

Four Seasons (No 9) Limited St Oswalds

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This inspection was unannounced and took place on 6 July and 17 August 2015.

The home was previously inspected in June 2014. A breach of legal requirements was noted in regard to notification of incidents. We followed this up during August 2014 and found that improvements had been made to address the breach.

St Oswalds is a residential care home providing accommodation, personal and nursing care for up to 42 older people. The service is provided by Four Seasons (No 9) Limited.

The home was first registered in 1987 and consists of a two storey Victorian building and a single storey extension. All rooms are single occupancy and eighteen are equipped with en-suite facilities.

On the day of our inspection the service was accommodating 38 people with different levels of need.

At the time of the inspection there was a registered manager at St Oswalds. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 present during the two days of our inspection and engaged positively in the inspection process together with her regional manager. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors.

We found a number of breaches related to medicine management which included a failure to ensure there were sufficient quantities of medication to ensure the safety of service users and to meet their needs. You can see what action we told the provider to take at the back of the full version of the report.

People living at St Oswalds were observed to be comfortable and relaxed in their home environment and in the presence of staff. People spoken with were generally complimentary about the care provided at St Oswalds.

For example, comments received included: "Staff are very nice. They treat me well"; "If I feel I need help I get it"; "They treat me kindly. They're very good and patient"; "Thanks be to God we're looked after well. Staff are wonderful" and "Staff look after me well."

Likewise, relatives reported; "Although they're busy staff always make time for a chat. They have all the time in the world for relatives too"; "Staff are wonderful with her" and "Staff are definitely caring, even the reception staff."

We observed people's choices were respected and that staff communicated and engaged with people in a polite, dignified and courteous manner. We also noted that interactions between staff and people were professional; unhurried; kind, friendly; caring and personalised. Staff were also seen to be attentive to the individual needs of the people they cared for and demonstrated a good awareness of the preferred routines of the people living at St Oswalds.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

Systems had been developed by the provider to assess the needs and dependency of people using the service; to obtain feedback on the standard of care provided and to respond to safeguarding concerns and complaints.

Staff spoken with confirmed they were supported in their role and had access to induction, ongoing training and formal supervision and appraisal.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People using the service were not adequately protected from the risks associated with unsafe medicines management. This included a failure to ensure there were sufficient quantities of medication to ensure the safety of service users and to meet their needs.

Requires improvement



Is the service effective?

The service was effective.

The manager had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had access to policies and procedures and training in respect of these provisions.

Staff working at St Oswalds had access to supervision and a range of training that was relevant to individual roles and responsibilities.

People living at St Oswalds had access to a choice of wholesome and nutritious meals and had access to a range of health care professionals.

Good



Is the service caring?

The service was caring.

We observed interactions between staff and people using the service were kind, caring and personalised. We also observed people's choices were respected and that staff communicated and engaged with people in a polite and courteous manner.

Good



Is the service responsive?

The service was responsive.

Systems were in place to ensure the needs of people using the service were assessed and planned for.

People received care and support which was personalised and responsive to their needs.

The service employed an activities coordinator to provide a range of individual and group activities for people living within the home.

Good



Is the service well-led?

The service was well led.

St Oswalds had a registered manager to provide leadership and direction.

Good



Summary of findings

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions and the manager was proactive in seeking this.

St Oswalds

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 06 July and 17 August 2015 and was unannounced.

The inspection was undertaken by two adult social care inspectors, a specialist pharmacy adviser and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case of older people.

Before the inspection the provider completed a Provider Information Return which we reviewed in order to prepare for the inspection. 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 looked at all of the information which the Care Quality Commission already held on the service. This

included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority and Clinical Commissioning Group to provide us with any information they held about St Oswalds. We took any information they provided into account.

During the visit we talked with 13 people who used the service, six relatives, four care support workers, three nursing staff, an activities coordinator and a member of the catering team.

