received personalised care that met all of their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured that all staff received sufficient support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person had not ensured that people's rights to consent were upheld, that the MCA 2005 was followed and their legal rights protected.</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered person had not ensured that cleanliness was maintained to a satisfactory level or ensured that effective arrangements were in place to ensure the premises and equipment is maintained to a safe standard.</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensure that effective systems and processes were in place to assess, monitor and improve the quality and safety of the service.</p>

The enforcement action we took:

Warning Notice