

# Care Homes UK Ltd

# Oak Lodge

## Inspection report

Stockton Street  
Haughton-le-Skerne  
Darlington  
County Durham  
DL1 2RY

Tel: 01325381135

Date of inspection visit:  
15 February 2018  
23 February 2018

Date of publication:  
18 October 2018

## Ratings

### Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

This inspection took place on 15 and 23 February 2018. The inspection was unannounced. This meant the provider and staff did not know we were coming.

Oak Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodated up to 28 people. At the time of the inspection 12 people were using the service. The service 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.

We visited the home in January 2017 and found the risks we had identified at the previous inspection in August 2016 had been addressed. We found the provider had taken action in relation to the electrical and fire safety in the home. We also found the registered manager was undertaking recruitment checks to ensure the safe employment of staff and was carrying out a range of regular audits to check the health and safety of the service. People had risk assessments in place to keep them safe.

At this inspection we found that there was a breach of one of the Fundamental Standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the governance in the home and the lack of oversight of the provider's regulatory requirements.

A fire detector check was carried out in November 2017. The report highlighted six fire detectors in the home that were out of date and reported as obsolete. The contractor had advised the detectors may not work in the event of a fire. We checked to see if these works had been carried out and found no remedial work had been completed and the obsolete fire detectors remained in situ.

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 who were being deprived of their liberty did not always have decision specific best interests recorded in their care records regarding the use of bed rails. Despite assessments identifying these were required for personal safety. Where the provider had received authorisation to deprive people of their liberty, notifications had not been submitted to CQC as part of the provider's regulatory requirements. We will deal with this outside of the inspection process.

The provider's business continuity plan did not meet the needs of the service in the event of an emergency.

The provider's quality assurance system had not identified the concerns found at the inspection.

People and relatives felt the service was safe. Policies and procedures were in place to keep people safe such as safeguarding, accident and incident policies. Staff had received training in safeguarding and knew how to report concerns.

Staff recruitment procedures were robust and included Disclosure and Barring Service checks and references. Staffing levels were appropriate to the needs of the people using the service.

Risk assessments were detailed, person-centred, and gave staff clear guidance about how to support people. People had personal emergency evacuation plans in place in case of an emergency.

People received their medicines safely and medicines were stored correctly.

Staff were trained in a range of subjects such as health and safety, first aid and fire safety. Staff also completed training in specific subjects such as dementia and end of life to meet the needs of the people using the service.

Staff received regular supervisions and an annual appraisal which covered their personal development. Staff felt they were well supported by the registered manager.

People had access to a range of healthcare, such as GPs, district nurses and dieticians. Nutritional needs were assessed and people enjoyed a health varied diet.

The premises were well suited to people's needs, with ample dining and lounge space. Signage was available throughout the home. Some areas had been recently decorated with additional works to provide en-suite rooms.

The atmosphere at the home was warm and welcoming. Relatives were offered refreshments and the opportunity to eat with their loved one if they wished. People were encouraged to make choices in everyday decisions. Staff provided support and care in a dignified manner, ensuring privacy when necessary.

Person-centred care plans were in place and contained good levels of detailed information. Regular reviews of care plans took place to ensure staff had up to date information about people's needs?

People enjoyed a range of activities and were supported by staff. The service had positive links in the community with regular visits from the local church.

The provider had a complaints process in place. Relatives and people knew how to make a complaint.

Staff were extremely positive about the registered manager. They confirmed they felt supported and were able to raise concerns with either the registered manager or deputy manager. We observed the registered manager was visible in the service and we saw people interacted with them in an open manner.

The provider's quality assurance system had not identified that fire detectors were obsolete. A recent health and safety audit did not identify that any actions were required in relation to health and safety in the service. We were told that concerns relating to the fire detectors had not been escalated to higher management through the quality assurance process.

The quality assurance process was not being used to ensure that all of the Care Quality Commissions regulations were being met. The process did not identify that notifications [about DoLS authorisations being

granted] were being omitted.

