

Meridian Healthcare Limited

The Oakes Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 11 April 2016 and was unannounced. The Oakes Care Centre is registered to provide accommodation and personal care for up to 60 people. 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. The registered manager was booked off on annual leave during our inspection; however they were present for the later part of the inspection.

People who used the service told us they felt safe and staff we spoke with recognised the signs of abuse and how to report this. Risk assessments had been undertaken and had been updated to reflect the current needs of people living there.

Medication was administered appropriately and all staff who administered medication had received training and were competent to administer. However we found an issue with administering night time medications in a timely manner. Only one member of night staff was trained to administer medication. This meant that if that person was not on duty night time medication was administered by day staff. If people required medication during the night off duty staff had to be called to come to administer medications. The manager of the home was aware of this and was in the process of training more staff.

On the day of our inspection fire extinguishers on the dementia unit had been locked away. This meant that staff did not have access to extinguishers should they have needed them. This was rectified as soon as it was discussed with the assistant operations director.

All new staff had undertaken an induction which included both theoretical and competency based elements, which were signed off by a senior carer. Staff received supervision twice a year in line with company policy, and an annual appraisal.

The registered manager demonstrated a good understanding and knowledge of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made ten requests to the local authority. The care staff had received specific training around capacity and demonstrated good knowledge in this area.

People who used the service and staff told us the food was good and we observed people being offered second helpings. Choice was offered at mealtimes, however on the dementia unit no choice was offered in relation to drinks. Everyone was given orange juice with their lunch.

The home had a monitoring sheet to note the food and drink intake of people at risk of malnutrition and hydration. However, this had not been inputted fully for one person whose care we reviewed, which meant the home had no evidence of exactly what this person had eaten or had to drink.

People told us staff were very caring and kind. We saw people's privacy and dignity were maintained. Throughout the day we saw staff spoke kindly when supporting people.

Activities were regularly taking place in the home although some people did not like what was on offer. We saw a list of varied activities and people talked positively of a future trip.

Complaints were dealt with in line with the policy. The complaints procedure was displayed throughout the building for staff, visitors and people living there to access.

Quality monitoring systems were in place and records were accessible and up to date. Audits were carried out weekly however these audits had not picked up that fire extinguishers had been removed or that people were not dressed appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

People told us they felt safe

The manager and all the staff we spoke with had a good understanding of safeguarding and how to report any concerns they may have

Staff were aware of the whistleblowing policy and told us they would report any concerns

On the day of our inspection fire extinguishers had been locked away. However this was rectified as soon as it was brought to the attention of the assistant operations director

Medications were received, stored, and administered safely

Only one member of night staff was trained to administer medications, meaning that staff were called back to work during the night if people required medication

Is the service effective?

Requires Improvement ●

The service was not always effective

New staff were supported with a thorough induction and training programme, which included both theoretical and practical elements

The registered manager and all staff we spoke with had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

There was a good system in place for monitoring people's weights and referring to other services if weight increased or decreased

There was a range of choices offered at meal times, however the same range was not offered on the dementia unit.

Food and fluid charts were not updated accurately

Not all staff had completed moving and handling training

Is the service caring?

The service was not always caring

Staff were helpful, polite, and respectful with people who lived at the home

Staff were respectful in their approach and were able to tell us how they maintained people's privacy and dignity

We saw that people were not always dressed appropriately

Independence was encouraged

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Care plans contained detailed information about people's likes and dislikes

It was not clear if people had been involved in planning their care

Activities took place at set times during the day. At other times people had little to occupy them

Complaints were dealt with in line with company policy

Requires Improvement ●

Is the service well-led?

The service was not always well led

there was evidence of some quality audit activity but there were gaps in the general quality oversight because of the breaches that we had observed on the inspection

Not all incidents had been reported to the Care Quality Commission

Requires Improvement ●

Staff meetings did not offer staff the chance to share their opinions

The Oakes Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 11 April 2016 and was unannounced. At the time of our inspection there were 60 people living at The Oakes, however two people were in hospital at the time.

The team comprised of three adult social care inspectors and two specialist advisors. One specialist advisor was a nurse by background with an interest in medication, and the second was a nurse with experience of working with people with dementia.

Before our inspection we reviewed all the information we held about the service including the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well, and the improvements they plan to make. We contacted the local authority commissioning and safeguarding teams. We also contacted Health Watch to share information they might have received. Health Watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We spoke with seven people using the service and three of their relatives. We spoke with six members of staff including the registered manager, the deputy manager, four care staff, and the assistant operations director. We reviewed five care plans and daily logs and also reviewed the registered provider's records about the service.