Furthermore, we met with the registered manager, deputy manager and regional manager. We also spent time with people in the communal lounges and in their bedrooms with their consent. The expert by experience joined one group of people for lunch.

We undertook a Short Observational Framework for Inspection (SOFI) during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including four care plans; four staff files; staff training records; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at St Oswalds to be safe.

People spoken with told us that they felt safe and secure at St Oswalds and were well-supported by staff who had the necessary skills to help them with their individual needs. Comments received included: “I’m safe yes”; “I’m safe on the whole”; “If I ask for painkillers they always get them for me” and “It’s always clean. There’s always someone cleaning.”

We received mixed feedback regarding the staffing levels at St Oswalds. For example; one person reported “Enough staff I think so” and another person stated: “They’re good people but there’s not enough of them.” We shared this feedback with the management team to ensure they were aware of people’s views.

Feedback received from a relative included: “She’s very safe here. Safety was the deciding and biggest factor for the family”; “They definitely make time for a chat, and they have all the time in the world for relatives too”; “Mum’s medications are administered by a nurse at the right times” and “Very clean and well maintained. Room is always spotless”.

We checked the arrangements for medicines at St Oswalds. Prior to our inspection we had received information of concern regarding the management of medicines at St Oswalds from the Clinical Commissioning Group.

We looked at how medicines were stored, administered and recorded. We spoke to nursing staff who were responsible for administering medication and observed medicines being given to people in the morning.

Nursing staff told us that they had medication training last year and had their skills assessed a few months ago.

We found that the medicines were being stored securely in a separate medicine room and the designated nurse retained the keys. We carried out checks on five controlled drugs medicines and found these to be correct. Nurses were carrying out daily stock checks on controlled drugs.

The nurses checked the storage temperatures of the fridge and medication room daily to ensure they were within the required limits and staff recorded the date of opening on the medicine packs to ensure the shelf life could be checked.

At the inspection we found the medicines trolley to be dirty with sticky residues from the bottles and also there were unlabelled dirty spacer inhaler devices. This was a concern as it was unclear which device belonged to which person and the potential cross contamination of equipment.

We checked medication administration records (MARs) for 17 people from both the residential and nursing units. We found that the MARs were accurate and there were no missing signatures for the medicines administered.

We noted that some people were prescribed medicines that needed to be given before food but we could not confirm that these had been given correctly from the records.

St Oswalds had a stock of all medicines on the day but five people had run out of medication during June. For example one person had not had their steroid inhaler for 12 days and another person had no pain relief for 10 days.

Upon reviewing daily records, it did not appear that these people had suffered any consequences in terms of worsening symptoms as a result of missing their medication. The nurse had tried to chase up the prescriptions from the surgery but this was not carried out in a timely manner and the service did not have a robust system for ordering people’s medication at different times to the normal cycle.

The home had an incident reporting policy but a pain relief patch for one person had been applied a day late and the nurse had not followed procedures to report this to the manager.

We noted that the changeover to the next cycle had been carried out by a new night nurse who had not completed this task before. The nurse had not accurately recorded the quantity of medicines that were being carried forward from the previous cycle and in some cases medication was not on the MAR chart. As a result it was difficult to do an audit trail for these medicines to confirm the records of administration.

The home had protocols to support the administration of PRN medication but some protocols were missing and

Is the service safe?

there was little information in people's care plans about their individual needs for their medicines. Staff were also not recording the administration of these medicines in a consistent manner.

We looked at the recording of topical creams and found records to be inaccurate and inconsistent. In some cases there was no record at all. This was a concern as it was not clear if the prescribed creams had been correctly administered. One person had not had their creams applied that day as the creams were still unopened in the medicines room. Another person was putting their own creams on but there was no risk assessment in place for this.

It was evident that through joint working with the CCG, the home had made good progress with training and improvements as well as regular weekly and monthly audits. Some issues seen at the inspection were as a result of a new staff nurse who was not familiar with the home's procedures.

It was unclear if people were adequately supported to take their own medicines. The audits carried out had picked up various issues but there was a lack of effective actions and timescales.

