

Aitch Care Homes (London) Limited

Oak View

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Oak View provides residential care for up to four people with profound and multiple learning disabilities. Accommodation was on ground floor only and the building had been specifically designed to meet the needs of people with physical disabilities. Everyone needed support with communication and they were not able to tell us their experiences; we observed that they were happy and relaxed with staff.

There was a registered manager in post. 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.

This is the second time the home has been rated requires improvement. At the last inspection there was a breach of regulation and a requirement notice was issued. The breach was in relation to safety of administration of some medicines and because not all risks to people's safety had been assessed to reduce the risk of harm. We asked the provider to complete an action plan to show improvements they would make, what they would do, and by when, to improve the key questions in safe to at least good.

This comprehensive inspection took place on 18 and 23 January 2017 to check the provider had made suitable improvements to ensure they had met regulatory requirements. We found that although the matters raised at the last inspection had mostly been addressed there were other areas of safety identified so there was a continuing breach of Regulation 12. This was because we could not be sure people were receiving enough to drink and risk assessment documentation was not always up to date or accurate.

At the last inspection of the service we rated the well led domain requires improvement. This was because the provider was not always effective in identifying shortfalls in the service. At this inspection we found the home was in breach as there were a number of areas where record keeping was not accurate or up to date. In particular this included monitoring in relation to daily records, minutes of meetings, records of staff induction and systems for assessing people's views of the care they received. A number of these areas had been identified and repeated through regular auditing. However, it was noted that additional measures had been taken to address these matters shortly before our inspection but there had not been enough time for these to be effective.

There were good recruitment procedures and enough staff to meet people's individual needs. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Incidents and accidents were well managed. People's medicines were managed safely.

People's needs were effectively met because staff had the training and skills they needed to do so. Staff were supported well with training, supervision and appraisal. Staff supported people in the least restrictive way possible. People were encouraged to be involved in decisions and choices when it was appropriate. Mental Capacity Act 2005 (MCA) assessments were completed as required and in line with legal requirements. Staff

had attended MCA and Deprivation of Liberty Safeguards (DoLS) training.

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of people and had developed positive relationships with people. People were supported to attend health appointments, such as the GP or dentist.

Most people attended day centres at least one day a week and people were also supported with daily activities both within and outside of the home.

We found breaches 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 ●

The service was not consistently safe.

Not all risk assessment documentation was accurate and up to date.

There was a lack of monitoring to ensure people received enough to drink.

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

Is the service effective?

Good ●

The service was effective.

The registered manager and staff had a good understanding of mental Capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were given choice about what they wanted to eat.

People were supported to attend healthcare services and maintain good health.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity.

Staff knew people well and treated them with kindness and warmth.

Staff talked to people in a way they could understand.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Some care plans did not provide accurate and up to date

information about how to support people.

There was a range of activities to meet people's individual needs.

There was a complaints procedure and staff were good at identifying when people were unhappy or wanted to do something else.

Is the service well-led?

The service was not always well-led.

Record keeping was not always accurate and was not appropriately analysed to assess the quality of care provided.

Although there were good auditing measures, the systems to address shortfalls found had been slow and matters had therefore drifted.

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

Requires Improvement 

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 checked 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.

Oak View 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.

We visited the home on the 18 and 23 January 2017. This was an unannounced inspection. When planning the inspection we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector without an expert by experience or specialist advisor.

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 also reviewed other information we held about the service. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home, this included two staff recruitment files, training and supervision records, medicine records, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises. We looked at two people's support plans and risk assessments in full, along with risk assessments and daily records for another two people. We spoke with the registered manager and three members of staff. We also spoke with a person's relative. People were not able to tell us their views of life at Oak View so we observed the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living at Oak View. Following the inspection we spoke with two visiting health professionals.

Is the service safe?

Our findings

At our last inspection in December 2016 the provider was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider had not ensured the safe management of bed rails and the safe management of some medicines. Not all risks to people were identified and assessed to reduce the risk. The provider sent us an action plan stating how they would meet the requirements of the regulations.

At the last inspection one person's medicines had been crushed and given with food. Since then the home had checked with their pharmacist that it was safe to do so. More detailed advice and guidance was provided and the systems in use ensured people's safety.

