Care In Mind Limited

Oakhurst - Wheatsheaf House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection was unannounced and took place on 28 and 30 November 2016.

This service had not been inspected previously.

Oakhurst is located on the outskirts of a village near Congleton. The home is registered to accommodate four young people who have a history of mental health needs. The support workers based in the home work alongside clinicians including clinical psychiatrists and psychologists based at the providers head office to provide support and therapeutic intervention to the young people. The accommodation consists of four single bedrooms, set over three floors, one of which is en-suite. There are two additional bathrooms. Access between the floors is via staircases. There is a communal lounge and kitchen area and a private space in the basement where many meetings take place. There is also a small private garden. On the day of our inspection there was one person living in the home and one person continued to receive support from the service but they were now living in the community.

There was no registered manager at Oakhurst. The current manager had been in post since July 2016 and had completed all the relevant forms for registering as the manager with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we identified a breach of the relevant regulations in respect of the need for appropriate training. You can see what action we told the provider to take at the back of the full version of the report.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that it was up to date. However we found in one instance a member of staff had not completed core training and was lone working. We also found that in some cases core training as identified by the provider had not been updated.

We found management were conducting a number of internal audits of the systems and processes and they were taking corrective action to address any issues or improvements identified. Everyone spoke highly of the new manager and the impact that they had had on the service since being in post. The audits had failed to pick up on the issues identified in this inspection, therefore the provider was not meeting the standards set out in the regulations.

We found that people were provided with care that was person centred, sensitive and compassionate. Staff supported people to maintain independence and there was an emphasis on everyone being involved in their care in order to move onto independent living. Support was provided to both people living in the home and the staff by a clinical team who provided therapeutic sessions with young people and guidance to staff

on how to support the young people.

People using the service told us they felt safe. The service had a safeguarding policy in place and staff were aware of their roles and responsibilities to report any incidents of abuse.

The systems and processes for administering and storing medication were safe. Medicines were administered by staff who had received sufficient training and underwent competency checks. Daily stock checks were undertaken to identify any medication discrepancies.

The provider had a range of policies and procedures which included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and staff and management were clear on the processes to be followed when someone lacked mental capacity.

We found that the staff team were very caring and knew the residents very well. We saw care being carried out in a dignified and respectful manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service told us they felt safe. The service had a safeguarding policy in place and staff were aware of their roles and responsibilities to report any incidents of abuse.

The systems and processes for administering and storing medication were safe. Medicines were administered by staff who had received sufficient training and underwent competency checks. Daily stock checks were completed to identify any medication discrepancies.

Recruitment records demonstrated there were systems in place to help ensure staff employed at the home, were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were kept up to date with regular training and supported via supervision both on an individual and group basis. However we found one instance where a member of staff had not completed training and were allowed to work alone and other instances where training had not been updated.

People told us that they were well cared for and the staff team respected their individual needs.

Managers and staff were acting in accordance with the Mental Capacity Act 2005 to ensure people received the right level of support with their decision making.

Is the service caring?

Good

The service was caring.

We asked the people living at Oakhurst about the home and the staff members working there and received a number of positive comments about their caring attitudes.

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people and that they promoted independence and involvement for all the people living at Oakhurst.

Is the service responsive?

Good

The service was responsive

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and were updated to reflect the current needs of the individual.

The service encouraged independence and people were actively supported to express their opinions and preferences in relation to their care.

The provider had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was not a registered manager at the home; however the current manager had applied to the CQC to become the registered manager. The manager had made significant improvements to the service since being in post.

There were a number of internal audit systems to help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. However, these audits had not detected the issues that we found in the effective section of this report, therefore the provider did not meet the standards set out in the regulations.

Everyone was very positive about the new manager and the impact they had had on the home.

Oakhurst - Wheatsheaf House

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 28 November 2016 and was unannounced. The inspection was concluded on 30 November 2016 and the staff were aware of this subsequent visit. The inspection was carried out by one adult social care inspector and a specialist advisor in child and adolescent mental health services on the first day and one adult social care inspector on the second day.

