

Oakwood Care Centre Limited

Oakwood Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Oakwood Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Oakwood Care Centre is situated in Stalybridge, Tameside. The home is registered with CQC for up to 18 people and at the time of the inspection provided care, support and accommodation to 12 people who required personal care without nursing.

We last carried out a comprehensive inspection of this service on 14, 18 and 22 December 2017. At that inspection we found eight breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. The breaches related to safe care and treatment; person-centred care; dignity and respect; consent to care; safeguarding service-users from abuse and improper treatment; receiving and acting on complaints; staffing; fit and proper person employed; and good governance. The service was given an overall rating of 'Inadequate' and remained in special measures. At this inspection we looked to see if the required improvements had been made. We found that appropriate action had been taken to address the breaches we found at the last inspection and any concerns we found during this inspection were addressed during the inspection. However, we found that more work is required by the provider to ensure the robustness of governance systems to identify issues and ensure timely resolution and sustainability of improvements made. The overall rating for the service at this inspection is 'Requires Improvement'.

The Service was working closely with the Local Authority Quality Improvement team and the staff and management team were committed to driving improvement. At the time of inspection, the team had already made a positive impact upon the running of the home.

At the time of the inspection the manager had submitted an application with the CQC to become the registered manager for Oakwood Care Centre and this was being processed. 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 service had processes in place to manage risks within the home. However appropriate action was not always taken to address these issues. We recommend that the provider review the procedures in place to ensure risk is identified and safely managed.

The recruitment processes were not sufficiently robust to protect people from the risk of staff who are unsuitable to work with vulnerable people. One member of staff had begun working for the service prior to information being received from the Disclosure and Barring Service (DBS). We recommend that the provider review the systems in place for the safe recruitment of staff.

The service had an overview of staff training. Staff were receiving relevant training, competency checks and supervision. However, there were not always staff on duty during the night who could administer 'when required' medicines such as pain relief. We recommend the procedures for the safe management of people's medicines is reviewed to ensure the effectiveness of people's medicines are optimised through following the recommended guidelines.

The service was maintaining a record of accident and incidents and analysing this information to reduce the potential for reoccurrences.

People could choose what they wanted to eat and the cook knew people, their preferences and nutritional needs well.

The requirements of the Mental Capacity Act 2005 were being met. 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.

Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedure to follow so that people were kept safe.

People's independence was promoted, they had choices and were treated with dignity and respect by staff.

People were supported by caring staff who knew them and their care needs well.

Care records were detailed and person-centred. They reflected people's current needs, interests and preferences. A variety of risk assessments were in place to reduce risk and protect people from harm.

Activities were available for people to access within the home and individual hobbies were encouraged.

There was a programme of updating the décor of the home. We recommend that the manager consider best practice guidance with regard to the décor of care homes supporting older adults and people living with dementia.

The service had a complaints procedure and a variety of ways for people, visitors, and health care professionals to share their views and provide feedback on the service. The manager used this information to drive improvements.

The service had up to date policies and procedures in place. These provided information and guidance to staff about the provider's expectations and good practice.

Everyone we spoke with thought the service was improving and was well managed and spoke positively of the manager. Staff told us they were happy coming to work.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. The provider had displayed the CQC rating and report from the last inspection within the home. The provider's website did not have the rating displayed but did have a link to the report. We spoke with the provider about the requirement to display the rating and following the inspection action was taken to remedy this. We recommended the provider update the website to reflect current circumstances.

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.

People were not always protected from environmental risks.
Checks were completed but appropriate action was not always identified as a result.

The systems for recruitment of staff were not sufficiently robust.

Management of people's medicines had improved since our last inspection but there were not always suitably trained staff available at night to support people with their medicines.

Is the service effective?

Good ●

The service was effective.

The service was working within the requirements of the Mental Capacity Act.

Staff were receiving training, competency checks and supervisions.

Staff knew people's nutritional needs, these were clearly recorded within care files and the cook had a clear understanding about how to meet these needs.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and promoted choice and independence.

Care plans were up to date and person-centred.

People were supported to access Advocacy services.

Is the service responsive?

Good ●

The service was responsive.