We were told exercises that had previously been prescribed by the physiotherapist for three people had been stopped in March 2016 and the home was waiting on further guidance in relation to two people. The care plans did not demonstrate this advice. Whilst staff had made attempts to contact the community learning disability team this had not been done formally. When a formal referral was made after our inspection, this was responded to straight away and dates were set for a reassessment of people's needs. Lack of exercises for people with multiple disabilities can lead to contractures. A long term maintenance programme of exercise can slow down and maintain movement and function.

One person had a pommel (attachment to the front of the shower chair) to ensure they stayed in a safe position when showered. The cloth around the pommel had come away so a new pommel had been ordered. The registered manager told us a rolled towel was used to ensure the person was comfortable. Although a staff member told us they felt this was safe, no risk assessment had been completed to ensure the person's safety with the rolled towel. We asked how this would have been communicated to staff and were told this would have been in the communication book but we did not see any entry related to this. Following the inspection we received confirmation that a risk assessment had been carried out to ensure the chair was used safely until the new part was received.

One person had a risk assessment related to a particular type of personal care that could be deemed to be invasive. Staff told us they offered this support and the person would be able to reject this support if they did not want it. The person's relative was aware the support was provided. The risk assessment did not include reference to the person's capacity to consent to this. A risk assessment was written during the inspection and a copy of this was sent to the Commission following the inspection. The updated risk assessment stated that only staff deemed as competent could provide this support. The registered manager confirmed they would set up a system to assess competence.

Safeguards to ensure people had enough to drink were not effective. Care plans directed staff to monitor people's fluid intake as it had been identified people were at risk from dehydration. Records were incomplete and not added up to provide the total amount of fluids taken daily. Therefore the records would not be an effective way of monitoring how much people drank. The registered manager told us they thought this was a records issue rather than a reflection people did not have enough to drink. However, one staff

member told us they could not be sure people had enough to drink. Records rarely showed drinks were offered or taken after 6pm each day and the first recorded drink of the next day was not until approximately 9am or later for some people. For one person there were days when the intake was recorded as between 500 -775mls. For another person records were also either missing or showed inadequate intake. A third person's intake was also recorded in a similar manner and records showed days when they had not been given a warm drink. We asked if this person preferred cold drinks but were told they liked warm drinks. Following the first day of our inspection a new system was introduced to record people's fluid intake. Records showed this person had been given warm drinks. They also showed closer monitoring of people's fluid intake to ensure they had enough to drink.

People were not always protected from the risk of infection. We noted one person's toothbrush was dirty with dried-in toothpaste. The shower chair in this person's ensuite was dirty underneath. These areas were tended to during our inspection and a new personal care form was introduced to ensure there was closer monitoring of personal care.

The above areas are a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

All staff had received training in food hygiene and infection control. We observed staff washed their hands regularly and ensured surfaces were cleaned after food preparation.

There were enough staff to meet people's needs. In addition to the registered manager and deputy manager there were four staff, which meant there was one to one support for people throughout the day. There was a waking staff member at night and a second waking staff member worked across both Oak View and their sister home which is on the same site. We were told there were two full time staff vacancies and any vacant hours were covered by bank staff or staff working overtime. We were also told staff worked across both sites so all staff knew all the people in both settings. However, it was noted that over a one month period there was regular use of agency staff and staff from the sister site.

Staff recruitment checks were undertaken before staff began work at the home. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults.

Whilst people were not able to tell us if they felt safe, we observed people to be content and noted that when people needed support there was always a staff presence to provide reassurance and guidance, where appropriate. Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. All staff had received training in safeguarding. They told us if an incident occurred they reported it to the management team who were responsible for referring the matter to the local safeguarding authority. One staff member said. "I wouldn't hesitate." Where appropriate, matters had been reported to the Local Authority for further advice and support. Staff told us that if improvements had to be made as a result of a safeguarding they would be informed to prevent a reoccurrence.

Possible risks to people's safety from the environment were well managed and staff carried out regular health and safety checks. This included regular servicing for gas and electrical safety. There were procedures to make sure regular and ongoing safety maintenance was completed. The business continuity plan had been reviewed and provided detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data. Staff had signed that they had read the plan.