We found that the provider had not always ensured the proper and safe management of medicines. This included a failure to ensure there were sufficient quantities to ensure the safety of service users and to meet their needs.

This was a breach of Regulation 12 (1) (2) (f & g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at five care files for people who were living at St Oswalds. We noted that each person had a care plan and supporting documentation which included a range of risk assessments. Personal emergency evacuation plans were also in place to ensure an appropriate respond in the event of a fire. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential / actual risks.

Systems were in place to record any accidents and incidents that occurred with St Oswalds. We noted that falls, pressure ulcers and other incidents had been

analysed on a monthly basis to enable ongoing monitoring of incidents and action taken. This information was stored with the organisation's electronic records management system known as datix.

Areas viewed during the inspection appeared clean and hygienic and staff were noted to wear personal protective equipment. The building was subject to an ongoing maintenance and refurbishment plan to ensure it remained homely and comfortable.

At the time of our inspection St Oswalds was providing accommodation and nursing care to 38 people with different needs. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

Staffing levels set by the provider at the time of our visit were two registered nurses, one senior staff and seven care staff from 7.30 am to 1.30 pm. From 1.30 pm to 7.30 pm there was one registered nurse, one senior staff and seven care staff on duty. During the night there was one registered nurse and three care staff on duty.

Other staff were employed for catering; activities; laundry and domestic, clerical and maintenance roles. The registered manager and deputy manager were supernumerary and worked flexibly subject to the needs of the service.

We noted that a system had been developed by the provider known as 'care home equation for safe staffing' (CHESS) to calculate staffing levels based upon the dependency levels of people using the service. We were informed that nursing staff provided a summary of each person's needs on a weekly basis for the attention of the registered manager. This information was then inputted into the CHESS system which calculated staffing for carers and nurses.

No concerns were raised regarding staffing levels at the time of our inspection by staff. Staff reported that they were of the view that there were sufficient staff on duty to meet people's needs.

We looked at a sample of four staff files for staff who had been employed to work at St Oswalds. Through discussion with staff and examination of records we found that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were

Is the service safe?

application forms; references, health questionnaires, disclosure and barring service (DBS) checks and proofs of identity including photographs. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

All the staff files we reviewed provided evidence that the registered manager had completed the necessary checks before people were employed to work at St Oswalds. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

The management team and staff spoken with, demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse. Discussion with staff and examination of training records confirmed that the majority of the staff team had completed safeguarding vulnerable adults training.

A corporate policy and procedure had been developed by the service to provide guidance for staff on 'Safeguarding Adults'. A 'Procedure for raising Whistle Blowing Concerns' was also in place for staff to refer to, together with a whistleblowing notice which was displayed on a notice board in the reception area.

The provider operated an electronic records management system known as datix which was used to store a range of information including safeguarding incidents.

We viewed the safeguarding records for St Oswalds. Records confirmed that appropriate action had been taken in response to each incident which included safeguarding alerts being made to the local authority. One of the incidents was subject to an internal investigation at the time of our inspection and the alert had been closed by the local authority.

Is the service effective?

Our findings

We asked people who used the service if they found the service provided at St Oswalds to be effective. People spoken with told us that their care needs were generally met by the provider.

Comments received from people included: “Food alright no complaints”; “Food not bad, portions okay”; “I’ve never been disappointed with the food yet”; “There is always plenty of drinks” and “They get the doctor when needed. If I specify I want him they get him.”

Likewise, feedback received from relatives included: “The home arranged for the optician to visit and now mum’s got new specs.”

St Oswalds is a care home providing accommodation, personal and nursing care for up to 42 older people. The home consists of a two storey Victorian building and a single storey extension. All rooms are single occupancy and 18 are equipped with ensuite facilities. The home has two lounges, a dining room and conservatory with pleasant private gardens and a shelter for smokers. People using the service were noted to have access to a range of individual aids and adaptations to assist with their mobility and independence.

