

Oakdene Residential Home Limited

Oakdene Residential Home

Inspection report







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Ratings

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

Summary of findings

Overall summary

This unannounced inspection took place on 4 February 2019.

Oakdene Residential Home 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 home is registered to provide accommodation and personal care for up to 16 people. At the time of our inspection 8 people were living at the home.

The home required and 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. The registered manager is also the nominated individual and the provider (a director of the company that owns the home). They had delegated the day to day running of the home to a home manager (in this report referred to as the manager). The manager had been working at the home since March 2018, however the registered manager remains legally responsible for the safe running of the home.

At our inspection in January 2018 the overall rating for the home was, 'Inadequate'. Since then the service has been in 'special measures'. This inspection was to see if significant improvements had been made.

At our last comprehensive inspection in August 2018 there was breaches of Regulation 9, 10, 11, 12, 13, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

In November 2018 we completed a focused inspection due to specific information of concern in relation to a lack of heating and hot water at the home. During that inspection the provider took steps to restore these essential services at the home.

At this inspection we saw that the provider had addressed many of the significant shortfalls previously identified. However, there are still some areas of concern and the provider was still in breach of Regulations 11, 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, the service continues to be rated 'Inadequate' and remains in 'special measures'.

The provider had not taken steps to assure themselves that the service was consistently safe. For example, the manager had not assured themselves over a period of five or six days, that an adequate fire detection system was in place on the first floor of the home. Also, the manager had appointed a new member of care staff with very little information with regard to the staff member's suitability for the role and therefore placed people's safety at risk.

Fire safety and safe recruitment of staff are both areas of the management of the home that have been in breach of the regulations due to significant concerns at recent inspections. The systems in place at the home to ensure the service was safe, were not being used effectively to mitigate risks.

We looked at people's care files and saw that any risk present in their care and support had not always been appropriately assessed and appropriate guidance had not consistently been provided for staff members to reduce the risk.

This meant that the manager and therefore the registered manager could not be assured that the service was consistently safe.

The service was not always working within the principles of the Mental Capacity Act (2005). Assessments of people's capacity did not outline the decision they were assessing the person's capacity to be able to make. Assessing people's capacity is done when there is a reason to believe the person may not have capacity and a significant specific decision needs to be made. After reading people's capacity assessments it was unclear if it had been deemed that the person had capacity or not.

Since our last inspection there had been an improvement in the systems that support people to manage their healthcare appointments. If needed people were supported to manage their mail and correspondence and appointments were recorded in the diary. Staff helped to ensure people were able to get to their appointments.

Each person now had a recent care plan that was stored on an electronic system. There had been improvements in the quality of people's care plans at the home. However, some information in people's care plans was missing or did not always match the care they received. We recommended that the provider arranged for people's care plans to be reviewed.

People told us that they were happy living at Oakdene; and they felt well cared for. One person said, "The staff are very caring, they look after me." We saw that the day to day interactions between staff and people living at the home were caring. People were provided with compassionate emotional support and staff spent time interacting with people in the lounge during the afternoon. One staff member told us that they now did this more often. They said, "We have more time to spend with people. We used to be up the wall."

There had been a significant improvement in the activities available that people can choose to be involved in. One person told us, "There is more stuff going on now. We have had singing and dancing today, we do jigsaws, have the piano man come and the ukulele lady; they are very good." During our inspection we observed a sing along at the home which people enjoyed. One person who was singing said, "When you are singing you just forget about everything, don't you?"

People were positive about the food provided at the home. Comments about the food from people included; "Really nice", "Very tasty", "Marvellous" and "Compliments to the chef". We observed one lunchtime and saw that there has been a significant improvement in people's dining experience.

Staff told us that they felt that recently there was more support available for them. Since our last comprehensive inspection, a new training provider had been sourced and staff were working through a programme of computer based training courses. There had also been recent one to one refreshment of training and assessment of staff knowledge in safeguarding vulnerable adults and the safe administration of medication, with the manager. Recent safeguarding alerts had been appropriately dealt with at the home.

The manager was very enthusiastic about the home and the people living there. It was clear that the people living in the home had a warm and positive relationship with the manager. One person told us, "The manager is brilliant. You can see them just for a chat." Staff members spoke about the manager having a positive influence on the home. One staff member told us they had, "Seen a lot of changes recently, positive changes."