For this inspection we asked the provider to complete 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 reviewed information we already held about the service. This included statutory notifications we had received. A notification is information about important events which the service is required to send us by law. We invited the local authority to provide us with any information they held about Oakhurst.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with two people living or receiving support from the service, one visiting relative and five staff members including the manager and the managing director. The people living in the home and family members were able to tell us what they thought about the home and the staff members working there. We also spoke to one visiting social care professional.

Throughout the inspection, we observed how staff supported people with their care during the day. We

undertook a tour of the building and with permission, looked at people's individual rooms.

We looked around the service as well as checking records. We looked at a total of two care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment and training; maintenance records; health and safety checks; minutes of meetings and medication records.

Good

Is the service safe?

Our findings

We asked people if they felt safe. The people we spoke with said that they felt Oakhurst was a safe environment. They told us, "I feel safe here".

We saw that staff were aware of individual needs and people we spoke with and their relatives felt that they were well cared for. Comments included, "On the whole I am pleased, I like the place" and "All the staff make you feel better when you're feeling rubbish".

We saw the provider had a policy for the administration of medicines, which included the storage and disposal of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by members of staff on each shift who had received the appropriate training. Medicines were stored in a locked cupboard and each person had a medical folder which contained details of any health conditions and any relevant safety information. Temperatures of the storage facilities were regularly taken. There were clear instructions for when people were staying away from the home when medication needed to be booked in and out of the home.

We looked at the Medical Administration Record (MAR) for one person and could see that people were receiving their medications at the correct time and these were clearly completed. Medication counts were conducted every day by a senior member of staff in order that any discrepancies were detected immediately. We could see that a discrepancy had been picked up on the day of our inspection and a member of staff was looking into the reasons for this.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents at the home, which required notification, had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred, they were able to clearly identify different types of abuse and they were aware of their responsibilities for caring for vulnerable adults. One member of staff told us, "I'd report it directly to the manager". Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw that the provider had a whistleblowing policy. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or to the local authority. We saw that there was a whistleblowing poster in the staff area clearly outlining an independent number that staff could contact with any concerns. One person told us, "I had to escalate something in the past and senior management responded to this." This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and kept under review so the people living in the home were safeguarded from unnecessary hazards. We could see that the home's staff were working closely with people and where appropriate their representatives and the clinical team to keep people safe. For instance we saw that risk assessments and care plans were discussed in regular care plan approach (CPA) meetings including the young person and professionals working with the young person. Relevant risk assessments, regarding for instance self-harm and medication were kept within the care plans and there were clear risk management plans that accompanied these.

There was an incident and accident book where events were recorded. We could see that these were also recorded in people's care plans. These were monitored each month by the provider's quality assurance manager and any patterns were highlighted. The manager was required to provide a summary of any particular concerns and what action had been taken to address any concerns. Any incidents concerning a particular individual were also discussed in their CPA meetings, so any patterns or concerns would be discussed within the scope of this meeting and appropriate plans put in place.

We looked at the files for three members of staff that including the most recently appointed member of staff. All the files were neat and tidy and contained the relevant information regarding the employment process. Each file contained the application form, references and contract of employment, details of inductions and introduction to the workplace. Staff were also required to complete numeracy and competency tests as part of the interview process. We found that the appropriate checks had been made to help ensure that staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Our observations throughout the day were that there were enough staff on duty as they were not rushed and were attending to their duties in a calm and timely manner. One staff member told us, "Staffing levels are sufficient to allow one to one time with the young people".

On the day of our visit, there was a deputy manager and one senior carer. We looked at the duty rota and could see that this was the usual amount of staff deployed each day at the present time as the number of people who used the service had changed significantly due to a number of young people moving onto different accommodation options. This meant staffing deployment was adjusted in line with the hours of care delivered. There was one member of staff on duty during the night. We spoke to the manager about the staffing and she advised that when the house is fully occupied, there would be three members of staff between the hours of 7am and 9pm, then two members of staff until 11pm. Then between the hours of 11pm and 7am, there would be one waking night staff and one sleeping as back up. The manager and deputy manager would be in addition to these numbers. She advised that they used a staffing dependency tool which was reviewed fortnightly and if additional staff were needed for outings or because a young person needed additional support then this would be facilitated. The manager advised that, in order to provide consistency to the people living in the home, they did not use agency staff. She said they had sufficient bank staff throughout the organisation to cover any sickness or leave of other staff members.