People had current care plans that reflected their care needs, preference and social history.

A range of activities were available for people to participate in.

Is the service well-led?

The service was not always well-led.

The service had systems in place to identify risks and maintain equipment. Not all remedial action identified had been completed.

Systems were in place to ensure that staff were competent and well trained to undertake their role. Staff felt supported by the current manager.

Systems were in place to analyse people's feedback, accidents and incidents and this information was used to drive improvement.

Requires Improvement 

Oakwood Care Centre

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 19 September 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the registered manager had told us about. Statutory notifications are information that the registered manager is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications.

We liaised with the Local Authority and Quality Improvement team who had been working with the service to support improvements following the last inspection. They provided us with an update from the action plan that was being used to focus and improve the service. We contacted Healthwatch, an independent organisation which collects people's views about health and social care services. They had no information in relation to the service.

During the inspection we examined a number of documents. These included three people's care records, three Medication Administration records (MARs), three staff recruitment files and information relating to supervisions, training and competency checks and file audits. We looked at the policies and procedures in place and documents and other audits and checks completed by the service.

21 members of staff were employed at the time of the inspection including care staff, housekeeping and kitchen staff. We spoke with six members of staff, including the manager, deputy manager, three care staff, and one kitchen staff. We spoke with three people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed how staff cared for and

supported people. We observed one meal time experience using SOFI.

Is the service safe?

Our findings

At our last inspection we found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found that some improvements had been made but that further improvements were required.

At the last inspection we found that there continued to be concerns with how environmental risks were identified and managed. This was because we found that there were no risk assessments in place, maintenance checks were not being completed, and there were no agreements and plans to manage repairs. At this inspection we found maintenance checks were in place but these checks had not always identified actions required to keep people safe. For example, we saw a report in relation to legionella checks and maintenance of the water systems, which identified a number of actions included some changes to the water system and review of policies and records, however no action had been taken in response to this. This is reported on further in the Well Led domain of this report.

At the last inspection we found there were outstanding actions from the fire risk assessment. At this inspection we saw that all remedial work had been completed. Checks of the alarm system, exit routes and fire drills were being completed and staff had appropriate training in this area. This meant that staff knew what action to take to protect people from the risk of a fire emergency and systems were in place to reduce this risk. Current personal emergency evacuation plans (PEEPs) were in place for all the people living in the home and a grab bag was available near the front door containing PEEP's, bed register and emergency phone numbers. This information helped staff to support people in case of an emergency.

We saw there were systems in place to monitor the safety of the home on a daily basis to identify issues. Where issues were identified repairs were being completed and action taken when concerns were noted. However, we found not all risks were being identified for example, we noted that the service was monitoring the temperature of the water in bathrooms but that this was higher than recommended. This meant that people were at risk of being scalded. We spoke with the manager about this who took immediate action to rectify this and adjust the water temperature. This is reported on further in the Well Led domain of this report.

Systems were in place to ensure equipment, such as hoists, were tested appropriately. Gas, electrical and water safety checks had been completed. However, actions identified during the water testing regarding legionella were still outstanding. We spoke with the manager about this and received an update regarding the completion of remedial action following the inspection.

At our last inspection we found that there were continued concerns about the cleanliness of the home. This was because we found there were no systems to separate clean and dirty laundry, furnishings throughout the home were worn and some areas had unpleasant odours, and personal toiletries were stored in the shared bathrooms.

At this inspection we found that some improvements had been made in this area. The provider had replaced

carpets and furniture within the main lounge and all rooms we viewed were clean and free from malodour. Domestic staff were employed to clean the home daily. The programme to upgrade the décor of the ground floor had been completed. Plans to upgrade bath and shower rooms to wet rooms and refresh the first floor communal areas and bedrooms were in discussion.

We visited the laundry area and found that significant improvements had been made to ensure a dirty to clean system was in place to protect people against the risk of infection spreading.

We saw that staff had access to personal protective equipment (PPE) such as disposable aprons and gloves and we observed staff using these throughout the day. Guidance on hand washing was available within all bathrooms and toilets and these areas, although dated, were clean and free from personal toiletries.