You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Fire systems were not adequately maintained.

Medicines administration practices were safe. People received their medicines from staff who were appropriately trained in the safe administration of medicines.

The provider had safeguarding policies and procedures in place to keep people safe. Staff had received training and knew how to raise concerns. .

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People did not always have decision specific best interest records in place in. The provider had not submitted notifications to CQC regarding the outcomes of people's DoLS authorisations.

Staff attended various training courses specific to the needs of people who used the service.

People had access to health care professionals such as GP's and dentists. Staff ensured people attended appointments in relation to their health and well-being.

### Is the service caring?

**Good** ●

The service was caring.

People who used the service and their relatives felt the staff were kind and caring.

Staff knew people well and demonstrated positive relationships with them.

People had access to advocacy service were appropriate.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans were personalised, containing individual choices and preferences.

People were supported and encouraged to access a range of activities.

The provider had a complaints process in place. People and relative knew how to make a complaint.

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

The service was not always well-led.

The provider's quality assurance process did not identify the concerns found at the inspection.

Regular meetings were held for staff, people and relatives to attend.

People, relatives and staff felt the management was open, honest and approachable.

**Requires Improvement** 

# Oak Lodge

## **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.

The inspection took place on 15 and 23 February, and was unannounced. This meant the provider did not know we were coming.

The first day of the inspection was carried out by one adult social care inspector and an expert by experience who spoke to people and relatives to gain their opinions and views of the service. An expert by experience is a person who had personal experience of using or caring for someone who used this type of service. The second day of the inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with six people who lived at Oak Lodge. We spoke with the area manager, registered manager, interim manager, finance manager, the cook and three care workers. We also spoke with five relatives of people who used the service.

We looked around the home and viewed a range of records about people's care and how the home was

managed. These included the care records of three people, training records, and records in relation to the management of the service.



# Is the service safe?

## Our findings

On the first day of the inspection we found the central heating boiler had broken down the previous day. The registered manager had contacted the engineer and was waiting for them to arrive with a new part. People were being kept warm by the use of portable heaters, blankets and regular hot drinks. Most of the people using the service were spending time in the lounge area which was at an ambient temperature. Those who chose to remain in their rooms had portable heaters in place. Staff were recording temperatures in their rooms as well as the lounge area to ensure the temperatures remained at a comfortable level.

The business continuity plan stated the registered manager was to contact the provider's other homes to use an alternative location for people to be transferred to in case of an emergency. The registered manager felt due to temperatures starting to go down calls were made to these homes along with contact to local taxi companies in preparation to transfer people.

We found the provider's other locations were not local and were situated in Newcastle and Jarrow. We discussed this with the registered manager as most of the people using the service were frail, and/or required specialist equipment as part of their care and the journey could take over an hour. The registered manager had not contacted the Council when the boiler broke to make them aware. This was addressed and a call made to the Council. Support was offered by the Council in terms of finding alternative local accommodation in two care homes in Darlington if the situation reached a point where it was felt to be unsafe for people to remain at Oak Lodge.

We found the business continuity plan did not take into account the increase of staff required for such an emergency as supporting people with a transfer, medicine management and that local homes were not the first point of contact. This meant that the plan did not take into account important points of planning for such an event. We discussed this with the registered manager who advised the business continuity plan would be reviewed with the provider and a copy provided to CQC and the Council once it had been reviewed and amended.

We discussed the events with the registered manager who advised the plan had not been used before and that they were hoping they had done everything right. We found the actions taken by the registered manager in terms of keeping people warm in the home were effective. However, the need to transfer people could have been problematic in terms of staffing and organising people's medicines and belongings.

The engineer arrived late in the day and repaired the boiler on the first day of the inspection. They advised that they had an emergency heating system that could have been utilised. The registered manager was not aware of this facility. We found the boiler within the home was over 35 years old. We were advised by the provider that a new boiler was being fitted the next week.