From our observations we found that the staff members knew the people they were supporting well. They could speak knowledgably about the people living in the home, about their likes and dislikes as well as the care that they needed. There were two on call systems in place in case of emergencies outside of office hours and at weekends. There was both a residential on call system for general support to staff and a clinical on call system specifically for support in relation to behaviour.

We conducted a tour of the home and our observations were of a clean, fresh smelling environment which

was safe without restricting people's ability to move around freely. The atmosphere in the home was calm.

The provider had received a five star rating in food hygiene from Environmental Health on 4 June 2015. This is the highest rating for food hygiene which meant they were observing the correct procedures and practices in this area.

Requires Improvement

Is the service effective?

Our findings

All the people living at the home that we spoke to and their family members felt that needs were well met by the staff who were caring and knew what they were doing. Comments included, "The staff know what I like and dislike, they're pretty good" and "All staff make you feel better when you are feeling rubbish".

The provider had their own induction programme and introduction to the workplace. All staff were required to complete an induction workbook prior to starting work. This was designed to ensure that any new members of staff had the skills they needed to do their job effectively and competently and any areas for improvement could be identified straight away. The manager and clinicians then provided training in areas such as clinical risk, boundary training and mental capacity within the first month of work. Staff worked supernumerary and shadowed existing members of staff for a minimum of three shifts before starting work. We looked at the induction programme for the newest member of staff and this included introduction to the workplace, fire safety, confidentiality and going through the provider's policies and procedures including safeguarding and whistleblowing. Staff were then expected to complete the provider's core training within their six month probation period. This included, first aid, safeguarding, medication, moving and handling and Mental Capacity Act training. The manager advised that if someone needed to undertake more shadowing, they were flexible to accommodate this. All staff members we spoke to confirmed that they had completed shadowing prior to starting work.

We noted that whilst one person had completed their induction training, they had not completed the core training. We saw that this person had completed some shifts as a lone worker as the normal ratios of staff were not in place at present due to the number of people living in the home. We spoke to the manager and operations director regarding this. The manager was aware of this and plans were in place for this person to complete their training. Regular supervision had taken place and their practice was monitored. However, they confirmed that this person would not work alone again until the training had been completed.

We asked staff members about training and they all confirmed that they received regular training throughout the year; they also said that their training was up to date. We checked the training records for staff and saw that staff had undertaken a range of training relevant to their role and that this was mainly up to date. This included safeguarding, infection control and medication training. Staff also received medication competency checks annually or more frequently if any issues were identified and we could see that these had been carried out regularly. There was a training matrix that had been updated regularly, however the provider was going to be managing this centrally and altering their training programme. They currently had a number of different matrices in operation, so it was not always easy to see who had completed the core training and where this was out of date. We did find that a number of people had training which was out of date. In most cases people had been booked onto training courses, however we found that a number of people had not had recent fire training, but the manager ensured that this was arranged during our inspection. Staff were also encouraged to complete additional training that was relevant to their post, for instance staff were being encouraged to complete 'prevent' training that focused on looking at the signs of radicalisation in young people.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the staff had not received appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform.

Staff members we spoke with told us that they received on-going support and supervision every month and appraisals annually. We checked records which confirmed that supervision sessions for each member of staff had been held regularly. One member of staff told us, "It's helpful, as it helps you to focus on what you need to work on". Staff could also request supervision more frequently as well as requesting clinical supervision or counselling if they had concerns about anything. We saw in staff files that supervision had occurred more frequently where this had been requested. The manager and staff also told us about reflective peer supervision sessions that focused on particular themes. These had been happening fortnightly, but as there was not a full staff team at present, they had not happened recently. We were able to see the notes from the last session held in July which focused on motivation for staff, work life balance and encouraging young people with tasks.

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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had guidance for staff on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLs) and staff confirmed that they had completed training in this area. All staff were able to speak with us about the principles of the MCA and advised that if they had any concerns about someone's presentation they would speak with the manager. Everyone living in the home could consent to their care and we saw in the care plans that people had signed to consent to this. It was clearly evidenced within the care plans that people attended CPA meetings to discuss their care and people we spoke to felt fully involved in their care.