At our last inspection we found that there continued to be ongoing concerns with the administration of medicines. This was because people's medicine was not being stored in line with safe storage guidance as temperatures were not being recorded, and recording systems for administration of medicines for pain relief, PRN medicines and guidance on the use of prescribed creams was not sufficiently robust. PRN medicines are medicines that are given as and when required such as paracetamol to relieve pain.

At this inspection, we found a small treatment room had been created upstairs for the storage of medicines. Room temperatures were consistently being maintained to ensure medicines were being stored at the correct temperature.

We looked at three people's medicine administration records (MAR) and found all resident's records had photographs, allergies and guidance for staff to follow regarding how people took their medicines. For example, with juice, water and whether they preferred to take them in the privacy of their own bedroom. One person told us "I get my tablets on time daily."

At our last inspection in December 2017, we identified people were not receiving their medicines as prescribed as there were not suitable arrangements in place to demonstrate sufficient times were being maintained between doses. For example, paracetamol which required four-hour intervals between doses, we saw instances where only three hours had been maintained. At this inspection we confirmed all PRN medicines had been given as prescribed. However, there was no information recorded with the MAR to guide staff when administering medicines which were prescribed to be given "when required" (PRN), this included medicines prescribed for anxiety, pain and constipation. This information was however recorded in people's care plans and it was regular staff who knew people that administered people's medications. We raised this with the manager who completed these during the inspection.

We saw competency assessments had been implemented for administering medicines but only one member of the current night staff team had received medicines training. The manager told us that the night staff did not administer medicines and the senior on the evening shift would complete the bedtime medicines prior to leaving their shift. However, we saw one person had consistently not received their evening dose of paracetamol and was recorded as having refused it. We looked at the times the paracetamol had been given at tea time which was on occasions recorded at 19.00 which meant staff would only be able to offer the paracetamol at 23.00. We checked the rota and determined there was no staff on duty trained to administer medicines at that time.

Due to there being no staff trained at night to administer medicines, people requiring PRN would be unable to receive this if they were experiencing any discomfort and would be required to wait until morning staff attending. This could lead to unnecessary discomfort and delays to receiving treatment. The manager told

us that training in administering medicines had been arranged for the night staff in October 2018 We will follow this up at our next inspection.

We also found medicines were not always given as per best practice. The home did not have a system in place to give people prescribed medicines to be taken before food, such as medicines to reduce gastric acid and hormone replacements. This meant they were given with all other medicines and may not be as effective in treating the condition they are prescribed. We recommend that the manager reviews the systems in place for supporting people with their medicines.

At the last inspection we identified continued concerns with call bells not working. At this inspection we found this had been addressed. We observed that people had call bells within reach and these were working and staff responded to them. People confirmed that they had access to the call bell and one person told us, "I always have the call bell with me. I press it when I need assistance or reassurance."

The last inspection found ongoing concerns with the management of accidents and incidents. At this inspection we saw that there were records of accidents and incidents. These were analysed by the manager to identify patterns and potential actions to prevent reoccurrence.

At the previous inspection we found there were ongoing concerns in relation to recruitment records. At this inspection we found that applications and interviews, proof of identity and references were in place. However, the service had not sought information about two members of staff's conduct and reason for leaving their previous employment in care settings. We saw that there were Disclosure and Barring Service (DBS) checks in place to help ensure that staff were suitable to work with vulnerable people and that these were current. In one case we saw that a staff member had commenced employment before information from the DBS had been received. We spoke to the manager about this. They investigated this and advised this person had not worked unsupervised prior to the receipt of the DBS and had still been on induction. We recommend that the service review the systems in place to ensure staff checks and records of checks are maintained for all staff employed. This is discussed further in the Well Led domain.

At the last inspection we advised that the service develop a dependency tool to ensure that they had sufficient staff to meet people's needs. At this inspection we found that a dependency tool was in place and that this was reviewed by the manager. When we spoke with people about staffing levels they told us, "No care home has enough staff but they know what they are doing and I don't wait too long" and "[they] could probably do with a couple more staff. Sometimes I have to wait especially at night but if you keep pressing the bell, they come." We observed that staff were available and supported and engaged with people throughout the day. There were systems in place to support people in case of an emergency. This included a remote fire alarm monitoring system which would lead to an immediate response from the fire brigade. There was an on-call system operated out of hours which night staff could contact in case of an emergency. This meant that systems had been put in place to support people's safety in emergency circumstances.