We checked the maintenance records for the home and found a fire alarm report dated 28 November 2017. The report stated, "The following items were found to be defective and in need of repair. The dining room middle detector and room 9 faulty (need to be replaced) and all detection to bedrooms, 1st floor detectors

out of date and obsolete. The recommendation advised the obsolete fire detectors may not work in a fire condition. We spoke with the interim manager to find out if this had been addressed. We found that the report had not been forwarded to the provider therefore the works were outstanding. We contacted the fire service to make them aware and also spoke with the Council to advise them of the situation. The interim manager had contacted the Council as well. We requested that the detectors be replaced as a matter of urgency to ensure the safety of the people and staff in the service. The engineers arrived and we saw all the obsolete fire detectors were replaced and tested.

We spoke with the area manager on the second day of the inspection who told us they had not seen the report before we brought it to the attention of the interim manager. They advised this should have been forwarded to head office and will be addressed with the registered manager as part of their learning and development. The area manager advised that all future reports to do with the maintenance of the fire system will be sent directly to him from the contractor.

This meant the governance system in the service had failed to identify the concerns we found at this inspection.

These findings demonstrate a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We received positive comments from people and relatives when we asked if they felt safe at Oak Lodge. Comments included, "Yes, you are in a safe place because they are nice people", "Oh yes we are so happy with the home," and "Yes, I find it alright".

The provider had policies and procedures which were available to staff for safeguarding and whistleblowing. Staff we spoke with had an understanding of what constituted abuse, how to act if they suspected or observed any inappropriate practices. Staff had received training in safeguarding and felt the registered manager would act on any concerns they raised. We found safeguarding formed part of staff supervisions where lessons learnt were discussed. Staff told us they felt confident in reporting any safeguarding concerns.

Risks to people were assessed and control measures were in place for staff to support people in their daily lives safely. For example, moving and handling and falls. We also found risks in the environment were also assessed such as slips, trips and falls with measures in place to reduce the risk of accidents or incidents.

The provider had safe recruitment procedures in place which were thorough and included necessary vetting checks before new staff could be employed. For example, Disclosure and Barring Service checks (DBS) and references. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

We asked people and relatives if they felt there were enough staff to meet the needs of the service. We got mixed views. Comments included, "I don't think so", "When they are all in it is ok" and "Never seen a problem always seem to be about for them (people)." We raised this with the registered manager who advised the home is always staffed to an appropriate level. We reviewed the staffing rota and found staffing levels were appropriate to the needs of the service.

We observed people's needs were addressed in a timely manner, buzzers were answered promptly any calls for assistance in the lounge were responded to quickly. Staff told us they felt levels were alright and they were able to support people with their needs. Staff had opportunities to spend quality time with people, to

do some arts and crosswords or just to sit and have a chat over a coffee. Staff maintained a presence in the communal and dining area to anticipate needs as not all the people living at Oak Lodge could make their needs known. One member of staff said, "Staff have time for people, we're never rushed."

People received their medicines as prescribed and were given them by trained staff who ensured medicines were administered on time. Medicines were stored securely and safely. The temperature of the room the medicines were stored in was taken daily and remained in safe limits. We observed medicines being administered and saw that staff gave people plenty of support and time to take their medicines. We also saw topical medicines being administered; staff gave full explanations about the medicines and applied these in a way which respected people's privacy, dignity and independence. All medicine records were clear and well kept.

Staff who administered medicines received appropriate training and had their competency assessed. Staff adhered to policy and procedures for administering medicines to people. Records we looked at confirmed this.

We found the lounges, dining areas, toilets and bathrooms were all clean with no odours. Personal protective equipment was used when appropriate and was readily available for staff.

A range of health and safety checks were completed. For example, electrical installation checks, gas safety certificates and hoist checks.

People had personal emergency evaluation plans (PEEPs) in place in case of emergencies. We saw staff ensured visitors signed in and out of the home. Staff told us there were weekly fire alarm tests and a picture of a fire was placed in one of the rooms so that staff could practice locating the source of a fire.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. However, we noted these were not always specific to the decision being made. For example, for the use of bed rails or in one person's case a lap belt. We raised this with the registered manager who advised they would address this to ensure best interest decision records were specific in relation to people's needs.

