

Aitch Care Homes (London) Limited

Oak View

Inspection report

Bridgewater House
21 Old Roar Road
St Leonards On Sea
East Sussex
TN37 7HA

Tel: 01424753257
Website: www.achuk.com

Date of inspection visit:
13 December 2016
14 December 2016

Date of publication:
13 February 2017

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

Oak View provides accommodation and support for up to four people who have learning disabilities and complex support needs. The home is situated in a residential area of St Leonards on Sea. During our inspection there were four people living at the home.

This inspection was unannounced and took place on 13 and 14 December 2016.

There was a registered manager responsible for the service. 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 was leaving the service in December 2016. The deputy manager had been appointed as the new manager.

People had communication difficulties associated with their learning disabilities. We met all four people who lived at the home. We had very limited communication with people. We also used our discussions with people's relatives and staff to help form our judgements.

People received their medicines when they needed them. Where people took their medicines with food and drink their GPs had agreed medicines were safe to take this way, however the service had not checked this method was safe with a pharmacist. The registered manager arranged for this to be completed during our inspection and the pharmacies confirmed these methods were safe. Medicines were stored securely and staff received training before being able to administer them.

Risk assessments had been carried out and they contained guidance for staff on reducing the risk. However, some of the assessments did not fully consider all the risks relating to people and following a choking incident staff did not follow the provider's policy in relation to reporting incidents.

People appeared happy with the care they received and interacted well with staff. Staff did not always inform people of how they were supporting them. Staff supported people's independence and involvement in the community.

There were systems in place to monitor and improve the quality of the service provided. The systems did not identify the shortfalls we identified during our inspection.

Relatives and staff told us there had been a high turn over of staff working at Oak View. There were sufficient staff available to enable people to take part in a range of activities according to their interests and preferences.

A safe recruitment procedure was in place and staff received pre-employment checks before starting work

with the service.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People's health care needs were monitored and met. The home made sure people saw the health and social care professionals they needed and they implemented any recommendations made.

Staff received a range of training to meet people's needs and keep them safe. Where staff required training, the registered manager had arrangements in place for staff to attend a future date.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. Relatives felt involved and were kept up to date with any changes to their family members care.

Relatives were aware of the complaints policy and felt confident to raise any concerns with the registered manager.

Staff felt supported by their managers. The provider had notified us of all significant incidents in line with their legal responsibility.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). You can see what action we told the provider to take at the back of the full version of this 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 ●

Some aspects of the service were not safe.

People's medicines were not checked to ensure they were safe to mix with food and drinks. Staff were not always clear on when to administer people's emergency medicines.

Risk assessments did not always consider all of the risks relating to people. Incidents involving people were not always reported correctly.

There were sufficient numbers of staff deployed to help keep people safe and meet their individual needs.

People were supported by staff who knew how to recognise and report abuse.

Is the service effective?

Good ●

The service was effective

People were supported by staff who received training to carry out their role.

People's rights were protected because the correct procedures were followed where people lacked capacity to make decision from themselves.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Is the service caring?

Good ●

The service was caring.

People's relatives told us they were happy with how staff treated their family members.

People were supported by staff who knew them well.

People were supported by staff who understood the importance of privacy.

On occasions people were supported by staff who did not communicate what they were doing.

Is the service responsive?

Good ●

The service was responsive.

People's care plans included information on how they wanted to be supported.

People had access to a range of activities.

People's relatives felt able to raise concerns with the registered manager.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems were in place to monitor and improve the quality of the service for people. The systems did not identify the concerns we found during our inspection.

People were supported by staff who were aware of the aims of the service.

People were supported by staff who felt able to approach their managers.

Oak View

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 13 and 14 December 2016 and was unannounced.

The inspection was completed by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Some people were unable to tell us their experiences of living at the home because they had communication difficulties associated with their learning disabilities. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also used our discussions with people's relatives and staff to help form our judgements. Following our inspection we received feedback from two relatives.

During our inspection we spoke with five care staff, the deputy manager, the registered manager and the localities manager. We looked at three people's care records. We also looked at records that related to how the home was managed, such as staff rotas, staff training records, quality assurance audits and survey results. Following the inspection we requested feedback from two visiting professionals.

Is the service safe?

Our findings

Some aspects of the service were not safe.