At this inspection the safety of the environment of the home had significantly improved. The risks previously identified in August 2018 had been resolved. The manager arranged for a series of checks, audits and services to take place at the home to ensure it was safe. The home appeared clean to an acceptable standard and the communal areas of the home had been refurbished.

Most audits and checks that took place at the home had been effective in raising standards. For example, the medication administration audits had been effective in reducing medication recording errors. This was because it had led to an improvement in staff's practise and the administration of medication was now safe. The home's cleaning and kitchen cleaning audit had contributed to a nicer environment. The manager had been responsive in using information from the audits to improve the quality of the support provided for people.

The overall rating for this service is still 'Inadequate'. This service has been in 'special measures' since it was first rated 'Inadequate' following our inspection in January 2018.

Following our inspection in January 2018 we issued a notice of decision to cancel the provider's registration. The provider started an appeal process against this decision. This appeal has now been withdrawn by the provider; therefore the decision to cancel the provider's registration took effect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Recent recruitment of new staff had been unsafe.

There was an unknown fault on the fire alarm and smoke detection system on the first floor; which had not been sufficiently addressed.

Risks in people's care had not always been appropriately assessed.

Other previously identified environmental risks had been addressed.

Inadequate ●

Is the service effective?

The service was not always effective.

The service was not always following the principles of the Mental Capacity Act (2005).

People now received support to manage their healthcare appointments.

Staff told us that they received appropriate support to be effective in their role.

There had been a significant improvement in people's dining experience at the home.

Requires Improvement ●

Is the service caring?

The service was not always caring.

There was no evidence of people being involved in writing their care plans.

People told us the staff were caring towards them. We saw that interactions between staff and people at the home were caring.

People had been involved in planning improvements to the

Requires Improvement ●

home's environment.

Is the service responsive?

The service was not always responsive.

Each person now had an individualised care plan. Some information in people's care plans was missing or did not always match the care they received.

There had been a significant improvement in the activities available for people to choose to be involved in. Activities were focused on people's preferences.

People and their relatives were encouraged to raise any concern they may have.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There were still some significant concerns in areas of the management of the home that had been in breach of the regulations during recent inspections.

Audits of people's care files had not addressed the concerns with the assessment of risk highlighted in this inspection.

Other audits and checks that took place at the home had been effective in raising standards at the home.

Inadequate ●

Oakdene Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 4 February 2019 and was carried out by two adult social care inspectors.

Before our inspection we reviewed information we held about the home, including any statutory notifications that the provider is obligated to send us. We also spoke with the local authority to gain their perspective about the service.

During our inspection we looked at the care records of four people living at the home, four staff personnel files and records relevant to the management of the service. We looked round the environment of the home, including the basement, some people's bedrooms, the kitchen, bathrooms, garden and the lounge areas.

We spoke with four people who lived at the home, three members of care staff and the home manager.

Is the service safe?

Our findings

This is the fourth inspection where we have found recruitment of new staff at the home required improvement. The Regulations are clear about what information is required in respect to the recruitment of staff who are providing care and support to people. This includes photographic proof of identification, a full employment history, satisfactory evidence of conduct in any employment within health and social care including why that employment ended, evidence of qualifications, information about any physical and mental health conditions and a check from the Disclosure and Barring Service (DBS). The DBS completes background checks on applicants. These necessary checks are required to help the registered manager make decisions on people's suitability to work with vulnerable adults.

Recent recruitment of staff members had again been unsafe; one person had been recently recruited without these necessary checks taking place. They had provided one form of identification, which had a different address to the address the applicant used and no DBS check had been applied for. The manager had no knowledge of the new staff member's background, their previous employment and suitability for the role. They assured us that they would obtain this information without delay and ensure people were safe in the meantime.

This is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we became aware that the fire alarm panel was flashing and making an audible alert, showing a 'general fault' in the building in zone four. Zone four was the whole of the first floor; three people were staying on the first floor. The manager was unable to tell us if the smoke detectors on the first floor were working and what the 'general fault' was, other than to say that an electrician had said it was nothing to worry about and it was being addressed. During our visit the manager arranged for a tradesperson to look at the system and told us that despite the fault the smoke detectors had been working.