At the time of the inspection it was not possible for us to accurately assess the overall completion rates for individual training courses, as a new e-learning training system named ‘SOAR’ had been introduced across the organisation during May 2015. The regional manager was able to provide evidence of the technical difficulties experienced by staff when trying to log on and the system failing to record completed modules.

The registered manager was able to provide a list of training up to April 2015. This provided evidence of high completion rates for all subject areas. For example, the lowest percentage recorded for any of the courses was 95%.

Examination of records and / or discussion with staff employed confirmed staff had access to in-house induction and a range of ongoing training to assist in their continued professional development. Examples of training completed by staff employed at St Oswalds included subjects such as: fire safety; health and safety awareness; basic life support; first aid awareness; food hygiene; infection control; manual

handling (practical and theory); control of substances hazardous to health; safeguarding; medication; equality and diversity; Mental Capacity Act and deprivation of liberty safeguards. Other training on offer included: allergen awareness in care; conflict resolution; information governance; pressure ulcer and reporting of injuries; diseases and dangerous occurrences (RIDDOR).

Information received prior to the inspection via the provider information return (PIR) indicated that none of the staff had completed the Skills for Care Common Induction Standards (CIS) or Care Certificate. The management team informed us that the registered provider had commissioned a training provider to support all staff to complete the Care Certificate by October 2015.

Information received from the registered manager highlighted that 17 out of 25 staff (68%) had completed a National Vocational Qualification or Diploma in Health and Social Care at Level 2 or above.

Staff spoken with confirmed they were supported in their role and access to formal supervision and appraisal. This was confirmed by supervision records we looked at.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager informed us that she had completed training with the rest of the staff in the MCA and DoLS and we saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the registered manager confirmed that at the time of our visit to St Oswalds there was only one person using the service who was subject to a DoLS. Additional applications were being considered by the local authority for authorisation.

We noted that the registered manager maintained a record of people subject to a deprivation of liberties safeguard, together with the type (standard or urgent), date approved

Is the service effective?

and expiry date. We also saw that evidence had been obtained from the Office of the Public Guardian to confirm the names of people with lasting power of attorney for health and welfare and property and / or financial affairs.

Since our last inspection the provider had commissioned an external contractor to manage the catering and provision of meals. We spoke with a dietician who was overseeing the introduction of new menus within St Oswalds.

We noted that a diet notification form had recently been introduced so when people using the service and their relatives were consulted about their food preferences and needs, the catering staff received the information. There was a list of people's meal preferences in the kitchen including drinks, what pace they liked to eat and this had been signed by people.

A four week rolling menu plan was in operation at St Oswalds which was reviewed periodically. The daily menu offered a variety of options. The menu was displayed on a notice board and on menu cards on dining tables. A pictorial menu was also in place to help people understand the meal choices available. People using the service had the opportunity to eat in the dining room or in their own rooms if they preferred.

During the inspection a lunchtime meal was observed. Tables were attractively set with napkins, condiments and glasses. The lunch time meal consisted of a choice of

tomato and basil soup and sandwiches or a pasta dish. We noted that two people did not like these choices and were given meals from the alternative options menu of omelette and chips.

We observed staff to be attentive to the needs of people and saw that some people were being given food fortified with milk, butter or cream. Staff were seen to encourage people to eat and were very patient with many requests for assistance. Likewise, we noted that two people had swallowing problems and following a speech and language therapy assessment were given thickened fluids and soft food to militate against choking.

The most recent local authority food hygiene inspection was in February 2015 and St Oswalds had been awarded a rating of 5 stars which is the highest award that can be given.

Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; practice nurses; chiropodists and speech and language therapists. People using the service or their representatives who we asked, confirmed this.

We noted that the service had experienced difficulties in accessing some health care services such as dentists; opticians, audiologists and physiotherapists. The regional manager reported that the provider had recently teamed up with some healthcare providers with a view to improving people's access to these healthcare services and provided an information leaflet to confirm this feedback.