Some improvements were needed to make sure people's medicines were always given safely. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them. Staff told us they mixed one person's medicines with a drink and another's with yoghurt before offering them to the person. Whilst each person's GP had agreed this practice was effective and in the person's best interest, a pharmacist had not been contacted to ensure the methods used were appropriate and safe for the medicines prescribed. During our inspection staff contacted the pharmacy to check if the medicines were safe to be taken with food and drink. Following our inspection the registered manager contacted us to inform us the pharmacy stated these methods were safe.

We noted one person had epilepsy and was prescribed medicines for when they had seizure activity. There were clear guidelines in place for staff detailing when they should administer the medicines. Not all the staff we spoke with were clear about when this medicines should be administered. This meant the person was at risk of not receiving their medicines at the right time during seizure activity. We discussed the lack of staff clarity of the person's epilepsy medicines administration guidance with the deputy manager who told us they would ensure all staff would refresh themselves with these. Following our inspection the registered manager told us they had held a staff meeting where this was raised with the staff.

Medicine administration records (MARs) were accurate and up to date. However, we found people's MARs had handwritten entries for some of the medicines. We found these records were not always signed or countersigned by two staff. This meant there was no clear evidence to demonstrate who had written the record or to check it was an accurate account of the medicines prescribed. The deputy manager who told us two staff usually sign hand written entries on the MARs. Staff showed us the previous months MARs where this had been completed. The deputy manager told us they would ensure staff were aware all handwritten records on MARs would be signed and countersigned by two staff.

We found risks to people's personal safety, where they were known, had been assessed and plans were in place to minimise these risks. However, during our inspection a staff member told us of an incident where a service user had choked whilst eating a meal. We asked the deputy manager for a copy of the incident form completed following the incident and information relating to any action taken. The deputy manager told us they were unaware of the incident and they would investigate this. Following our inspection the registered manager told us the incident had been investigated and it had become apparent that it had not been reported in line with the provider's policy. This meant the person was at risk because no immediate follow up action had been taken in response to the incident. The registered manager told us in response to the choking incident they had raised this with the staff involved, written a risk assessment for the person in relation to choking and made a referral to the appropriate health professional for an assessment.

We noted three people had bedrails in place to prevent them from falling from their beds. Whilst there was a risk assessment in place that included information for the safe use of the bed rails, there was no assessment

in place to assess the risk of entrapment. This meant people were at increased risk of becoming trapped within the rails. Following our inspection the registered manager told us the bed rails risk assessments for entrapment had been completed for each person.

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

There were medicine administration systems in place and people received their medicines when required. People had prescribed medicines to meet their health needs. These were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely. Staff helped people with their medicines; no one self-medicated. Medicines were stored and dispensed in each person's bedroom. Staff only helped one person at a time, which reduced the risk of an error occurring. Medicines were stored at a safe temperature and those which required dating when first used had been dated. This ensured they were safe to use. Staff returned unused medicines to the local pharmacy for safe disposal when no longer needed. Staff received appropriate training and a competency check before they were able to give medicines. Staff training records confirmed this.

People were supported to take risks as part of their day to day lives. There were risk assessments relating to the running of the service, people's individual care and activities. Any potential risks were identified and steps taken to reduce, or where possible, eliminate them. The assessments covered areas such as accessing the community, for specific health needs, eating and drinking and providing personal care. We saw the assessments had been reviewed to ensure they reflected people's up to date needs. When an incident had occurred the risk assessments had been updated and additional control measures had been put in place to minimise the potential for further incidents.

People were supported by a sufficient number of staff to keep them safe. Each person had one to one staffing hours during the day. The provider told us in their PIR that staffing levels were based on people's individual needs, this is what we found during our inspection. One relative commented on the high turnover rate of staff in the past eighteen months, stating a lot of staff had left the service. They told us, "The turnover of staffing has been bad, they have rapidly changed. The senior staff have held it together although some things have slipped." All of the staff we spoke with told us staffing had been difficult in the recent past with a lot of staff leaving and the home using a high level of agency staff. Comments from staff included, "We have had a high turnover of staff and used agency a lot; we are slowly getting there" and "The last six months have been a bit crazy, we covered the shifts in house as much as we can but it is tiring. We have used a lot of agency and requested the same staff. We are coming out the other side now though." All of the staff we spoke with confirmed the same agency staff were requested to ensure consistency.