We had also earlier seen that two of the rooms being refurbished had electrical tape around the smoke detectors in those rooms. A workman on site told us that this is done to prevent dust entering the detector; however, the tape had not been removed following the renovations and may hinder the smoke detectors working effectively in the event of a fire. This tape was removed from the smoke detectors during our visit.

The next day the tradesperson reported that the checks revealed the overall condition of the fire alarm at the home was, "Unsatisfactory due to not being wire[d] in correct fireproof cable." The manager told us that this is being addressed.

We were concerned about the oversight of the safety of the service. This was because the manager told us that the fault had been present for five or six days; during which time they had not assured themselves that an adequate fire detection system was in place on the first floor of the home.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

We looked at people's care files and saw that risks present in their care and support had not always been appropriately identified or assessed and appropriate guidance had not been consistently provided for staff members to reduce the risk.

For example, one person had guidelines for staff for when they had 'behaviours that challenge'. The guidelines stated that, "Staff to be aware of any triggers or signs that [name] may feel agitated or distressed and offer support to calm [name]." There was no information identifying what these triggers may be or any guidance for staff on how to support the person when they may challenge and what risk they may pose to themselves or others.

In other areas of their care plans it was recorded that risks for this person were mitigated by recording their weight weekly, documenting their dietary intake and recording a monthly pressure area risk score. The person's weight was taken monthly, the person's dietary and fluid intake was not recorded and no monthly assessment of pressure risk had been completed. According to the records the person had lost 9% of their bodyweight in the previous six months.

In another example a person's eating and drinking risk assessment stated that a diet and fluid chart has been started. This had not happened. The assessment contained the comments, "Consult a dietician on fortifying food if required." and "Refer to dietician if necessary." There were no guidelines for staff about when these instructions would be necessary to support the person. The person had some recent unplanned weight loss.

No referrals had been made to a dietician for these people. The manager told us that this was because they were not concerned about these people and they were eating and drinking well. However, the information held and assessments made did not help the manager to make an informed decision in reducing these risks to people. After our inspection a referral was made for both people to see a dietician.

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

During our inspection the manager made appropriate referrals to healthcare professionals.

The administration of people's medication had improved and this was now safe. Medication was safely stored in a locked cabinet and the temperature was taken daily to ensure it was in a safe range. There were guidelines for staff on people's medication administration, any allergies they had and the use of any as and when required (PRN) medication. The administration of any medication to people was appropriately recorded.

Staff had received medication administration training and their competency to administer people's medication safely had been assessed. Medication was audited by a senior member of staff and this showed that stocks were correct and the number of administration and recording errors had reduced. We saw that when errors had occurred a staff meeting had been held to update all staff and additional one to one support was offered to staff members.

Staff knew that they should alert a senior staff member or an outside agency if they suspected a vulnerable adult was at risk of abuse. Safeguarding information was available for staff including on a notice near the home's entrance. This included guidance from the local authority and contact numbers for fir raising a

safeguarding alert. Most staff had received safeguarding training and staff had received a competency review of their safeguarding knowledge by the manager.

There had been a recent safeguarding alert. We looked at the safeguarding information and saw that the manager had taken appropriate action, documented the information and had alerted the local authority in a timely manner.

There had been some improvement in the staffing levels at the home. At our previous inspection we recommended that the provider review the staffing levels as there was two care staff on duty who had responsibility to provide care, administer medication and prepare, serve and assist people with their meals. Some people at the home at times required support from two staff.

The staff rota showed and staff confirmed to us that between Monday to Friday there was a minimum of two staff members, during the busy period of the day the aim was to have three staff members present. This was in addition to a cook and cleaner. During the weekend there was still only two staff members present; the manager told us this was mitigated by having food mostly prepared ahead of time and only eight people living at the home.

We saw that any accidents or incidents that happened at the home were recorded. These records had improved since our inspection in August 2018. The manager completed a monthly review looking at possible causes, actions taken, the times accidents happened and staff members involved. When reviewing incidents and accidents the manager used previous information to look for trends and patterns and used this information to make appropriate referrals or take action to reduce future risks.