The registered manager kept a record of people who had a DoLS in place and when the DoLS expired in order to submit further authorisation requests. The record showed eight people had DoLS in place which had all been authorised in 2017. The PIR document the provider submitted to CQC showed no outcomes from these authorisations had been submitted to CQC.

This is a breach of Regulation 18 of Care Quality Commission Registration (Regulations) 2009. We are dealing with this outside of the inspection process.

Staff clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. We observed staff supporting people to make decisions regarding meal choices and joining in with activities.

We found people's needs were assessed and their care and treatment planned in accordance with best practice. For example, NHS Focus on Undernutrition. Most of the people we spoke with were not really aware of their care plans. One person did tell us about how the staff talked to them about how they wanted to be looked after. Another said, "They always ask if I want this and that, a bath, or some tea or a hand with getting up". However we spoke with staff and found people were as involved in their care planning as much as possible to ensure their choices and preferences were acknowledged.

We found staff received a range of training. For example, dementia, end of life, health and safety, safe administration of medicines and moving and handling. Staff felt their training gave them the skills and knowledge they needed to work in Oak Lodge. One staff member told us, "Yes, I did all my training." and another staff member told us, "I did the Care Certificate (a certified induction training for staff new to care),

I've just finished NVQ (National Vocational Qualification, a nationally recognised care qualification which has been replaced by the diploma in health and social care) and I've done safeguarding training." Staff confirmed they felt they had sufficient training to carry out their roles. During the inspection we were able to observe staff support people to move around in a safe manner and support people with eating and drinking as well as supporting one person who was becoming distressed by diverting their attention and engaging in conversation.

The registered manager had an annual planner in place for staff supervision and appraisal. We found records to demonstrate staff received an appraisal and had supervision on a regular basis. Staff also told us they received supervision on a regular basis but can speak to the registered manager at any time. One staff member told us, "Yes I have supervision every two months." and "We have a discussion about things. I'd discuss any concerns but I don't have any."

We spoke to people and relatives about the food. Comments included, "Well for me it is not bad", "It's very good really because I can't eat many things but they always manage to get something I can eat", and "The food always looks lovely", "I find it is alright, I don't have any qualms about it".

Mainly people chose to eat their meals in the communal dining room. A light lunch was served with the main meal being served later in the day. On the first day of the inspection we noted the menu on the tables did not match the meal provided at lunch. The registered manager told us due to the heating being off the main hot meal of the day was served at lunch time. We also saw people were offered a hot bowl of soup mid-afternoon as well as the lighter bite. During the inspection we observed people were given a choice of meals, with alternatives available. People were offered drinks regularly throughout the day, along with snacks. Staff understood people's dietary needs and were seen preparing thickened fluids where appropriate. Food was prepared to meet assessed dietary needs, such as soft diets.

Staff were aware of which people in the home required a special diet, such as people with diabetes and those at risk of choking. The cook told us how food is adapted to meet people's needs and fortified when people are assessed as being at risk of malnutrition. Snacks and drinks offered were appropriate to meet the needs and preferences of people. Records showed that people's diets were monitored and dieticians were involved for advice and guidance when required. Records were clear, easy to follow and completed with a high level of detail.

We found the staff worked alongside other organisations when supporting people. Care records contained input from health and social care professionals, such as dentists, social workers and community services. We saw where advice and guidance had been given this was incorporated into people's care plans. For example, advice from the dietician.

The home had recently undergone some re-decorating and this was on-going, with refurbishment work on the first floor to add en-suite bathrooms to the rooms. The entrance lobby had been painted white making it bright and welcoming. There were certificates displayed along with two notice boards for information. Two armchairs with a small table in between with flowers in a vase was available for people to sit and chat. The visitors' book was on a shelf under a large frame displaying photos of staff members along with their names. This meant people and relatives knew who members of staff were and their roles.