We looked at the staff records and discussed staffing levels with the deputy manager. The deputy manager told us they had experienced a high staff turnover and that things had recently improved. They confirmed they had recruited staff to their staffing vacancies and new staff were waiting to start. We looked at the staff rota for the past nine weeks and saw regular agency staff were used. This ensured people were supported by staff who were familiar with them. We also noted people's staffing needs were met.

People had communication difficulties associated with their learning disabilities so they were not able to talk with us about their safety. Relatives we spoke with felt it was a safe place. Comments included, "I'm sure [name of relative] is safe" and "We feel [name of relative] is safe and we have no concerns for their safety." People looked relaxed and comfortable with their peers and with the staff who supported them.

Staff also felt people were safe living at Oak View. One staff member said "I think people are safe here, I have no concerns." All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority, police and the Care Quality Commission. One staff member said, "I would go to [name of manager] or to CQC, I would never not report anything." Another staff member said, "I would go straight to the manager, and I know I could contact CQC." The home had a policy which staff were aware of and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member told us, "I am aware of the whistleblowing policy and I would definitely use it, it's got to be done." This meant people were supported by staff who knew how recognise and respond to abuse.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

Is the service effective?

Our findings

The service was effective.

Relatives told us they thought long standing staff understood their family member's care needs. However one commented on how the high turnover of staff impacted on the consistency of staff knowledge and they felt they had to remind staff at times to complete some tasks. One relative said, "The carers know [name of relative] needs but sometimes we have to remind them about simple tasks because staff leave. They are only small things nothing bad." Another commented, "Generally, of the staff we know, we have confidence in their skills, competency and practice."

Staff received a range of training to meet people's needs and keep them safe. New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support the people who lived in the home. Staff told us the induction programme was also linked to the Care Certificate. The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member commented, "We did training, looked through care plans and shadowed staff. I felt confident and it prepared me for the job although they would have extended it if needed." Another commented, "I had a week's induction, read through the care plans, shadowed staff, I got to know people's routines it was enough."

Staff felt they had enough training to keep people safe and meet their needs. However one staff member commented on their frustration of not receiving specific training that would enable them to support service users one to one in the community. We discussed this with the deputy manager who told us dates had been arranged for staff to attend the training in the New Year. Another staff member commented, "I feel like I have had enough training, you can ask for more and they are willing to put us on courses."

All staff received basic training such as first aid, moving and handling and training in the Mental Capacity Act 2005. Staff had also been provided with specific training to meet people's individual health care needs, such as epilepsy. We looked at the provider's training records which identified some staff required updated training in some subjects. The registered manager had dates booked for staff to attend the required training sessions.

Staff told us they had formal supervision (a one to one meeting with their line manager) to support them in their professional development. They told us this gave them an opportunity to discuss their performance and identify any further training they required. One staff member told us, "They are constructive and you get feedback from your line manager and the (registered) manager. You can talk through any problems or issues. We have discussed training and they have suggested I do my NVQ." Another commented, "Supervisions are six weekly, I enjoy them you can get things off your chest and you get positive feedback."

The provider told us in their PIR that supervision forms were used to capture staff good practice and identify

areas of improvement. We found evidence of this during our inspection. We looked at supervision records and saw staff received regular supervision. The records were detailed and covered areas of staff performance, this included where they were doing well and where support was required. Safeguarding was also discussed to enable staff to raise any concerns. Action points were set as part of the supervision process and monitored by the supervisor. This meant people were supported by staff who received support to fulfil their job role.

Staff had a varied understanding of the Mental Capacity Act 2005 (MCA). Staff that were newly employed commented they had completed on line training but not received face to face training in the Act. They felt they would benefit from this training. The deputy manager told us this training had been arranged for the staff. Staff were aware however of the importance of enabling people to make decisions in their day to day lives such as; what time to get up, meal choices, who supported them and choice of clothing.

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. We checked whether the service was working within the principles of the MCA and found that they were. Where people lacked capacity to make decisions for themselves we saw the principles of the MCA had been followed. Decisions covered included having a lap belt on a wheelchair, having bedrails in place and staff administering medicines. This meant people's rights were being protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection the registered manager had made applications the local authority for each person living at Oak View to restrict their liberty under DoLS. They told us they were waiting for the outcome of these applications.