Is the service safe?

Our findings

We asked people who used the service whether they felt safe at The Oakes and we were told they did. One person told us "I feel safe here." Another said "I definitely feel settled here. I do like the staff, most of them are lovely". A relative told us "staff will offer a hug or touch an arm if someone is upset, they make people feel safe." One relative told us "it's lovely here they [relative] are looked after and we know they are safe." Another relative told us "I want to move here should I need care, it's so warm and welcoming, the staff will do anything for anyone."

Staff we spoke with told us they had received training in safeguarding vulnerable adults. One member of staff told us "We do our training online; I have done safeguarding training recently." The staff we spoke with were able to describe the signs of abuse and how to report any concerns. We reviewed the home's training matrix which indicated that all staff had received training in safeguarding vulnerable adults. Staff were also able to describe their response to whistleblowing. One member of staff told us they were confident that the "management would act on their concerns - but they would take this matter further if they felt management had not done this." We saw whistleblowing policy clearly displayed around the service along with the complaints procedure. This ensured that all staff visitors and people living at The Oakes had access to these procedures should they wish to make a complaint.

We saw risk assessments in the five care files we looked at. There were risk assessments for moving and handling, malnutrition in the form Malnutrition Universal Screening Tool (MUST), falls, infection control, tissue viability and medication. The files also contained personalised risk assessment where needed. For example one person whose file we reviewed was at risk of dehydration. The person had a risk assessment in place for this and we saw that staff were following the guidelines in the risk assessment. The risk assessments had a format that identified the person at risk, the risk, and any control measures. This was then graded by the likelihood, severity, and degree of risk; and a score was reached which would indicate to staff the level of risk. This showed us that the management of risk had been determined for each person to encourage risk taking without impacting on their wellbeing.

We saw that each file contained a Personal Emergency Evacuation Plan (PEEP). This document is an individual's safety plan, which consists of details for evacuation routing, equipment, and staff support in the event the premises have to be evacuated. These included the person's name and how many members of staff would be required to help the person leave and any equipment required. For example one person's PEEP stated "requires two members of staff to hoist into wheelchair."

During our inspection on the dementia unit we noticed that no fire extinguishers were in place. We asked a member of staff who told us the fire extinguishers had "been locked in staff office since last week, because a person had picked one up and threatened to smash a window. The keys to the office are held by the senior carer, if they are not around we can't get into the office." This meant that if a fire broke out staff would not have access to an extinguisher. The assistant operations director was informed and immediately put the extinguishers back in place and ordered the correct cabinets to keep the extinguishers in.

We saw that accidents and incidents were recorded and then entered in to an online system, which was analysed, and then an action plan was formulated in order to make any necessary changes. For example, one person had fallen in their bedroom and as a result of the incident analysis a falls mat had been placed by the bed and extra checks on the person when in their room. This meant that learning from incidents and investigations took place and appropriate changes were implemented.

During the inspection we witnessed an accident; staff responded to this in a positive way and demonstrated good knowledge of first aid. Emergency services were contacted appropriately. We saw that following the incident, the incident was recorded in the person's daily notes and the appropriate incident form was filled in.

We asked the registered manager how they determined staffing levels. They told us this was "carried out using a dependency tool on a weekly basis looking at people's needs and any changes, in order to have the correct level of staffing." The manager told us "there is always a senior on each floor and a team leader seven days a week. During the night there is one team leader and two care staff on duty." The manager told us they "worked Monday to Friday, however would be flexible and stay in the home overnight or at weekends if needed." On the day of our visit there were four care staff and a senior carer on the dementia unit and three care staff and a senior on the residential unit. There were also two domestic staff, one member of laundry staff, kitchen staff, and the deputy manager. The registered manager was on annual leave on our arrival; however they came in to The Oakes in the afternoon. The assistant operations director was also present for our inspection.

We reviewed three staff recruitment files and found these contained application forms, interview notes, and references. Disclosure and Barring Service (DBS) checks were held centrally for each person. This showed recruitment procedures had been followed for these members of staff. The assistant operations director told us "we have increased staff and reduced the use of agency staff. When we use agency staff we try to get the same people for continuity. We always ask if our own staff want to pick up extra shifts first." This showed the service had contingency plans in place to enable it to respond to changes in staff availability.