Is the service caring?

Our findings

We asked people using the service if they service provided at St Oswalds was caring. People spoken with told us they were well cared for and treated with respect and dignity by the staff at St Oswalds.

Comments received from people using the service included: “Staff are very nice. They treat me well”; “If I feel I need help I get it”; “They treat me kindly. They’re very good and patient”; “Thanks be to God we’re looked after well. Staff are wonderful” and “Staff look after me well.”

Likewise, relatives reported; “Although they’re busy staff always make time for a chat. They have all the time in the world for relatives too”; “Staff are wonderful with her” and “Staff are definitely caring, even the reception staff.”

The regional and registered manager demonstrated a good knowledge of the people living at St Oswalds and a commitment to developing the service. Likewise, staff responsible for the delivery of care were observed to interact and engage with people in a positive manner and were seen to be responsive to the individual needs of people throughout the two days of our inspection. For example we observed one person telling a member of the care staff team that they felt cold. The staff member was seen to explain that she would quickly fetch the person’s cardigan and upon return took time to help the person put their cardigan on before checking the person was warmer and comfortable.

We used the Short Observational Framework for inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. We observed people’s choices were respected and that staff communicated and engaged with people in a polite, dignified and courteous manner. We also noted that interactions between staff and people were professional; unhurried; kind, friendly; caring and personalised. Staff were also seen to be attentive to the individual needs of the people they cared for and demonstrated a good awareness of the preferred routines of the people living at St Oswalds.

Staff spoken with told us that they were given time to read people’s care plans and associated records to help them understand the needs of the people they cared for. This helped staff to acquire knowledge and understanding of people’s backgrounds and the support that people needed to receive individualised support.

We asked staff how they promoted dignity and privacy when providing care to people at St Oswalds. Staff spoken with were able to give examples such as knocking on people’s doors before asking to enter. Staff also reported that they had received training on the principles of good care practice as part of their induction and other training such as ‘equality and diversity’.

Information about people receiving care at St Oswalds was kept securely to ensure confidentiality. Information on the service and of interest to people using the service was displayed on notice boards and in the reception area of the home.

Is the service responsive?

Our findings

We asked people who used the service if they found the service provided at St Oswalds to be responsive. People spoken with told us that they were generally of the view that the service was responsive to individual needs.

Comments received included: “Staff treat me as an individual. I choose to go to bed between 9 and 9.30pm. I get up at 8.30am. I’m happy with these times”; “We do what we want to do” and “I’m a satisfied customer. As for complaints I’ve got none.”

We received mixed feedback regarding the response times to call bells. For example one person said; “They come straight away”. Conversely, another person stated: Sometimes they pop their head in and say ‘I’ll be two minutes’ but I can wait about half an hour.” We raised this feedback with the management team who assured us they would monitor this feedback.

Relatives spoken with reported: “Staff encourage my mother to be as mobile as possible and independent as she can”; “I’ve had little moans but they have always been put right” and “She plays bingo now. It brings her out of herself.”

We looked at five care files and found copies of corporate documentation that had been developed by the provider. Files contained a pre-admission assessment of needs and a range of care plans which outlined: individual risks, needs, expected outcomes and care to be provided. Evaluation records had also been completed, to ensure information was kept under review.

We were also informed that the provider was in the process of reviewing the care plan system in order to make it easier to follow and this information was recorded in the provider information return.

A range of supporting documentation such as: background and social information; personal preferences; consent forms; health care records and other key documentation was also available to refer to. This helped to ensure that staff had the information they needed to respect the

person's preferred wishes, likes and dislikes. Records viewed provided evidence that people using the service or their representative, where possible, had been involved in care planning.

A copy of the provider’s complaints policy was in place to provide guidance to people using the service or their representatives on how to make a complaint. Details of how to raise a complaint had also been included in the service user guide and was on display in the reception area of St Oswalds.

The complaint records for St Oswalds were viewed. Information about the complaints and action taken was available for reference together with copies of letters sent to complainants.