People used various methods to communicate their wishes and choices. These included speech, pictures, signing, eye contact, vocalisations and body language. Staff knew people well and were able to interpret non-verbal communication. We saw staff used communication individuals responded to well. For example, we observed staff putting boxes of cereal in front of a person and enabling them to make a choice of what they would like for breakfast. This meant people were supported by staff who understood their communication needs.

Relatives told us they were happy with the food provided. One relative said, "[Name of relative] is not losing weight, they have a good appetite and we have no concerns." Another commented, "The meals and drinks served at the home are nourishing and varied."

People were unable to tell us what they thought of the food provided. However, we observed throughout the inspection staff supported people to make choices about what they wanted to eat. We observed one person spent time in the kitchen with staff whilst they were cooking a meal. Staff involved them in cooking the meal. Staff told us the menus were based on people's likes and dislikes. We noted one person care plan stated they were very fond of curry. All the staff we spoke to was aware of this and we saw curry was on the menu each week. This meant people's preferences around food were acknowledged and acted on. Staff told us if people did not want what was on the menu they would be offered a different choice.

We observed people being supported by staff at breakfast and lunch time. People had individual guidelines detailing how their meals should be prepared. People also required individual cutlery and plates designed to meet their needs. We observed these guidelines were being followed during our inspection and the appropriate cutlery and plates were used. We looked at the previous two weeks menus and saw people were supported to have a balanced and healthy diet.

People were supported to maintain good health and wellbeing. Each person had a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. People also had Health Action Plans (HAPs). Health action plans are assessable documents that include a personal plan that describes what people can do to stay healthy and the support that is available.

HAPs showed that people saw healthcare professionals including GPs, neurologists, physiotherapists, opticians and dentists. Staff recorded the outcome of people's contact with health care professionals in their HAP. This meant people were supported to receive on-going healthcare support.

Is the service caring?

Our findings

The service was caring.

Relatives were happy with how the staff treated their family member. When asked if they were happy comments included; "We are very happy with how staff treat [name of relative], more than happy. We can walk away without worrying" and "We have observed that the staff are aware that [name of relative] dignity and well-being are paramount."

Most of our observations of staff interacting with people were positive and caring. However, we observed occasions when staff supported people without telling them what they were doing. For example, staff wiped one person's mouth without communicating with them about what they were doing. We also saw a staff member move a person whilst they were in their wheelchair without telling them they were doing this. This meant on these occasions staff were supporting people without considering the person's needs. We raised this with the deputy manager who told us they would raise this with staff.

Other observations of staff interacting with people were kind and caring. There was a good rapport between people and staff. Staff talked positively about people and were able to explain what was important to them such as people's family, their routines, chosen sweets and sensory items.

Relatives told us they thought the long standing staff knew their family member well commenting, "Staff who have been here long enough know [name of relative's] likes and dislikes" and "The long-standing members of staff know [name of relative] well. Obviously new staff would need to get to know them."

People's care plans included information relating to people's likes, dislikes, what makes them happy and sad, their strengths and important people in their lives. The staff we spoke with had a good knowledge of this information. Staff talked positively about people and working at Oak View, one staff member said, "It's a really nice place to work."

The provider stated in their PIR they encourage staff members to respect people's privacy and dignity, we found staff were aware of the importance of this. Staff were able to tell us how they respected people's privacy for example by closing doors and curtains whilst providing personal care and ensuring people were aware of and happy with the support they were providing. One staff member told us, "Treating people with dignity is really important; we always knock on doors and ask people if they want our support. We treat people how we would want ourselves or our family member to be treated." Another commented, "It is important that we treat people with kindness, dignity and respect. We always talk to people and ask them what they want." This meant people were supported by staff who understood the importance of respecting people's privacy and dignity.

Staff described how they assisted people to maintain their independence and they were aware of the importance of this. They described how they encouraged people to do what they could for themselves whilst they provided personal care and only offered the assistance needed. We observed people were involved in everyday tasks such as household chores. One staff member told us, "It is so important that we promote

people's independence, it would be so easy to take it away."

People were supported to make choices about day to day lives such as when they got up and went to bed, the activities they participated in, meals, what personal care they wanted and who supported them. Staff told us how they supported one person to go Christmas shopping to buy family Christmas presents. The staff member told us that although the person was unable to communicate what presents they would like to buy for their family verbally, whilst in the shop the person was very clear about what they wanted and the staff member supported them with this.