We observed medications and found that medicines were administered and recorded safely and in line with the home's policy. We checked Medication Administration Records (MAR) charts and found they all had a current photograph of the person, and a list of any known allergies highlighted to make them clearer. We observed medications being administered and found that people were given time to swallow them, ensuring staff observed they were taken. The carer giving medications had a good knowledge of the drugs administered and their side effects. Staff told us they had "online medication training, and competencies were assessed yearly by managers." Concerns were raised about night time medications with some staff telling us only one member of night staff was trained to give out medication. This means on the nights when this person was not on duty night time medication is administered by day staff finishing at eight pm. They also told us any as required (PRN) pain relief would also be given at this time by staff, on the assumption that they would later be in pain. We raised this with the manager and deputy manager who told us three members of staff lived close by and had agreed to be on call if any medication was needed at night. The manager also told us they would stay over on occasion in order to give medications. The deputy manager was able to show us MAR charts which had been signed at one am by staff not on the rota suggesting that this procedure was in place. The manager told us they are aware of the problem and are in the process of training other staff to ensure there is always someone on duty to give medications. Staff told us "If anyone is on end of life care, the district nurse can be called out any time of day or night to give medications through a syringe driver." The syringe driver is used to deliver a continuous supply of medication by an injection.

During our inspection we noted that one person in the residential unit waited 45 minutes to be transferred

from a wheelchair to an armchair in the lounge. We discussed this with the manager who informed us they would investigate and look in to how staff were deployed throughout the day. One person told us "I need help getting up, sometimes I ring my bell and have to wait half an hour before anyone comes in." However another person told us "the staff are very obliging, I never have to wait when I call them." The above examples are a breach of Regulation 18.(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was a system in place for checking medications. Each day five people were selected and their medication was checked against the balance in stock, and signatures on the MAR chart were checked to ensure medication was being given accordingly. We checked medication balances, and all the medications checked matched the amount recorded. We saw that one person was able to administer their own prescribed creams and kept these in a drawer beside the bed, informing staff once they had administered them. We noted that this person had Paracetamol in their drawer. We brought this to the attention of the assistant operations director who removed these immediately and told us they would ensure staff knew the only medications to be kept in the drawer were creams.

We found the general cleanliness of the home was good. All communal lounges, bathrooms, and toilets were clean and odour-free. In one bathroom we found two armchairs. The domestic staff told us this was due to the chairs needing cleaning and they would be moved to a room to be cleaned when staff were free to move them. There were two other bathrooms available which meant should someone require the bathroom there was one available. In the individual rooms and bathrooms we checked there was a supply of paper towels, and that soap dispensers were full. However on the dementia unit we noted malodour in the corridor and in two bedrooms. We saw staff wearing aprons and gloves appropriate for the task they were completing. This showed that the homes infection control policy was being followed to reduce the risk of infection.

Is the service effective?

Our findings

We asked people about the meals at The Oakes, and one person told us "the food is lovely the best part of the day." Another person told us "it could be better sometimes." Another person told us "they always accommodate me, sometimes I just want cheese on toast and I get it." One person told us "if we asked for anything they would get it for us." After lunch on the day of our inspection one person told us "that was lovely."

We observed lunch in the dining room on the dementia unit and the residential unit. On the residential unit we saw that the tables were set before lunch with plates, cups, saucers, and napkins. People were offered a choice of juices and a choice of meals. There were no condiments on the table but staff brought this when people asked for it. We discussed this with the manager and saw that it had been discussed with staff in February 2016 at a staff meeting. People were encouraged to eat by staff. Before plates were cleared people were asked if they had enjoyed their food. After dessert, tea, coffee, or more juice was offered. We observed food being taken to people's rooms. This looked appetising; however it was taken to rooms without a cover. When asked, a member of staff told us "we don't have them today, they are downstairs." This meant food may not have been hot when it arrived to people's rooms.

On the dementia unit we saw tables set up with plates and napkins and each place had a glass of orange juice, however no alternative drink was offered. No one on this unit had lunch in their room. People were offered a choice of meal verbally. We saw a picture menu on the side however this was not used. Once people had made their choice food was plated up, however no choice was offered in regards to the vegetables with the meal. We noted no condiments on the table and none offered. Orange juice was topped up but no other drinks were offered. No hot drinks were offered after lunch. On this unit everyone ate at a table, except two people who chose not to eat in the dining room; one preferring to eat at a table in the corridor and one person walking around and then eating from a table at the end of a corridor. Both these people were encouraged to eat and had one member of staff supporting them to eat in the way they chose to.