A fire risk assessment had been done and identified works had been completed. Personal emergency evacuation plans (PEEPs) ensured staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. Three people's risk assessments had been due for renewal in October 2017. All staff had received fire safety training and had taken part in fire drills. Regular evacuation drills were carried out to ensure that staff knew what to do in the event of an emergency. The homes PIR showed there had been a concern about how people were supported to evacuate, in an emergency, at night. People's needs had been assessed and appropriate equipment to assist staff had been purchased. Staff training had been organised for January 2018.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored in a locked cupboard in their bedrooms. The temperature at which medicines were stored in the medicine's cupboard were recorded daily to ensure medicines were stored at safe temperatures.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Monthly assessments had been carried out to determine if there were any actions that could have been taken to prevent accidents and incidents or to minimise the risk of a reoccurrence. Therefore we were assured lessons were learned and improvements made when things went wrong.

Is the service effective?

Our findings

People were supported by staff who had received appropriate training to meet their needs. They were supported to attend a range of healthcare appointments and were involved in planning their menus.

Staff told us they were supported well to do their role. The organisation's policy was that staff would attend supervision meetings every three months and that an annual appraisal of staff performance would be carried out. The registered manager said they had got a bit behind but were catching up and would be on track again by the end of the year. Records confirmed that since April 2017, one staff member had only attended one supervision meeting but they attended a second supervision meeting on the day of inspection. Nine staff had attended two meetings, three staff had attended three meetings. However, staff told us they felt supported in their role. A staff member told us, "I feel supported, the manager and deputy are both very good at making time for us and they ask us how we are." Those that had been in post for over a year, had received, or had been booked to receive, an annual appraisal of performance.

Staff completed a mixture of classroom based training and e-learning training in looking after people. E-learning included training in fire safety, food safety and infection control training. Classroom training included safeguarding, moving and handling, emergency first aid and mental capacity. In addition staff received training in epilepsy awareness to ensure they could meet the specific needs of people living at Oak View. Staff were clear about when this medicine should be given. Staff had not received training in cerebral palsy or learning disabilities. Staff told us they thought it would be useful to have this training and by the second day of our inspection the registered manager had started trying to source an appropriate course.

Staff completed an induction when they started working at the service and told us they 'shadowed' experienced members of staff until they were competent to work unsupervised. One staff member told us they received a good induction to the service and had completed the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Five staff were either working towards or had completed health related qualifications at various levels.

We spoke with a staff member about the Equality Act and how this was implemented in practice. They told us, "We ensure staff whose first language is not English are supported. For example, in relation to keyworking we have a system of keyworker and co-keyworker so that we can assist with the paperwork side of the role."

People were supported to maintain good health and received on-going healthcare support. Records confirmed staff liaised with a wide variety of health care professionals. This included regular contact with the GP, opticians and dentists. We were told that if people had difficulties swallowing, a referral would be sent to GP for specialist advice from the speech and language therapist team.

Everybody had a health action plan (HAP) that identified the health professionals involved in their care for

example, the GP, optician and dentist. The HAPs contained important information about the person's health needs. People also had care passports that would be used if they needed to go into hospital. Care passports were used to describe information that might be needed if the person were to go into hospital. This included, "Things you must know about me," "Things that are important to me" and "My likes and dislikes." A health care professional told us, "I've had no concerns about the home. Staff have been positive and willing to take advice and to record data when asked."

Staff asked people's consent before providing support. Staff had assessed people's abilities to make decisions. There was information within care plans about how each person communicated their needs and wishes and staff described how each person made their needs known. Staff knew if people were unable to make complex decisions, for example about medical treatment, a relative or advocate would be asked to support them and a best interests meeting held to ensure all proposed treatments were in their best interests. The registered manager confirmed they had not needed to make any best interest decisions since our last inspection.

Everyone had received a flu vaccine. We asked about capacity to agree to this vaccine and were told it was for the person administering the vaccine to assess capacity. However, whilst this is the case, people had complex communication needs and it would be up to the staff who knew them well to assess if anyone indicated they were not happy with the procedure. The registered manager told us they were confident people had not demonstrated any unhappiness to have the vaccine but said they would write a protocol for such procedures. If in the future anyone indicated unhappiness with the procedure a best interests meeting would be held.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. Referrals had been made for standard authorisations for those who required them and the home was awaiting the outcome.