People were supported to express their views about their care and support even where they were unable to express their views verbally. For example, each person was allocated a key worker and had allocated key worker time. A key worker is a staff member who is assigned to oversee specific aspects of a person's support. Staff told us they used this time to go through the person's plan of care, review their goals and to look at what was working well and what was not going so well. Records confirmed this.

We observed a wall in the home had been dedicated to 'World Kindness day'. The deputy manager told us staff had come up with the idea to make the environment more person-centred. We saw written comments on the wall from people making reference to what makes them happy such as going to see Christmas carols and the pantomime. Staff comments included, "I like working with staff who work really hard to make sure people are treated with respect and dignity" and "A smile is the prettiest thing you can wear." This meant people were supported by staff who considered what was important to them.

Relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One relative commented, "There are no restrictions on visiting we can come any time, they are very good." Another relative said, "We visit regularly. The staff are very welcoming to [name of relatives family]." During our inspection we observed visitors coming to the home, there was a visitors signing in book in the home so the staff knew who was in the building in case of an emergency.

Is the service responsive?

Our findings

The service was responsive.

The people who lived at the home received care and support which was personalised to their needs and wishes.

People participated in the assessment and planning of their care as much as they were able to, although this was limited by their communication difficulties. Others close to them, such as their relatives or other professionals involved in their care, were therefore consulted. One relative told us, "We are involved in care planning and annual reviews." Another relative told us they had not been involved in a recent review of their family members care, however they told us they were not too worried about this as they felt able to raise any concerns and they were confident they would be listened to.

The care plans we read were personal to the individual and they gave clear and detailed information to staff about people's needs. This included, what they could do for themselves, what support was required from staff, their likes and dislikes, what was important to the person, how they wanted to be supported, their life history and how they communicated. Staff were knowledgeable about people's needs and preferred daily routines. We saw the staff worked flexibly with people to ensure they were involved in their care. For example, we observed staff encouraging people to do things for themselves. The staff we spoke with were aware of the importance of people maintaining their independence.

People also had set personal goals that staff supported them to achieve. For example, developing daily living skills, holidays, attending college and preparing meals. We saw one person had a goal set to choose an outfit for a family wedding. Staff told us how they supported the person to go clothes shopping to enable them to choose an outfit. People's goals were reviewed monthly to monitor progress and any further action or staff support required. This meant people were supported to achieve their chosen outcomes.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences. We found these records needed some improvement. For example, staff were not always completing them fully or recording the support the person had received. This meant the effectiveness of a person's plan of care could not be effectively monitored. The deputy manager told us this was an area they knew needed improvement. They said now they had a full complement of staff and were less reliant on agency staff they were confident the recording would improve.

People could choose to be involved in a range of activities. These included college courses, visits to places of interest, aromatherapy massage and swimming. The deputy manager told us how they were planning on reviewing the college courses people were attending to see if they were still meaningful. They said they were looking into other local activities for people to try out in 2017.

We noted the home had a sensory room. A sensory room is a room with lights and other pieces of equipment that is designed to meet the sensory needs of people. Staff also told us one person had sensory needs however the staff we spoke with told us they were not aware of this person using the sensory room. This meant the person was not being fully supported to access this activity. The deputy manager confirmed one piece of equipment in the room had broken and they were looking into getting it fixed. The registered manager told us they would ensure guidelines were in place for staff for them to support people to use the sensory room.

During the inspection people were supported by staff to access local community facilities such as the shops and hairdressers. We also observed staff spending one to one time with people looking through old photographs and engaging in conversations about the persons past.

One relative told us they were happy with the activities their family member was involved in, however the lack of drivers for the home vehicle or bus? available had impacted on this. They told us, "[Name of relative] gets out and about. There has been a lack of driver though which can limit how often people go out." The deputy manager confirmed more drivers had been made available to support people to go out in the vehicle.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People were unable to raise concerns or complaints and relied on staff and those close to them to do this on their behalf. The deputy manager told us how a relative had raised concerns over the high turnover of staff and there being unfamiliar staff on duty. The deputy manager told us in response to this they had emailed all parents pictures of the staff introducing themselves in order to alleviate any anxieties. This meant relatives concerns were investigated and acted on.

Relatives told us they felt able to raise concerns with the registered manager directly and they were confident they would be listened to.

We saw there had been one complaint received by the service in the past year and this was in the process of being investigated in line with the provider's policy.