Since October 2016 three comprehensive inspections and a focused inspection in November 2018 showed there were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that the premises were safe to use and were used in a safe way.

At this inspection the safety of the environment of the home had significantly improved. The risks previously identified in August 2018 had been resolved. There were new heating and hot water systems in place, the electrics had been improved and checked, areas of the home had been refurbished including new lighting and other previously identified risks in the homes environment had been resolved. There had also been improvements in the provision of first aid supplies, safe food storage and the safe management of people's monies.

The manager arranged for a series of checks, audits and services to take place at the home to ensure it was safe. There were current gas and electrical safety certificates in place; checks also took place of the safety of the water system and water temperatures. There was a fire risk assessment in place and a visit from the Fire and Rescue Service took place in December after the change in location of the home's boilers into the basement. They made four recommendations that were well underway. We recommended that the provider gave attention to completing these quickly.

Each person had a personal emergency evacuation plan (PEEP) which provided guidance for staff on how to help people stay safe in an emergency. The fire alarm and firefighting equipment had been regularly tested. Fire evacuation training had been provided for staff.

The home appeared clean to an acceptable standard. There were hand washing facilities and hand sanitising gel available around the home.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

The service had some systems in place but it was not following the principles of the Mental Capacity Act. For example, some people had a recorded assessment of their capacity. However, the record did not state and the manager could not tell us what decision they were assessing the person's capacity for. Assessing people's capacity is decision specific for significant decisions in people's lives. Also, after reading people's capacity assessment it was unclear if it had been deemed that the person had capacity to make a particular decision or not.

The manager kept a register of who had a DoLS in place and when these expired. We saw that this register required updating in order to accurately provide the manager and staff with this necessary information.

This is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not had recent training on DoLS and the Mental Capacity Act, although we did see that this was planned. We recommended that the manager familiarise themselves with the application of the Mental Capacity Act for people living in care homes.

At our last comprehensive inspection in August 2018 there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not received effective support to manage their health care needs. Since then there had been an improvement in the systems that support people to manage their healthcare appointments. If needed people were supported to manage their mail and correspondence and appointments were recorded in the diary and staff helped to ensure people were able to make their appointments. The provider is no longer in breach of this regulation.

Also, during our inspection in August 2018 there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received appropriate support and training to enable them to carry out their duties effectively. At this inspection there had been improvements in the training and support provided for staff. The provider is no longer in breach of this regulation.

Staff told us that they felt that recently there was more support available for them. One staff member told us they had received, "Lots of support." Adding, "I really enjoy it here." Since our last comprehensive inspection, a new training provider had been sourced and staff were working through a programme of computer based training courses. There had also been one to one refreshment of training and assessment of staff knowledge in safeguarding vulnerable adults and the safe administration of medication, with the manager. We also saw documents that showed that new staff went through an induction process with a senior member of staff.

Staff had completed just under half of the new training programme required by the provider. This system needs to be maintained to ensure that staff have up to date knowledge in order to be effective in their role. The manager also told us that they wanted to improve the frequency of one to one supervision meetings that they have with staff members. Staff members had typically had two supervision meetings with the manager since they took over the day to day management of the home in March 2018.

At our last comprehensive inspection in August 2018 there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that people's support with their food at the home met their needs and reflected their preferences. At this inspection there was improvements in the way people were supported to eat and drink at the home. The provider was no longer in breach of this regulation.

People were positive about the food provided at the home. Comments about the food from people included; "Really nice", "Very tasty", "Marvellous" and "Compliments to the chef".

Staff explained that they offer people choice earlier on in the day. People we spoke with confirmed this; one person told us, "The food is good and tasty and we get a menu every day." If people didn't like the choices on the menu they were offered alternatives. One person told us, "If you don't like the menu you can say and they plan something else." We also saw that one person was given a plate of food that the staff member described to the person as being, "A bit of everything you enjoy."

We observed one lunchtime and saw that there has been a significant improvement in people's dining experience. There were menus on the table along with hot and cold drinks. Each person had a different bowl or plate, depending on their need and to help people remain independent. One person used a double handled beaker to help them drink independently. Staff explained what they were giving people, asked them if they needed any help and checked if they were enjoying their lunch. We saw one person being offered extra food and another person offered an alternative when they had not eaten their pudding. Staff were familiar with people's preferences and attentive to their needs.