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly. This was also evident in the complaint records we viewed during the inspection.

St Oswalds had a newly appointed activity coordinator who was responsible for the development and provision of individual and group activities for people using the service. An activity planner had been developed based upon the needs and interests of people using the service. This outlined a range of activities on offer including: individual activities; bingo; arm chair exercises; pamper days; manicures; craftwork; cards; pub lunches; newspaper reviews and films. Larger events such as garden parties and an armed forces day had also been arranged. We observed people participating in a bingo and a manicure session during our inspection.

People spoken with confirmed they were happy with the activities on offer and records of individual activities were maintained and available for reference.

Key information on St Oswalds had been produced in the form of a ‘statement of purpose’ and ‘service user guide’. Copies of this documentation together with a booklet on St Oswalds and information on how to raise a complaint was available in the reception area of the home for people to view.

Is the service well-led?

Our findings

We asked people who used the service if they found the service provided at St Oswalds to be well led. People spoken with told us they were happy with the way the service was managed.

Comments received included: "I can't fault the management. They are unbelievable and helpful. I had a wonderful introduction, and the manager will stop whatever she's doing and respond to you" and "Paula [Registered Manager] is good and approachable".

Feedback received from staff confirmed they also felt valued and supported by the manager.

St Oswalds had a manager in place who had worked at the home since November 2012 and had been registered with CQC since March 2013. The registered manager had completed the National Vocational Qualification in Leadership and Management and was present during the two days of our inspection. The registered manager engaged positively in the inspection process and staff were observed to refer to the registered manager by her first name which reinforced that there was a friendly relationship between them and a commitment to an "open door" policy from her.

We noted that a business continuity plan had been developed to ensure an appropriate response in the event of a major incident. We also saw that there was a system of audits in place to monitor the operation of the service.

For example, the regional manager had undertaken 'quality monitoring visits' periodically. Records confirmed that a range of areas were reviewed as part of this audit including: medication management; care documentation; room documentation; health and safety audits; review of datix (an electronic records management system); stakeholder inclusion; finance; environment; occupancy; human resources and care related issues such as falls, accidents / incidents and admission to and from hospital.

Additionally, a home environment checklist had been completed and there had been an internal quality framework inspection during March 2015.

We noted that number of other audits were undertaken throughout the year such as dining room audits; food

safety; infection control; bed rails; medication management; night visits and health and safety. Some audits did not contain target dates for areas requiring action or limited space for recording information. The management team informed us that the auditing system was due to be reviewed and that these issues would be addressed to ensure best practice.

Incidents, accidents and safeguarding referrals had also been recorded on an electronic system to monitor incidents and action taken. This helped the provider to maintain a central overview of incidents.

We checked a number of test records and service certificates relating to: the fire alarm system; fire extinguishers; emergency lights; nurse call; hoisting equipment and slings; passenger lift; gas safety and portable appliances and found all to be in order. We noted that personal emergency evacuation plans had also been produced for people using the service.

Systems were in place to seek feedback from people using the service. We noted that the last resident / relatives survey was distributed in October 2014. Records showed that the results had been analysed and a summary report produced however there was no action plan.

A staff survey was also distributed to staff during October 2014. At the time of our inspection the results of the survey had not been received from the organisation's head office.

Examination of records and discussion with staff confirmed they attended handovers between shifts and team meetings periodically. Staff also told us that they had received formal supervisions with line managers at variable intervals and records were available to confirm they had taken place. The registered manager and staff spoken with demonstrated an understanding of the organisation's vision and values and information on this subject was available in the reception area for people to view.

The registered manager is required to notify the CQC of certain significant events that may occur at St Oswalds. We noted that the registered manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the manager was aware of and had complied with the legal obligations attached to the role of a registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 registered person had failed to ensure the proper and safe management of medicines. This included a failure to ensure there were sufficient quantities to ensure the safety of service users and to meet their needs.</p>