People were encouraged to raise their views and be involved in the running of their home through monthly meetings called 'service user meetings'. We saw minutes of the meetings and they included items such as activities, house items required and events being arranged for the festive period.

The service also had systems in place to receive feedback from people and their relatives; this included a pictorial feedback form for people. We saw results from the survey carried out in 2015. Areas covered included; their thoughts around being treated with dignity and respect, choices and leading a happy and healthy life. Two people were involved in the survey with staff supporting them to complete the form. From the results of the survey the feedback was positive, however it was unclear how people inputted into the survey. We discussed this with the deputy manager who told us staff would have asked people questions and recorded their response. They said they would look at providing clearer evidence of how people participated in future surveys.

Relative's surveys included feedback on; how welcome they are made to feel when they visit, activities on offer, the food, the environment and ideas to improve the home. We saw the feedback from a survey carried out in July 2016. Three relatives had participated in the survey. Two of the relatives had raised concerns over the high turnover of staffing, one of these commented on the impact this had with there being a lack of vehicle drivers. The deputy manager told us since the survey the staff levels had improved and they had 10 staff who were able to drive the vehicle. Another relative commented they had not been invited to attend a

recent review. The deputy manager told us a review was arranged with the person's relatives and care manager. This meant people's relatives had been given the opportunity to share their views and these were responded to.

Is the service well-led?

Our findings

Some aspects of the service were not well led.

There were a range of audit systems in place, however they were not always effective in identifying shortfalls in the service. For example, they had not identified the concerns relating to medicines and risk assessments. The registered manager and deputy manager responded to the shortfalls we identified and put actions in place to remedy these during our inspection. However, they only became aware of them because we raised them as a concern as the systems in place had not identified them. This meant people were at increased risk of not receiving safe care.

The registered manager completed a monthly self audit and the locality manager also visited the service on a monthly basis to complete an audit. Areas covered included; observations of staff interactions, the environment, staff training, medicines and health and safety checks. We saw these audits identified the majority of shortfalls in the service, apart from those outlined above, and the action required to remedy these.

There was a management structure in place and staff were aware of their roles and responsibilities. The registered manager was supported by a deputy manager and senior staff. Care staff spoke positively about management and the culture within the service. One staff member said, "The managers are lovely and approachable, they are very easy to talk to both of them."

There was a registered manager in post. The registered manager told us they were leaving the service in December 2016 and they were going to de-register with CQC. The deputy manager told us they had been offered the position of manager and had started the registration process. The deputy manager showed us their action plan for January 2017. This included areas of focus including; updating care records, reviewing internal policies, researching new activities for people and attending training relevant to the managers role.

The registered manager told us they maintained a regular presence in the home to enable them to monitor staff performance. They also told us how they promoted an open door policy for staff to approach them with any concerns. Staff confirmed this commenting, "[Name of registered manager] is assessable and I could go to tell them anything." The deputy manager told us in preparation for the registered manager role they were receiving regular support and supervision from a senior manager. This meant people were supported by staff who received the appropriate support from their managers.

The key aims of the service were described in the home's statement of purpose. The service aimed to 'assist the residents to develop their independence, autonomy, knowledge, confidence and daily living skills in order to enable them to live a full and independent life as possible as a full part of the local community'. Staff comments regarding the aims of the service included, "We aim to support people to reach their goals and keep their independence" and "We are here to support people to lead normal lives, to promote independence and choice. We want people to be happy, healthy and have a good quality of life." This meant staff shared and understood the aims of the service.

Records showed meetings were held for staff on a regular basis to address any issues and communicate messages to staff. Action points were set at the end of each meeting for staff to complete; these were reviewed at the following meeting each month. Staff told us they felt able to voice their opinions during staff meetings. One staff member told us, "Staff meetings are good, they are held once a month and are a good opportunity to get everyone together and talk about any issues." This meant people were supported by staff who were able to voice their concerns and opinions and felt listened to.

Staff told us the morale of the team was improving and they were happy working at Oak View. One staff member told us, "The team have got better, there is more communication and morale has improved. We have a brilliant mix of staff now and we all bring ideas up." Another commented, "We have a lovely team and it's a lovely place to work."

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were at increased risk because safe procedures were not in place for the administration of some medicines. Not all risks to people were identified and assessed to reduce the risk.</p> <p>Regulation 12 (1) (2) (b) (g)</p>