People had enough to eat. Menus were planned on a weekly basis and a copy was displayed on the notice board which showed which person had chosen each meal. Allergens were considered as part of menu planning. The menus were varied and well balanced. People were asked where they wanted to sit at mealtimes and mealtimes were not rushed. Staff cut food up and assisted people with their meals, where appropriate. Some people had specialist plates and cutlery to meet their individual needs. We were told that one of the staff recently cooked a meal that was traditional in their home country. Staff told us the meal 'went down well' and it was hoped they would introduce further meals to broaden people's choices.

People had a range of equipment to meet their individual needs. This included wheelchairs, some with lap tables that could be attached, comfy chairs, bean bags and shower chairs. Two people could self-propel their wheelchairs and the design of the building meant they could move about the home easily. There was a sensory room. Staff told us some people chose to spend time relaxing in this area and they enjoyed the sensory lights. We were also told people enjoyed spending time in the garden area during the summer months and this was an area they had developed and would continue to develop as the weather improved.

One person had an electronic device to assist their communication. There had been problems encouraging the person to use the device but the registered manager told us they had sought advice on how to encourage its use and would together advice and guidance for staff.

Is the service caring?

Our findings

A staff member told us, the best thing about working at Oak View was, "The service users, it's a happy and lovely place, it's their home and they are treated well, beautiful food and nothing is too much trouble." A visitor to the home told us, "My relative's keyworker is lovely. All of the staff who have worked in the home long-term, know my relative really well."

Staff were able to tell us how they implemented the organisations' equality and diversity policy in every aspect of the care they provided. They recognised people's different personalities and the different choices they made. When one person indicated they wanted music to be played, the staff member told them another person was watching a film and they would have to listen to their music in their bedroom. The person accepted this and was taken there. A staff member told us, "One person liked to get up later than others and this meant they had their meals later than the others. They told us, "We accept and accommodate their lifestyle choices." People were supported by staff who knew them well as individuals. Staff were able to tell us about people's needs, choices, personal histories and interests. Staff knew what people liked doing and how they liked to be supported. They talked with people in a way they could understand and people responded positively to them.

Staff gave us examples of how they maintained people's privacy and dignity. They told us they knocked on people's doors before entering. They said they always ensured curtains were drawn and doors closed when personal care was given. One person's support plan included advice for staff to ensure that when the person indicated in a particular way, they should be given private time. Attention was given to ensuring that people's dignity was respected.

People were treated with kindness and compassion. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. In one person's care plan there was specific advice about how they liked to be supported. For example, it stated, 'I like the bathroom light to be left on at night.' People's bedrooms had been personalised to reflect each person's individual tastes and interests. There were pictures throughout the home that showed the activities that people had been involved in. There were also photographs or statements of people's ambitions such as spending more time in the garden or learning more Makaton. There was a sensory room. We were told three of the people liked to spend time there and we saw the area was used during our inspection.

A relative told us staff took time to talk to them when they visited the service and they told us they were always made welcome. We observed staff giving people choices about the food people had for breakfast and the types of drink people wanted. One person made a choice but when this was provided they did not want this, an alternative was offered, provided and then taken.

Records were stored securely and only available to those with a right to see them. Staff told us they had regular opportunities to read through care plans. They felt the care plans reflected people's current needs.

Is the service responsive?

Our findings

One person's relative said staff were good at updating them about their relative when they visited the home. However, they "Used to get an email weekly from X's keyworker and that meant we knew what they were doing but that stopped." They told us they missed this. We discussed this with the registered manager who said that this had happened due to the staff turnover and keyworker changes but they hoped to reinstate this regular correspondence. However, they also told us people's relatives received regular phone calls from staff and relatives' meetings had also been introduced.

We were told one person used a bank of pictures to communicate their needs and staff showed us how they used the cards to aid the person's communication. The registered manager told us this person also had an electronic device that staff had tried to use with them intensively a year previous but the person had not shown much interest. We were told advice had been sought from the local learning disability team about how to encourage the person to be more involved. It had been agreed in their last review that the device would be trialled again for a two month period and all progress reviewed. There were no records to show this had been done and staff confirmed they did not use the iPad. One staff member told us, "I don't use it, I've not seen it." Another staff member said, "We offer it but they often say no. We can't get them to do something they don't want to do." The registered manager confirmed they would put together advice for staff on how to support the person with their device and they would ensure as far as possible the trial was completed.