There had been improvements made to the environment within the home, in particular to the communal areas. There were new carpets, new lighting and areas of the home had been refurbished and redecorated. There were also some signs designed to help people orientate themselves around the building.

People who lived at the home were positive about these changes. One person who was using the conservatory area of the home told us, "There is new furniture in the conservatory and we use it [the conservatory] now." Another person told us, "It's very good. It's marvellous now. You only have to look at the place to see. It now feels like a home, not just a house." Staff were also positive about the changes to the environment of the home. One staff member told us, "Its well better now." Another told us, "The home just looks much better."

Is the service caring?

Our findings

People told us that they were happy at the home and felt well cared for. One person said, "The staff are very caring, they look after me." People told us that there had been recent changes at the home that had made significant improvements to people's quality of life. One person commented about the home, "It looks all right now."

At our last comprehensive inspection in August 2018 there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that people had always been treated with dignity and respect. At this inspection there were improvements in the way people were treated. People were supported to be as independent as possible with their mail; their private and confidential information was treated with respect and people's choice was promoted in their day to day care. The provider was no longer in breach of this regulation.

However, there was still some further improvements required. There was still no evidence of any family involvement in the formulation or reviewing of people's care plans. There was nothing to indicate any discussion had taken place with the person or their family or whether they had been asked if they were happy with the way their care was provided.

We saw that the day to day interactions between staff and people living at the home were caring. People were provided with compassionate emotional support and staff spent time interacting with people in the lounge during the afternoon. One staff member told us that they now did this more often. They told us, "We have more time to spend with people. We used to be up the wall."

People's care plans and daily records of their care, were written in a positive and respectful manner. We also saw that people's private and confidential information was kept secure. Staff knocked before entering people's rooms and asked permission before offering any support. We observed the serving of lunch and saw that people's choice was promoted and staff asked people their opinions.

People living at the home had been involved in planning some of the recent improvements at the home. For example, they had been asked to pick the colours to decorate the communal areas of the home. We were told that people hadn't liked how the colours looked in the lounge and when they expressed this, people were listened to and the colour was changed to another one of their choice. One person told us, "It's [the home] definitely better. When it looks nice you feel like somebody cares."

Is the service responsive?

Our findings

At our last comprehensive inspection in August 2018 there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that people's care plans reflected their needs. There have been improvements in care planning for people living at the home. The provider was no longer in breach of this regulation.

Each person now had a recent care plan that was stored on an electronic system. The manager told us that since our last inspection, "The care plans were started again; although they need more work, they are better." We agreed with this assessment.

People's care plans were written in a person-centred way, giving staff details of information that would help them be responsive to people's needs. There was a record of people's likes and dislikes, along with any religious and cultural needs they may have.

In most areas of people's care there was now a plan available for staff to follow. However, for a few areas of people's care there was still no plan. For example, some people did not have a care plan regarding their medication, their wishes for end of life care or a plan for how staff would support them to communicate.

Some information in people's care plans did not always match the care they received or was missing. The manager told us that at times options were chosen in the electronic care plan system that didn't accurately reflect what was happening. For example, for one person their care plan stated they would be weighed weekly, when they were weighed monthly. Also, when people needed a pressure relief mattress, the correct setting as determined by the health care professional was not recorded in their care plan. We queried the setting of some people's mattresses as one person had their mattress on a weight setting that was significantly more than what the person weighed. We recommended that the provider arranged for people's care plans to be reviewed.

There had been a significant improvement in the activities available for people to choose to be involved in. One person told us, "There is more stuff going on now. We have had singing and dancing today, we do jigsaws, have the piano man come and the ukulele lady; they are very good." One staff member said about the improvements, "People are a lot happier here. Residents used to say they were bored; it used to be the same old thing. There wasn't any routine or stimulation here; there is now"

Activities were more focused on people's preferences. For example, one person had started painting again and some of their finished canvases were on display around the home. One staff member told us that the person, "Loves doing it." Staff members also told us that people now chose when to do things. They said, "There used to be set times when people had their nails and hair done. But now people have them done when they like."