The provider operated a no restraint policy and where possible dealt with potentially harmful situations in a non-confrontational way. Staff received preventive, protective, restorative training in order that they could prevent potentially harmful situations without the use of restraint. Situations were then discussed with the young people afterwards to look at how different strategies could be employed in the future to manage their behaviour. Where physical intervention was required during incidents that were life threatening or could be life changing for the young person, staff were trained in these techniques utilising a maximum of a two-person hold. Staff we spoke to advised that they were able to use these techniques and were able to discuss risk management on a regular basis in the clinical sessions as well as the CPA meetings.

During the inspection we saw that staff were respectful of young people's choices and were aware of individual needs. The information we looked at in the care plans in relation to people's preferences was detailed and contained lots of information about people's history, which helped staff to know and understand the people that they were working with. Staff members were able to respect people's wishes regarding their chosen lifestyle. People had signed themselves to consent to the care and when we spoke to relatives they confirmed that they had also been involved in the care plan and regularly attended the CPA meetings so could contribute and air any concerns they had.

Staff members were kept up to date with any changes during handovers that took place during every staff change. This helped to ensure that they were made aware of any issues and could provide safe care. We saw the handover sheets and could see that these provided details for each person as to how they had been during the shift and whether there were any areas of concern. Staff members also told us that they recorded any daily appointments in the diary and we were able to view this and could see that information was recorded about visits to the home and appointments.

Visits from other health care professionals such as GPs, opticians and any hospital visits were recorded so staff members would know when these visits had taken place and why. These records were kept within the person's medication folder.

Young people living in the home were encouraged to be involved in the planning and preparation of the food in the home. Young people were asked to complete a plan each week of what food they would like and staff would support them to go shopping for food. We saw one of these sheets, although staff did acknowledge that it was sometimes hard to get people to complete these as the young people did not always like to plan ahead in this way. When the home was fully occupied, the young people were encouraged to cook and eat together, however where someone did not wish to do this, they were able to eat alone. Food was available in the home for the young people to choose what they wanted to eat and when. We did receive one negative comment about food, which we passed onto the manager to address.

A tour of the premises was undertaken, this included all communal areas and, with people's consent, a number of bedrooms as well. The home was clean and well maintained and provided an environment that met the needs of the young people living there.

The laundry within the service was well equipped and it was clean, tidy and well organised. Young people were encouraged to do their own laundry and could access support to do this if necessary.

Good

Is the service caring?

Our findings

We asked people living in Oakhurst and their relatives about the home and the staff who worked there. Everyone told us that the staff were kind and caring. Comments included, "The staff are brilliant" and "Staff are really caring."

It was evident that family members were encouraged to visit the home when they wished and people living in the service were supported and encouraged to visit and stay with their families and home leave was facilitated where appropriate.

We viewed compliments into the service and saw one person wrote, "You work so hard making this house look nice…I appreciate everything you do to make the house a better place".

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Oakhurst and had very positive relationships with the people living there. Comments included, "I'm really enjoying it" and "There is a good staff team who support each other".

People's body language showed that they were relaxed and comfortable with staff. We saw lots of appropriate fun and banter between staff and the people who used the service. We saw that the relationships between the people living in the home and the staff supporting them were respectful, warm, dignified and where appropriate had physical contact such as hugs.

People were supported to maintain family links and education. One person attended college and had been supported by staff to attend whilst living at Oakhurst. People were supported to maintain and develop independence skills in terms of cooking their own meals and cleaning their own clothes with a view to them moving onto independent living.

The quality of décor, furnishing and fittings provided people with a comfortable, modern home environment in which to live. The bedrooms we saw during the inspection were all personalised and well-furnished. There was a lounge with a TV and DVD player and DVDs for people to watch. People were encouraged to treat the home as their own, therefore there were individual items in the communal areas, but each were kept in a small basket. The lounge had some craft materials as well as a well-stocked craft cupboard in the hallway. The basement contained puzzles and games if people wished to access these and people living in the home had access to a small enclosed rear garden which had a trampoline.

The provider had a service user guide which people were given when they moved into the property. This included mutual expectations of staff and young people which had been developed by the staff and young people, what the service offers, information on consent and confidentiality, other resources that may be helpful and the complaints procedure.