We saw that the service was making safeguarding referrals to the local authority when concerns were identified. Action was taken to reduce the risks to people, and staff had a good understanding of how to identify and respond to safeguarding concerns. The service had recently held an "elderly abuse awareness day" to promote recognition of this issue and this had been well attended by local services. There was information available on the staff notice boards about their roles and responsibilities and a whistleblowing policy was in place. This meant that staff were supported to report concerns if they identified any poor practice within the service.

People we spoke with told us they generally felt safe. They said "I feel safe.... staff are quite quick [to

respond]. I sleep well," "It's alright. It's not like your own home but I feel safe here," and "I just tell the staff and they sort that."

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had an organised system and had submitted appropriate applications. We saw evidence within care files that best interest meetings and decision making had taken place where people lacked capacity to consent to aspects of their care and treatment.

At the last inspection we found that there was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing. This was because staff were not receiving appropriate support, training, supervision and appraisals to enable them to carry out their roles.

At this inspection we found that improvements had been made. We looked at training records and found that, apart from training in medicines for the staff working at night, sufficient training and updates had been provided for staff. Staff had completed training in areas such as equality and diversity, moving and handling, food hygiene, and mental capacity. We saw that the service was in the process of improving the induction programme to support new members of staff when they began to work at the home. People told us "The staff seem well trained, I just leave them to do everything" and "The staff are alright, they know what they are doing and do it in the same way." We saw that competency checks and direct observations of practice were undertaken and staff received regular supervision from the manager and they had a matrix to allow oversight of this. This helped the manager to be assured that staff had the knowledge, skills and appropriate support to undertake their roles and meet people's needs. We could see staff were receiving regular training updates and support.

At the last inspection we noted there was not sufficient furniture to allow people to eat together in the dining room, there was no evidence that people had a choice. We found that people had raised concerns but action had not been taken in response to this.

At this inspection we found that the dining experience had improved and observed people choosing to sit together at meal times. We saw that condiments were available and people were offered a variety of drinks to accompany their meal. People told us, "I am offered hot drinks throughout the day and they always leave me with a cold drink to have when I am thirsty too" and "They are always brewing up. I'm never without a drink."

The dining areas on each floor had a menu, including pictures of the menu option, and we saw that the cook would speak to people daily to see what they would like to eat. People could request a different meal if they did not like the option on the menu. The cook had considered people's likes and dislikes when developing the menu and preparing alternatives. One person told us, "The meals are good. I am quite faddy but they always ask me what I want and they prepare it for me."

People told us the food was good. One person told us, "I'm putting weight on, that tells you what the food is like" and another said, "Food's alright. I like the cauliflower cheese the proper cook does. They also do a nice fish in sauce."

We spoke with the cook and found that they had a good understanding of people's needs, likes and dislikes. There were records of people's dietary needs in the kitchen which documented all this information. At the time of the inspection nobody required a soft diet. However, there were people who required their meals to be fortified, following advice from the dietician, and those with diabetes who needed to have their sugar intake considered. The cook could tell us about how they would meet people's different needs.

People's care records had information about their dietary needs that was detailed and specific. People were regularly weighed and the Malnutrition Universal Screening Tool (MUST) was in place to identify people at risk of poor food and fluid intake. People all had risk assessments in relation to nutrition and choking risk. This meant that staff had a good understanding of the needs and risks for people in order to promote good nutrition.

We saw that referrals would be made to Dietician and Speech and Language Therapy (SALT) services when concerns in relation to eating and drinking were identified.

The service had hospital passports in place for people living at the home that reflected people's current circumstances. This helped the transition between the home and hospital in the event of an emergency by ensuring there were accurate records of people's current needs, medication and personal details.