We looked at food and fluid charts for two people and found them to be inconsistently filled out. For one person we saw that the paperwork was a mixture of old and new food and fluid charts. The assistant operations director told us "paperwork was in the process of being updated." The charts for this person were filled in five times on one day but only two on another day, making it unclear how much they had eaten or drunk. For another person we saw that the food and fluid charts had been filled in daily, however two charts had not been signed or dated. The forms that had been filled in were detailed and included a description of portion size, the time of day or night, and a clear total for the fluid intake. This is essential to ensure adequate nutrition and hydration is monitored.

We looked at monitoring of people's weights and found these to be accurately recorded in the three people's files we checked. They were recorded regularly, risk assessments were updated as needed, and we saw from one person's file that they had lost weight and been referred to a dietician for advice.

We saw that staff had two supervision sessions a year in line with company policy. This stated "each staff member would have two supervision sessions and one appraisal each year." Supervision is used to monitor staff performance and any development needs. Some staff could not recall their last supervision session and one staff member told us they had only "had one appraisal in the last four years."

We looked at staff training and saw that over 80 per cent of all staff had completed the training courses that the service had identified as mandatory. These courses were booked for all staff. The assistant operations director told us "the manager and another member of staff have just been trained to deliver this course in-house, so will be doing that in the next few weeks for all staff." These are two new courses which are yet to be completed by all staff. Training was delivered via an online training portal, which highlighted when courses were due to be completed. Staff told us "we can come in to The Oakes on our days off to do the training, or do it at home if we have access to a computer." The topics covered included emergency procedures and first aid, infection control, safeguarding, medications, and the Mental Capacity Act (MCA). Staff told us that during their induction they were able to shadow more experienced staff, and there was no set amount of time for this. One staff member told us "every one learns differently." This meant the service provided staff with the necessary resources in the context of training to ensure skills, and knowledge were up to date and relevant.

The registered manager demonstrated a good understanding and knowledge of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The manager had made ten requests to the local authority for authorisations, two had been authorised and were waiting for the outcome for the other eight. This showed us the manager understood their responsibilities to ensure people who lived at the home had appropriate safeguards in place. These documents were kept in the manager's office and not in individual care files which meant staff may not know they were in place. We discussed how staff needed to have access to this in order to carry out their role with the assistant operations director. The staff we spoke with had received specific training about MCA and DoLS and were able to explain their responsibilities to us.

People were supported to keep appointments with hospitals and opticians, chiropodists, and GP's. Community nurses visited regularly to see people when required. We saw that people were seen regularly by community nurses as needed and other appointments were recorded in a diary in order for staff to facilitate attendance.

The manager told us communal areas in The Oakes "are set up to look inviting and friendly, and encourage conversation." In the lounges we saw chairs were placed in groups around coffee tables; however this made it difficult for people in wheelchairs or with walking frames to move freely in some areas. During our inspection we witnessed one person in an electric wheelchair unable to move freely in the lounge due to the placement of chairs. After the inspection the manager informed us that lay out had been organised in conjunction with residents.

Is the service caring?

Our findings

People told us they thought the staff were caring. One person told us "The staff are very obliging, we are lucky to have chosen this home." Another person told us "some are better than others, some staff are just here because it's a job. The others are lovely and will do anything for you." A relative told us "They [the relative] are well looked after, the staff ensure they are clean and not losing weight. They [the staff] interact with the people - here it's lovely."

All the staff we observed during our inspection spoke respectfully with people and it was clear they knew people well. Staff were able to tell us about people's likes and dislikes. We saw in the new care plans that the section 'My Life' had been filled in. This is a form that details people's life history including any likes and dislikes, what they did when they were younger, and any hobbies and people important to them. This enables staff to have a good knowledge of the people they are caring for. In the old style care plans this had not been completed. The assistant operations director told us they were in the process of updating all the care plans to the new style. We observed that staff did not rush with people who were confused or in need of support. Staff were helpful, polite and respectful with people who lived at the home. One member of staff told us they "treated people how they wanted to be treated themselves." During our inspection we saw evidence of staff reassuring people. As people were entering the dining room one person slid from their chair to the floor. Staff attended to this person and two other members of staff reassured others who were concerned for the person who had fallen, offering reassurance and moving people away in a kind and considerate manner. We observed one person walking the corridors looking for lost laundry and observed a member of staff take time to go and look for the laundry. The manager told us the laundry was not missing but the person was anxious when clothes were lost. They explained that "staff would go look for the laundry and the person would become less anxious." We saw this was documented in the person's care plan.