Corridors were painted in pastel colours but as there were no windows and room doors were kept closed they seemed a little dark. The ground floor handrail was painted the same colour as the walls and didn't stand out but on the first floor it was in a contrasting colour making it easier to see. Some of the room doors were painted different colours and peoples' rooms had numbers/photos/names displayed. On the wall

outside all people's rooms there were memory boxes. These contained items which were special to the person, such as old photos and memorabilia. These were used to reminisce with people and to prompt conversation and to assist with orientation. Walls contained pictures depicting the local area in the past for people to look at. All other rooms were signed and some had pictures depicting what they were. Such as toilets and shower rooms. This meant that people were supported with orientation when moving around the home.

## Is the service caring?

### Our findings

People told us they liked the staff. One person told us they liked living at Oak Lodge and that everyone was kind. Another person said, "They [staff] are helpful, caring and supportive". We found the service had received written compliments about the kindness of staff, comments included, "You all go that extra mile", "Thank you for all the caring in particular the extra hand holding" and "Thank you for all the care, kindness and love shown to [person]".

Relatives told us they felt the service was caring and spoke about the positive relationships between the staff and people living at the home. One relative told us they had looked at a number of different places and had chosen Oak Lodge because it felt homely. They commented, "We are happy with the care [person] gets, they are really lovely."

During our inspection, we saw many caring and respectful interactions between staff and people. Staff had a clear understanding of people's needs and had developed positive relationships with them. Many staff had worked at the service for a number of years. They did not rush people to make decisions and were led by what the person wanted to do where ever possible. People enjoyed the company of staff and appeared comfortable in their presence. People spent time sitting and chatting to each other and were often joined by staff for a cup of tea and a chat. One staff member told us, "The best thing here, it's the care." "In a big care home people have to wait but here the care is always there." Another staff member told us, "People feel at home and happy, it's a happy environment. We can be daft and make them [people who use the service] laugh." "We're small, we're friendly and everyone gets on."

People's privacy and dignity were respected by staff who closed doors when supporting people with personal care and ensured people were supported to eat and drink when appropriate. All of the people we saw were cared for, they were happy and had all of their needs effectively met by staff. Staff also had a good relationship with relatives and friends who visited the home. We saw visitors were offered refreshments when they arrived.

One staff member told us that they had supported a person who used the service to become more independent. They explained that the person had initially needed two staff to support them with their mobility, this had reduced to one staff member and now the person is able to mobilise independently. The staff member said, "For a while staff used to wait nearby and say "I'm here if you need me" until the person felt confident enough to complete tasks unaided. Staff gave another example of a person who had been under a DoLS authorisation but staff had noticed that the person no longer needed this and asked for it to be reassessed. The DoLS authorisation is no longer in place.

Staff were aware of how to communicate effectively with people using gestures, facial expressions and body language as well as the spoken word. Care plans were in place for communication needs and staff were able to read these for up- to- date support and guidance.

Some people who used the service had access to advocacy services. The provider had information relating

to advocacy. Advocates help to ensure that people's views and preferences are heard. The registered manager told us how they spoke with relatives and social workers if any advocacy support was needed.



## Is the service responsive?

### Our findings

People's care files contained personal details along with names and contact numbers of family. Care plans were in place to cover all aspects of health and social care. For example, personal care, communication and mobility needs. One person's care plan stated how they liked to have their hair done and how they enjoyed a shower. The continence care plan gave staff detailed guidance on how to support the person if it was suspected they had a urine infection, for example, to send a specimen and commence a fluid chart to ensure they were adequately hydrated. These were reviewed on a regular basis so staff had access to detailed up to date information to support people's specific needs and preferences. Daily handovers were used by staff to ensure they were kept informed of any recent changes in a person's needs.

Staff told us they felt there was sufficient information and guidance to be able to support people safely and in the way they wished. Many staff members had worked at the home for a number of years and had taken the time to get to know people well. We observed how staff responded to people at times anticipating needs for those unable to communicate.