We observed a sing along at the home which people seemed to enjoy. One person who was singing said, "When you are singing you just forget about everything, don't you?"

A record of activities was kept along with who participated in the activity. We were shown photographs of the different types of activities people had been involved with.

People and their relatives were encouraged to raise any concerns they may have. At the entrance to the home where visitors were requested to sign in, there was a copy of the home's complaints procedure. This encouraged people to raise any concern with the assurance that they would listen and deal with the concern 'discreetly and sympathetically' and 'quickly'. This notice contained the contact details of the manager and the registered manager who is also the owner of the home. It also contained the contact details of the local authority, local government and social care ombudsman and the CQC.

Is the service well-led?

Our findings

The home had a registered manager. The registered manager is also the nominated individual and the provider (a director of the company that owns the home). The registered manager had delegated the day to day running of the home to another manager. The manager had been at the home since March 2018. During this inspection we met with the manager; however, it is the registered manager who is legally responsible for the safe running of the home.

The manager told us that they felt supported by the registered manager and other directors of the company who own the home. Since our last inspection the manager had started sending weekly reports of events at the home to the registered manager.

Since our last comprehensive inspection of the home in August 2018 there had been many improvements. However, in some areas there was still some significant concerns. For example, the manager had not assured themselves over a period of five or six days, that an adequate fire detection system was in place on the first floor of the home. Also, the manager had appointed a new member of care staff with very little information with regard to the staff member's suitability for the role and therefore people's safety.

Fire safety and safe recruitment of staff are both areas of the management of the home that have been in breach of the regulations due to significant concerns during recent inspections. The systems in place were not being used effectively to mitigate risks. This meant that the manager and therefore the registered manager could not be assured that the service was consistently safe.

We also had concerns with the difficulty we had obtaining some significant and important information. For example, we had to work alongside the manager and work out who had a Deprivation of Liberty Safeguard in place and for whom one had been applied. Also, it was difficult to work out if people were maintaining their weight or had experienced significant weight loss. This meant that the systems in place for checking and auditing people's care files had not been robust enough in ensuring that people's care files were responsive to their needs.

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

Other audits and checks that took place at the home had been effective in raising standards at the home. For example, the medication administration audits had been effective in reducing medication recording errors. The manager had been responsive in using information from the audits to provide additional guidance for staff members.

Also, the home's cleaning and kitchen cleaning audit had contributed to a nicer environment. These audits had periodically highlighted areas requiring improvement and appropriate actions had been taken. A regular assessment of people's dining experience had been effective as there had been significant improvement in people's meal times. The home's health and safety audit had led to improvements in the

safety of the home's environment. Checks of people's finances, the safety of equipment they used and the standard of people's rooms and their experience had been effective.

The manager was very enthusiastic about the home and the people living there. It was clear that the people at the home had a warm and positive relationship with the manager. One person told us, "The manager is brilliant. You can see [name] just for a chat."

The manager expressed pride in staff members and their approach of staff and how they conducted themselves. Staff members spoke about the manager having a positive influence on the home. One staff member told us they had, "Seen a lot of changes recently, positive changes." Another staff told us they felt, "The manager is approachable and supports us well."

At our previous inspection there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because there had been a pattern of the provider not sending notifications to the CQC about events they had an obligation to do so. At this inspection we found that this was no longer the case and the provider was no longer in breach of this regulation.

The previous inspection report from the CQC was in a folder near the entrance of the home. We told the manager that the rating of the home needed to be on display for people to see, as required by law.

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 11 HSCA RA Regulations 2014 Need for consent The service was not following the principles of the Mental Capacity Act; in order to gain people's lawful consent to their care and treatment.

The enforcement action we took:

The provider's registration was cancelled.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks present in people's care and support had not always been appropriately identified or assessed and appropriate guidance had not been consistently provided for staff members to reduce the risk.

The enforcement action we took:

The provider's registration was cancelled.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The relief manager and therefore the registered manager could not be assured that the service was consistently safe.

The enforcement action we took:

The provider's registration was cancelled.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recent recruitment of staff members had been unsafe.

The enforcement action we took:

The provider's registration was cancelled.