Throughout the day we saw people's privacy and dignity was maintained. One member of staff told us how they ensured people's dignity and privacy. They said "I always make sure doors are closed, and locked. I place a towel over the person. I wouldn't like it if I was exposed. I also tell them who I am and what I am going to do before I do it." We saw staff knocking on doors before entering rooms. Another staff member told us "I always knock and wait for an answer before going in to someone's room." However on the dementia unit we saw seven ladies without tights, socks, or stockings. We asked a member of staff about this, they told us "one person doesn't like them but I am not sure about the others." This indicated that staff had not taken the time to support people to dress appropriately. One person on the residential unit told us "I go to bed before the day staff go home, I don't like to go to bed so early but if I wait it's usually male staff and I don't like male staff helping me to bed." When asked about this staff were not aware of the situation. We looked at the person's care plan and there was no indication that they preferred female staff. The member of staff after speaking with us updated the care plan. The above examples demonstrate a breach of 10 (1) Service users must be treated with dignity and respect of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw that handovers took place at the beginning of each shift in the staff office to protect people's privacy. The documented handover sheet was basic, however the senior on each shift provided an in depth

update of each person. This meant that all staff were informed of any changes in people's conditions or medications and could offer appropriate care.

During our inspection we saw lots of choice offered on the residential unit, however less choice was available on the dementia unit, especially in regards to drinks at meal times when everyone was given orange juice. People told us they could "choose when to get up and go to bed." One person told us there were activities during the day and they could choose to take part or not. We saw staff ask people where they wanted to sit in the lounges and accommodate this. We saw one person ask to go to the local shop and staff arranged for a carer to go out with the person as they were not able to go out alone. This shows that people were encouraged to be as independent as possible.

Is the service responsive?

Our findings

People told us they had chosen the items in their bedrooms; one person told us "I brought a lot with me it feels like home now." Another told us "it's the little things, I have all my own things around me, it makes me happy."

We examined the care plans and daily records of five people. Personal details were recorded with a photograph of the person as well as allergy status. All 'Do Not Attempt CPR' (DNACPR) forms we reviewed were original and stored in the front of the folders. The first section of each file contained a section entitled 'Things I Must Have'. In one file this included "Zimmer frame, hearing aids and razor." The next section was 'Things that are important to me' and included people and possessions. The final section of this page was 'Things I enjoy' and we saw that one person enjoyed gardening and being outside. Another person had travelled the world and liked to discuss this. This helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care. In three of the five files we looked at this section had not been signed by the person or their relative where the person lacked capacity. This meant it was not clear if the person had been involved in creating the care plan.

All care plans and personal information was locked in a cupboard on each unit, meaning that whilst staff had access to personal information it was stored securely in line with The Oakes policy. We saw that care plans had been reviewed regularly and updated with any necessary changes. This meant care plans reflected people's current needs so that any necessary actions could be identified at an early stage.

We saw minutes from a resident meeting in February 2016 where people had raised concerns around tables not being set for breakfast, laundry going missing, and morning drinks not being served. There were no answers to these concerns or action plans documented. We saw minutes from a staff meeting in March 2016 which was a list of advice and actions for staff from the minutes, but we could not see any staff input in the meeting. One member of staff told us "We have meetings, but I can't remember the last one." Another staff member told us "We don't have regular meetings." The assistant operations director told us that staff service, user, and relative surveys were "Due to be sent out in April 2016, but had not been used in 2015." This meant that the views of the people living in The Oakes, their families, and staff had not been assessed.

During the inspection we observed a quiz take place in the lounge. The staff member running the quiz kept everyone involved and talking. There was a good atmosphere in the lounge during this time with lots of laughter. After the quiz had finished people stayed in the lounge laughing and chatting. People told us lots of activities took place and we saw that a canal trip was planned for later in the year. The manager told us they held dinner parties and organised different activities to keep people interested. We also observed staff hold a coffee morning in the coffee shop, which was set up with an old fashioned cash register. People came in and out as they wished and were served drinks by two staff members who were encouraging conversations between people. Music from the 1940s and 1950s was playing in the background. One person told us they "Were not enamoured with the activities but it passed the time." We overheard another person say "I don't know what to do with myself, I am bored." The Oakes had a room on the ground floor set up as a beach however during our inspection we did not see this in use. We saw that there were varied activities on

offer including singers, film afternoons, coffee mornings, and trips out; however during the periods when these planned activities were not offered people had little to occupy their time.