The manager told us about positive working relationships with other health care providers and we saw close working relationships between staff and visiting district nurses on the day of inspection. The manager told us they had named link workers within the district nurse and social work services and this had improved partnership working. The manager told us they would refer to other agencies as required including, physiotherapy, falls team and tissue viability nurses (TVN). Care records reflected the other services involved to meet people's needs.

We saw there was positive feedback from health care professionals. One comment said, "pleasure to see the home in such an improved state", whilst another was positive about the pro-activeness of staff stating, "there was a complete set of observations provided upon arrival."

The staff received a handover of information at the beginning of shift and this told them about people's current care needs and any other issues or concerns from the previous shift that needed to be followed up.

Our observations of the building demonstrated that some effort to adapt the premises and make the home dementia friendly had been made. There were signs available on the ground floor to help people independently navigate their way around the home. We recommend that the manager consider best practice when completing the upgrade of décor on the first floor.

Is the service caring?

Our findings

At the last inspection we found that the service was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities); dignity and respect. This was because some of the practices of the service were not person centred. For example, there were insufficient dining furniture to allow people to eat their meals comfortably in the dining room, people could not choose to have a shower and we observed poor interactions between people and staff.

At this inspection we found that the service was no longer in breach of this regulation.

We observed that people were supported to make choices about day to day decisions. We saw staff consistently offered people choices in relation to where they sat, where and what they ate, and what they drank.

The service had invested in crockery, cutlery and condiments to improve the dining experience for people. We observed that staff supported people in a caring and unrushed manner during meal times.

We saw that shower heads were available to allow people the choice of a bath or shower. The provider told us that they planned to refurbish the bathrooms and create a wet room. This will improve people's experience of having their personal care needs meet. This will be followed up at the next inspection.

We spoke with people about privacy and dignity. They told us that staff treated them with dignity and respect. They told us, "They always knock on my door before coming in to my bedroom even though I like my door left open, they still knock" and "They treat me with dignity and respect. They knock before coming in to my bedroom and they're good when supporting me with personal care."

People told us that they had choice about their personal care and how this is delivered. One person told us "I always have female care staff except one male staff that I have agreed to... I'm comfortable with them."

People told us that the staff were caring and said, "They are a good crowd, they all look after us well. They do a marvellous job. All the staff are kind and we are treated very well"; "The staff are gentle with me"; and "The staff are great, very good. I'm sure they think I mither but they always respond straight away."

We observed how staff supported people with complex health needs and behaviour that can challenge. We saw that staff supported people who were distressed in a calm and dignified manner and used techniques to diffuse difficult situations.

We observed that staff took time to explain things to people such as why they were being visited by a healthcare professional and talked them through the process of supporting them to mobilise.

On the day of inspection, we did not meet with any visitors. People told us "Visitors can come at any time. It is a good home." We saw that family members were encouraged to visit and engage with activities on offer

to people such as husky therapy dogs.

People were supported to celebrate significant dates and we saw that the service had recently celebrated wedding anniversaries and birthdays with people and their families.

Is the service responsive?

Our findings

At the last inspection we found the service to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; person centred care. This was because care records did not evidence that care had been developed in partnership with people to reflect people's preferences and choice. At this inspection we found that the service was no longer in breach of this regulation.

People told us that they had choice in their day to day lives. They said, "I get asked when I want to go to bed and they always ask me in the morning if I want to get up or would like a lie in. I get a bath when I want one" and, "I'd say they are responsive. It depends on your choice. I go to bed when I want, early or late and it's my choice when I want to get up."

We looked at people's care records and found that these were detailed and considered people's history, preferences, risks and care needs. People's care records had a detailed social history. There was evidence that care plans were reviewed regularly with people to ensure that they were up to date and reflected people's current needs.

Care records reflected people's likes and dislikes and we observed this information was used by staff when delivering care to people. The care records gave staff specific guidance in meeting needs in all areas including physical health care needs, communication, memory and sleep. This demonstrated that people and people important to them were involved in designing a tailored package of care which allowed staff to understand how to best meet people's care needs. For example, one care record stated specific information about how a person liked to get ready for sleep with a warm drink and other specific directions.