We recommend the provider continues to explore ways of encouraging this person's involvement with their iPad to aid their communication.

One person had their own mobility car that was used solely to take them to and from their activities. The home had two vehicles that each could take one wheelchair. On the second day of our inspection one of the vehicles was in the garage for repair. This meant that one person did not go to their day centre. However, alternative activities were provided at Oak View instead.

There was specific information within care plans that stated how people liked to be supported with personal care. For example, advice included to use hand over hand when supporting a person with brushing their teeth, or advice about which size of sling to use when using a hoist.

Peoples' weights were regularly monitored and documented in their care plan. Where there had been a concern about people's weights these had been discussed with GPs and if appropriate dietetic advice had been taken. One person's weight was monitored closely and whilst not on a diet, staff said they had, 'everything in moderation' as the person would continually ask for high calorie snacks.

People were not able to express their wishes in relation to end of life care so staff spoke with people's families to hear their views. One person's family did not feel able to discuss this subject and this had been documented. Records showed that in the event of death the person's family would be contacted and the family would make arrangements. In relation to another person the family had completed a very detailed

booklet on their wishes should their relative die.

There were procedures to enable anyone wishing to make a complaint to do so. There was a detailed complaint's policy. In addition there was a simplified version of the complaint procedure with widget symbols. (Widget symbols are computer generated symbols to represent the spoken word.) People's care plans contained information about how people expressed if they were unhappy or in pain. Staff also confirmed how they knew if people were unhappy and were able to give examples of how they supported people to assist them in expressing why they were unhappy. We observed one person became upset during a baking session; staff immediately recognised the signs that they were unhappy and they took them to another area and spent time with them there. The person immediately settled. There was one formal complaint that a relative had raised in December 2016 and was still ongoing. The complaint referred the home's transport and the staff turnover. It was noted the complaint was close to resolution.

We observed two people in the kitchen; one person enjoyed a sensory activity with water. The second person assisted a staff member in meal preparation. The person indicated to staff where all the ingredients and equipment were stored and assisted the staff member in tasks such as stirring. We noted that along with using Makaton signing, the staff member spoke clearly with the person and they had a good rapport. One of the work surface areas was lowered to enable a person in a wheelchair to sit at a comfortable level to do food preparation.

Two people attended college placements twice a week and one person, once a week. A new swimming activity had just been started. The home and sister home had hired a swimming pool. We were told two people would be able to go each week from Oak View so they would alternate to ensure everyone went every other week. An aromatherapist visited the home once a week to provide treatment to people.

Since the last inspection a large area of the garden had been set aside for a sensory area and for growing fruit and vegetables. Staff called this area the, 'we grow, we eat' area. Whilst this was the wrong time of year to see this in bloom staff spoke positively of this area and the enjoyment they had supporting people in this area. We were told one person particularly enjoyed spending time in the garden. Raised flowers or herb beds had been planted outside each person's bedroom window and staff said these would be restocked this year.

We were told people had chosen the colour scheme for their lounge area when this was redecorated a few months previously. Two people had also chosen the new curtains. One person had helped to paint the fence in the garden.

Is the service well-led?

Our findings

Oak View has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection of the service we rated the well led domain requires improvement. This was because the provider was not always effective in identifying shortfalls in the service. Since the last inspection the registered manager left their position and the deputy manager was appointed manager and registered in post in June 2017. The registered manager was also the registered manager of a sister home on the same site and divided their time between both homes. They were assisted by a deputy manager.

Areas of record keeping need to be improved. People's daily records (PDOs) were used to record the activities they had taken part in throughout the day and night. However, records provided limited information. For example, for one person it stated the person had been tearful but there was no information the reason had been explored or the action taken to support the person. We tracked one person for a week in relation to their activities. This showed that apart from one hospital appointment they had not been out of the house and they had spent most of the week in their bedroom. Staff told us the person had not been particularly well that week and liked and chose to spend time in their bedroom. We tracked another week. There was a similar pattern of spending time in their room and little staff interaction recorded.

Daily records for two people did not demonstrate they were given time in either alternative seating or on their beds as recommended by their physiotherapist. By the second day of inspection the recording forms had been updated to enable this level of detail to be recorded.