We also saw the complaints procedure displayed in the hallway of the home along with information about

advocacy services and other helpline numbers for advice and assistance relevant to the young people living in the home.

We saw that personal information in terms of care records was stored securely in a locked cupboard in the office area.

Good

Is the service responsive?

Our findings

The people who commented confirmed that they had choices in terms of daily activities and that they could choose what to do and where to spend their time. Comments included, "I'm definitely involved in my care plan. I get my say and I get choices". We did receive some negative feedback in terms of the location being isolated. We spoke to the manager in relation to this and they advised that there was a house car and young people were asked to plan their activities for the week in advance in order that requests could be accommodated and staff were available to facilitate outings, whilst maintaining a presence in the home with other young people.

We looked at the care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual and was written in a style that would enable any member of staff reading it to have a good idea of what assistance someone needed at a particular time. All the plans we looked at were well maintained and were regularly reviewed so staff would know what changes if any had been made. Staff were updated from the clinical team via emails after each clinical session with information that was relevant to the care of each individual without breaching the confidential nature of the clinical sessions. CPA meetings were held regularly where the care was reviewed with the young person and all the professionals involved in the care of the young person. Where appropriate and with the consent of the young person, family members were invited to attend. Medication reviews were regularly carried out by the consultant psychiatrist and reviews of the therapeutic input was regularly reviewed and documented by the clinical nurse specialist and clinical psychologist.

The two care files that we looked at contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. They contained information about family contact, physical health as well as support and therapeutic inputs and what interventions were being employed with each individual. We spoke with staff about people's individual likes and dislikes and the staff we spoke with were very knowledgeable about the people they were caring for. They had worked with them over a period of time and due to the size of the home had been able to build up significant knowledge of each person.

We saw assessments were completed prior to people moving into the home and there were individualised transition plans for each person. Transitions both into and out of the service were tailored around individual people's needs, therefore someone would start to visit the home for short periods of time which would gradually build up over a couple of weeks, but this could be adjusted if necessary. The staff and young person had opportunity during this time to find out about one another as well as the other people living in the home. They were also invited to personalise their room and were given a small budget to facilitate this. This time was flexible and worked around when the young person felt ready to move into the home full time.

Activities were arranged on an individual basis. The young people were asked to complete a planner each week in order that staff could facilitate any trips out. There was a folder which detailed activities in the local area where they could gain ideas and it also highlighted where they could get discounted entry into local

attractions. One young person was being supported to have a pet at the home. Staff had encouraged the young person to research and source the correct habitat for the pet. We could see from daily records that people had been involved in both social and occupational activities such as shopping as well as visiting the cinema and out for meals. We could see that there was flexibility built into this in order that spontaneous visits and outings could also take place where possible.

The provider had a complaints policy and processes were in place to record any complaints received. The provider had received five complaints in the last twelve months. We noted that the paperwork for two of the complaints was missing. This had been picked up by the provider's quality assurance system and a new system for recording complaints had been implemented. We spoke to the manager regarding this and she advised that these complaints dated back to the previous manager and they had been unable to locate this paperwork. Since the new manager had been in post, we could see that the complaints policy had been followed, the paperwork clearly documented all the action taken and the complainant signed to confirm that they were happy with the outcome. The complaints policy was within the service user guide and was clearly displayed in the hallway of the home.

We asked people whether or not they had ever made a complaint and if so how this was acted upon. One person we spoke to had made a complaint and was happy with how it had been dealt with. Other people confirmed that they knew how to make a complaint. Comments included, "With [name] and [name] in place, they'll respond and take things seriously" and "I have raised issues and feel confident that they will be addressed".

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in place at the time of our inspection. The current manager had been in post since July 2016 and had completed all the relevant forms to register with the Care Quality Commission. There was also a deputy manager and team leaders who supported the manager in the running of the home. All staff were supported by the provider's risk and compliance manager as well as the clinical team who provided clinical interventions to the young people as well as providing support to the staff team.