Throughout the care records there was evidence that independence was promoted and privacy and dignity considered. The manager hoped to take part in the "Daisy, dignity in care scheme" in the future. To become accredited the service will need to demonstrate how it is consistently promoting people's dignity.

Records were specific and detailed about people's capacity and provided staff with guidance about what decisions people could and could not make.

We saw that people's care records considered sensory needs including visual and hearing impairments. We spoke with the manager about how they were using this information to meet people's needs, particularly in relation to meeting the accessible information standards. The accessible information standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The manager told us they were able to adapt written material according to people's needs and staff would support people with information as required.

We looked at the activity file which showed the range of activities people had been involved with. We saw that people were offered activities and these had been identified based on people's interests and preferences. For example, there were a number of people living at the home who liked animals and so the

service had arranged for therapy huskies to visit the home and had encouraged visitors to attend. We saw that people had participated in a range of craft activities and an entertainer visited. The service supported people with celebrating significant events such as wedding anniversaries and birthdays. One person told us, "A person came in and played the piano which was good and we go in to the garden when the weather is nice." The manager told us that a representative from the local churches visited the service regularly and had plans in future to develop community links, for example with the local primary schools.

During the inspection we observed staff and people playing games such as skittles, dominoes, cards and knitting. We saw that these interests were reflected in people's care records. One person told us, "There are bits of things going on. I enjoy playing dominoes but I wish there was a bit more that we could all do. They do take you out if you ask."

The service had a keyworker allocated to each individual and it was the keyworker's responsibility to ensure people had everything they needed. People had information about who their keyworker was in their bedrooms.

The manager told us about individual activity boxes that everybody living at the home had. This contained a variety of resources based on people's interests. The manager told us that, where possible, the family would be involved in developing this, and it was the keyworkers responsibility to ensure these were well stocked.

The service had a suggestion box in the main entrance and the manager told us they looked at the suggestions monthly and used it to develop improvement plans. Much of the feedback that had been given was positive. For example, one person said, "I want to record my gratitude to Oakwood for the personalised and bespoke approach your team has taken in settling [person] in," and others stated, "very friendly and helpful staff" and "well done to the cook."

At the time of the inspection nobody living at the home was in receipt of end of life care, however the manager and deputy manager were completing training in this area. They were completing the North West End of Life Six Steps programme and were awaiting verification of completion. There was evidence that reflection and learning had been undertaken in this area. We saw that end of life care plans were in place so that support could be developed to meet people's needs in this area.

We looked at surveys from people, relatives and staff that the service had completed. These were generally positive with comments such as, "staff go out of their way to look after [person]," "staff are always open for ways to help and care for [person]" and "fantastic care home. I can't rate it enough, friendly, compassionate, helpful.... The list goes on."

The service had a complaints procedure in place and the people we spoke with knew how to raise concerns. They told us, "I've no concerns or complaints. All good overall." The service was maintaining a record of complaints and compliments and using this information to drive learning and improvement. At the time of the inspection there had been no recent complaints.

We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation. The service had policies and training in place to promote equality and diversity. Our observations of care, review of records and discussion demonstrated that staff understood the importance of equality and what this means when meeting people's individual needs and personal preferences.

Is the service well-led?

Our findings

At the last inspection we found there were ongoing concerns regarding the leadership and provider oversight of the service and the service remained in special measures. This was because the service was failing to meet the regulations in respect of; person-centred care, privacy and dignity, consent to care, safe care and treatment, governance and staffing.

At the time of this inspection there was no registered manager in post, however the manager had submitted an application to become the registered manager for Oakwood Care Centre. At the time of inspection this was being processed by the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

At the last inspection we looked at audits the service had in place and found that whilst some audits were being completed there was no records of findings or action taken as a result. At this inspection we found that regular audits were completed by senior staff and the manager. This included environmental and record audits. We saw that daily checks of the environment were completed and that action had been taken, such as replacing damaged furniture. The manager completed weekly room audits, monitored pressure relieving equipment and completed monthly manager audits and quarterly health and safety checks. These checks did not identify areas highlighted in the Safe domain of this report. It is acknowledged that the manager took immediate action to resolve matters. However, further work is required by the provider to ensure the robustness of governance systems to identify issues and ensure timely resolution and sustainability of improvements made.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

The manager reviewed and audited people's care records on a regular basis, this included reviewing weight charts, analysing and monitoring falls and pressure care. There was a system in place to ensure that people subject to restriction under the Mental Capacity Act and Deprivation of Liberties Safeguards (DoLS) had current authorisations in place and new applications had been made as required.