There were systems to record weekly summaries of the PDOs. However, these had not been done. By the second day of inspection weekly summaries had been reintroduced and some records had been completed retrospectively. The summaries of the records for one person showed exercises had been done seven days a week but staff told us they did not do the exercises as they had been stopped. There was a lack of clarity about what some staff referred to as exercises and other referred to as massage. There was no monitoring of the activities in relation to what had been carried out or in relation to meeting people's individual needs. In the weekly summary for one person it was noted records stated the person had not gone swimming twice as there were not enough staff. The registered manager said that they were unsure why this would have been recorded as there were always four staff on duty. They said there had been a problem with the hoist at the swimming pool, rather than a shortage of staff. For another person it stated three walks had not occurred as there was a shortage of staff.

In one person's end of life wishes the person's family had recorded the person had been baptised a particular religious denomination. However, it was noted the person's care plan and HAP each stated a different religious denomination. We were told this was an error and would be rectified.

There were no effective systems to ensure agency staff were given the information they needed to meet people's needs. We asked to see the folder given to agency staff when they started working in the home. There was information about orientation, records to be completed and service user care. However, there was only information about two people's care needs. It was noted only one agency staff member signed they had read the orientation checklist. Although two staff had signed they had read the service user profiles, both had worked at the sister home. The staff rota confirmed regular agency use so records did not confirm all staff had read the folder.

The initial induction booklets for two permanent staff who had started work within the last year had not been completed. One of the staff members completed the booklet during our inspection.

There was some cross referencing of information from care plans to the HAPs. When information in care plans was updated the information was not automatically updated in the HAP and this meant some of the information in the HAPs was not up to date or accurate. For example information about, people's exercise programmes and the equipment to be used. This meant that any professional reading this documentation would not have the most up to date information about the person's support needs.

We were told staff meetings and service user meetings were held monthly. Minutes of these meetings were last recorded in July 2017 and the minutes of meetings since this date had yet to be typed. By the second day of inspection the minutes for all the meetings since July were in the appropriate folders. However, staff who had not attended these meetings would not have had access to the minutes and therefore would not have been kept up to date on the running of the home.

Within the communication book there was an entry, 'shower came off the wall so (X) had a bucket wash instead.' There was no explanation of how this had been done and this had not been explored with the staff member who carried out the wash. There were also entries written by an ex staff member on their last working day that were not complimentary. This book also contained information of a confidential nature that should have been recorded within people's individual care documentation.

There were systems to seek people's views about the quality of the care provided in the service. For some people the tool in use was appropriate as they could give a response and the staff member wrote what they thought the person meant by their response. However, for others the tool was less effective. For example, in response to some questions it was documented the person either shook their head, looked disinterested, or looked away but the outcome of the questions were ticked as 'ok.' There was no explanation of how this decision was reached. This did not demonstrate people's views had been listened to.

The above areas are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured good governance had been maintained.

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. Both audits identified shortfalls in record keeping in relation to daily records and staff and people's meeting minutes for the past few months. It was noted that following an audit carried out in January 2018, additional support had recently been given to the registered manager to address shortfalls in record keeping. However, not enough time had passed for this to be effective. The locality manager confirmed they had already identified areas where changes needed to be made and were in the process of making plans to address these. The registered manager felt that they had been supported well by the organisation.

There were systems for carrying out audits in a range of areas such as infection control and the management of medicines. The organisation ensured audits of health and safety were carried out twice a year and any actions identified were addressed. There were online monitoring systems which meant the organisation was able to monitor how the home was doing in a range of areas and this helped the organisation assess the running of the home.

People's relatives had been invited to a meeting during the summer months and records showed they were updated on matters relating to the home and had a say on matters of importance to them. Staff told us they could raise matters with the manager or locality manager if they had any concerns. One staff member told us, "There is good team work here." Staff told us they felt the organisation was interested in their staff and ensuring they were well supported.

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>The provider had not ensured the safety of people by assessing the risks to their health and safety during care or treatment and doing all that is reasonably practicable to mitigate any such risks.</p> <p>12(2)(a)(b)(h)</p>
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 had not ensured good governance had been maintained.</p> <p>Appropriate systems and processes were not in place to fully assess, monitor and improve the quality and safety of the service provided.</p> <p>17(1)(2)(a)(b)(c)(e)</p>