We saw that the complaints policy was displayed throughout the building and was clearly visible. We asked for and received a summary of complaints people had made and the provider's response. Comments and complaints people made were responded to appropriately. The manager showed us the complaints policy which stated "any concerns or complaints raised will be investigated in an honest, open, and transparent manner - and an appropriate response given in a timely manner." We saw that five concerns had been raised in the last six months; all of these had been responded to in writing by the manager and resolved to peoples satisfaction. There had been a delay in addressing some complaints due to no manager being in post, this was identified in the responses. This meant there was an effective complaints system available.

Is the service well-led?

Our findings

At the time of our inspection the registered manager had been in post for four months. 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. One person told us "the manager is new, they are trying different things. We had a lovely dinner the other night, and a trip out is planned." Another person told us "I don't know who the manger is we don't see them." Staff told us the management were very approachable and helpful, one member of staff told us the deputy manager "is amazing, a great source of knowledge and so helpful."

Staff told us the culture in The Oakes was open and transparent and they felt they could go to the manager or deputy manager with any concerns. The manager told us their vision was to "have a happy home, with a hotel feel about it." We saw up to date and detailed policies and procedures were in place. These were regularly reviewed and updated. We reviewed the homes policies on MCA, DoLS, safeguarding, infection control, and whistleblowing and the complaints procedure. Staff were aware of these polices and how to access them should they need to.

Quality monitoring systems were in place and records were accessible and up to date. The deputy manager and registered manager had responsibility for competing audits. We looked at records of weekly and monthly audits carried out, which were completed and up to date. The manager told us they carried out on a daily walk around, which picked up on any issues such as maintenance and cleanliness. As part of the quality monitoring there was a 'Resident of the day' on each unit. This meant two people had their care file - including care plans and risk assessments - reviewed each day, and five people were selected to have their medication records audited each day.

We saw a list of monthly audits for documentation and care plans, medication, accidents and incidents, equipment, cleaning, infection control and environmental control. These audits picked up any areas for improvement and detailed any changes to be made. The accident and incident analysis was recorded alphabetically so for each person the number of incidents or accidents was visible. These were categorised and the level of harm was recorded as high, medium, or low, with a description of what had been put in place following the incident. For example one person had fallen and needed hospital treatment, and this was recorded as a high level of harm and the care plan and risk assessment were updated, with a falls sensor put in place in case of further incidents. This shows that there were effective systems in place for assessing, monitoring and mitigating risks relating to health, safety and welfare of people using the service.

The manager told us they carried out a daily walk around to pick up concerns. This had failed to pick up and address several issues including fire extinguishers which were missing from the dementia unit, people not being dressed appropriately. The lack of suitably qualified staff at night had been picked upon but had not been actioned. This demonstrates a breach of 17.(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noticed whilst reviewing accident and incident analysis evidence that the provider had failed to notify the Care Quality Commission of some incidents which had taken place; which under the terms of their registration they had a duty to report. This included serious injuries where fractures had occurred. There was also evidence there had been incidents where people with behaviour that challenged other people had not been reported correctly. This demonstrates a breach of Regulation 18 (1) notification of other incidents of the Care Quality Commission (Registration) Regulations 2009. We discussed this with the manager who showed us the forms had been filed out but not sent. The notifications were sent on the day of our inspection.

The home was well maintained and all the required maintenance checks were up to date. These included LOLER (Lifting Operations and Lifting Equipment Regulations 1998) testing of the hoists and slings, PAT (Portable appliance testing) of electrical equipment and Fire alarm checks.

The assistant operations director told us surveys for staff relatives and people who lived in The Oakes were due to take place in April 2016; and we saw posters on the walls advertising this. No survey had taken place last year as The Oakes was owned by a different provider. These surveys offer the organisation insight in to how people view the service and highlight any areas that may need to be adapted.

Although staff meetings were taking place the minutes suggested they were a place for the manager to highlight concerns and not an open space for staff to express their views. We saw minutes from a staff meeting in February 2016 which included instructions on setting tables, ensuring rooms were cleaned and odour free, wearing the correct uniform, and ensuring people's dental hygiene was encouraged. There was no evidence that staff had been asked for their views. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

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 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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect. Regulation 10 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have sufficient, effective systems in place to assess the quality of service provided. Regulation 17 (1) (2) (a) (f).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not employed sufficient suitably qualified staff. Regulation 18 (1) (2) (b)