Staff were positive about the training and support they received. They told us "yes, we've had all the relevant training." "they [manager and deputy manager] are great, really supportive." and, "it's like one big family, we all work well as a team." However, the systems for recruitment of staff at the time of inspection were not sufficiently robust. The manager recognised the concerns we identified and had plans to improve the recruitment process and ensure staff files are monitored and audited by the manager.

People and staff had confidence in the manager and their ability to resolve issues, address concerns and keep them safe. People told us, "I like the manager and deputy. If I had a worry or a problem, I could speak with either of them." and, "The manager is visible. They always come round and say 'alright' and make sure

"I'm okay." Staff told us, "[the manager and deputy manager] are always approachable, you can be open with them and they rapidly respond to any concerns," "I'm happy to come to work" and, "all the improvements are down to the managers."

We saw that there were regular meetings held with staff including 'flash meetings'. We observed a 'flash meeting' and saw that specific issues on the day were communicated and staff were given the opportunity to raise concerns. Meetings were also used to update staff and provide updates on training and feedback received about the home. The manager also held meetings for specific roles including the cooks, team leaders and night staff. All meetings were recorded and minutes were available for staff to review.

At the last inspection we found that surveys were undertaken with people using the service but that this information was not analysed or used to drive improvement. At this inspection we found that there were a variety of methods in which people could provide feedback including annual surveys for people and relatives, quarterly resident and relative meetings, and a suggestion box in reception. The manager showed us that this information was analysed and used in planning for the future, for example looking at ways to ensure communal lounges were comfortable and homely.

At our last inspection we found that the provider had no oversight of the service. At this inspection we found that things had improved. The manager told us that they had regular meetings with the provider which looked at the improvement plans and actions. The provider had begun to attend provider meetings and the manager was attending managers meetings and was part of a buddy manager system which allowed good practice and ideas to be shared between care homes.

The manager was working closely with the Clinical Commissioning Group (CCG) to promote the 'Red Bag Pathway', which is designed to support improved transition between inpatient hospital settings and the community or care homes. Whenever a person living at the home required a transition to hospital or other service, the home ensured all required items were sent via a 'red bag', including a 'this is me' passport, wellbeing plan, medication and other required personal items.

The manager had plans to improve the service, such as ongoing refurbishment within the home including the creation of a wet room and improvement to the garden area. The manager had worked closely with the Quality Improvement team from the Local Authority to drive the substantial number of improvements made within the home since our last inspection. The manager was aiming for the service to become accredited with the 'daisy dignity in care scheme' to recognise and improve staff practice. There were also plans to develop future links with the community including with local primary schools.

At the last inspection we saw that the service had policies and procedures in place but found that these were out of date and referred to old legislation. At this inspection we found that policies and procedures had been reviewed to ensure they were up to date and reflected current legislation. This meant that staff had the appropriate guidance to undertake their roles and safely meet people's needs.

At the last inspection we identified that the CQC inspection report was not displayed within the home or on the provider website. This meant the provider was not adhering to legal requirements to display the rating and people had not been informed of the previous inspection findings and our judgement of the quality of care provided at the home at that time. We discussed this with the provider during our last inspection and included our findings in our previous report. At this inspection we found that the last CQC inspection report was available in the reception area on a resident notice board with a variety of relevant information for people. This included the statement of purpose and photographs of staff so that people knew who staff members were.

We checked the provider website and found that there was a link to the report, however the CQC rating was not 'conspicuously' and 'legibly' displayed on the site as required. We spoke with the provider on the day of inspection and this was amended on the website. We recommend that the provider update the website to reflect current service delivery, staff and updates, as the information contained on the website was out of date.

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 did not have robust systems in place to ensure that the issues found on inspection were identified and addressed in a timely manner.</p> |