Relatives felt the service was responsive and provided a good level of support. One relative told us, "We are always kept up to date, if [family member] is not well, then we get a call." Another told us, "[family member] sees the Doctor when needed, or the nurse."

During the inspection we observed one person who appeared to be distressed and wanted to go home. Staff acted swiftly and used a diversion to try and allay their distress. We saw how they responded to the person in a compassionate manner, it was clear they had supported the person before with such behaviours.

People received support in accessing activities as part of their support at the service. The provider did not employ an activity coordinator. The registered manager advised due to the occupancy levels at the current time care staff had opportunity to provide support people to with activities. We observed staff supporting people with activities during both days of the inspection.

We saw people who used the service were encouraged to raise any problems or concerns they had through individual discussions with staff or through resident and relative meetings. There was a formal complaints policy and procedure in place. We saw the service had not received any formal complaints. None of the people or relatives we spoke with said they had any complaints about the care and support provided by the service. People and relatives felt that the registered manager would act if they had a complaint.

We found the registered manager kept a record of any concerns raised about the service. We saw a detailed response on file to demonstrate how the registered manager had looked into a concern and provided feedback to the person raising the concern.

Whilst no one who used the service needed end of life care at the time of our inspection. Staff had received training in end of life care. We found compliments to suggest that staff provided respectful end of life care not only to the person but also offered support to families.

## Is the service well-led?

### Our findings

The service had a registered manager who had been registered with the Commission to manage the carrying on of the regulated activity, since 2016.

One person told us, "I like her." One relative said, "We have always been able to speak with [registered manager]". People who used the service appeared comfortable in the presence of the registered manager and staff confirmed they had a hands-on approach. On the first day of the inspection we found the registered manager working alongside staff, administering medicines and providing support at meal times.

Staff felt they were open and approachable and supportive to the people who used the service. One staff member told us, "[Registered manager] is lovely and is always ready to help."

One staff member told us they were very happy working at the service and said, "The manager is nice for the residents, nice to everyone. They come out of the office every day" and "People are happy, sometimes they sing with the manager."

We found records to demonstrate staff meetings were held regularly. The registered manager also held meetings where people and their relatives could discuss or raise any concerns, ideas or suggestions. The registered manager told us, "I am always here and happy to speak to residents and families, I would much rather they come to me if there is any problems."

The provider maintained a diary for staff, the diary set out where people had health appointments, where medicines needed to be ordered or if a GP visit was needed. The senior carer told us, "We use this every day and always make sure we put in the dates of appointments when they come through, we can plan extra staff and transport."

The provider had a quality assurance system in place which included regular internal audits. This system included audits completed by the registered manager and provider visits completed by the area manager covering: infection control, health and safety, hand hygiene, the kitchen/dining experience, medicines, staff files and the environment. Although these audits appeared to cover a comprehensive range of questions they failed to identify that fire detectors were obsolete and that notifications to CQC had not been sent as dictated by the Regulations. The Health and Safety audit completed on 2 January 2018 stated that no actions were required and although it did cover fire safety it did not specifically ask if fire detectors were in working order. The area manager confirmed that they had not been made aware that the fire detectors were obsolete and the interim manager on the second day of the inspection agreed that audits did not appear to identify the fire risks apparent at the time of the CQC inspection. We saw evidence that the provider planned to, and had communicated to staff that they would be, updating quality assurance so that it reviewed the Key Lines of Enquiry and the focus of this would initially be on 'Safe'.

These findings demonstrate a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

On the second day of the inspection the acting manager found it difficult to find some of the information requested by the inspection team as systems in the service were different to those in their own service. All of the information was ultimately located. The interim manager told us that peer audits were being introduced to help standardise systems across all of the provider's services and make it easier to find information.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance system failed to identify concerns with fire safety. The provider's business continuity plan did not meet the needs of the service in the case of an emergency.</p>

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider failed to submit notifications once the outcome of the request to deprive a service user of their liberty.

### **The enforcement action we took:**

We issued a fixed penalty notice