The manager told us that feedback about quality of the service provided was gathered on a continuous and on-going basis from the people who used the service and their representatives, including their relatives and friends and visiting professionals, where appropriate. There were a number of quality audits in place and we could see that improvements had been made since the current manager had been in post. The manager was available throughout our inspection and we found that the manager was transparent, approachable and knowledgeable. We found they displayed good insight and readily provided detailed information about the staff team, the people who used the service, the service's strengths and was compassionate around areas for improvement. We saw an action plan which had been drawn up when the manager had commenced in post of their assessment of the service and all the areas for improvement had been completed.

However, it was noted at the time of our inspection the provider had failed to have robust systems in place to recognise and act upon the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which is detailed in the effective section of this report. The provider did not meet all the standards set out in the regulations.

We spoke to people living in the home about the manager. Everyone knew who she was and spoke about her positively. Comments included, "Since [name] has been here, things have improved", "[name] is approachable" and "[name] is brilliant – I can't fault her. She tries so hard to make an effort".

Oakhurst had a quality assurance system in place which had identified the majority of issues and corrective action had been put in place where omissions or improvements had been identified. Medication stock checks were completed daily as well as monthly audits being completed of the MAR records. Audits were also completed on care plans and risk assessments. Monthly spot checks were completed and again any areas for improvement had been actioned. The provider had someone in the service that was responsible for each of the CQC domain areas. This person was responsible for completing a monthly audit in line with the CQC key lines of enquiry and putting together an action plan. This went to the manager and she would oversee that the actions had been completed.

The provider risk and compliance manager also completed audits every three months on care plans and medication. The owner and service director completed a service review meeting every six months where they visited the service and met with staff, the young people and the manager. They produced a report from this visit and identified any areas for improvement. It was clear from the previous report which we viewed, that corrective action had been taken on the areas identified.

The risk and compliance manager completed a 'mock' inspection annually or more frequently if requested by the manager of the service. We could see that issues picked up during this inspection had been dealt with for instance in relation to complaints.

There were a number of maintenance checks being carried out weekly and monthly. These included the water temperature, safety checks on the fire alarm system and emergency lighting. Daily room temperatures and fridge temperatures were also recorded. We saw that there were up to date certificates covering the oil and electrical installations and portable electrical appliances. Health and safety audits were completed monthly to identify any maintenance issues and a detailed log was kept of any ongoing maintenance issues and action taken to correct this. A health and safety inspection was also conducted annually to ensure any issues were addressed.

Providers are required to notify CQC of events or changes that affect the service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We found the provider had submitted the relevant notifications to CQC.

The provider had held residents' meetings, however the young people did not attend, therefore they introduced a suggestions box in the lounge area where people could place any suggestions or issues into the box and staff would review and respond to these. This gave people the opportunity to provide feedback on the service.

The manager sought the feedback from people living in the home, their relatives, staff and visiting professionals through a monthly survey. We were able to view the comments from the survey where people were asked to rate the quality of the care provided, whether the staff were friendly and helpful, whether the home was clean and tidy and whether people were involved in planning their care and whether they felt safe and secure and knew how to complain. The comments we viewed were positive. The manager acknowledged that this had just been introduced and they had struggled to gain feedback from relatives and professionals, therefore they were looking at different ways in which they could gain feedback from these groups.

Staff were encouraged to make suggestions about the service and there was a 'lightbulb' jar in the office where staff could anonymously place any suggestions about the service. Staff members we spoke to were positive about how the home was managed and the quality of care that was being provided and throughout the inspection we observed them interacting with one another in a professional manner. We asked staff members how they would report any issues that they were concerned about and they stated that they would have no hesitation in reporting anything concerning. Comments from staff members that we spoke with included, "The managers are really helpful and responsive", "[name] is brilliant and is very helpful" and "The management team are approachable and responsive".

The manager told us that they had staff meetings monthly. We could see from the records that these were being held regularly and we were able to view the minutes of the last meeting that was held on 18 October 2016. We could see that a variety of topics were discussed, including rotas, MAR sheets, food safety, people within the service and training.

We were also able to view minutes from the last team leaders meeting in October 2016 where they discussed medication, supervisions, documentation and staffing issues. The provider held clinical governance meetings monthly that involved all senior members of staff. Managers, staff and young people were provided with the minutes of these meetings and could request to attend if they wished. The provider also had a participation group where young people could be involved in interviewing prospective staff and new

properties. There had previously been a young person from this service involved, but at the time of our inspection no one from this service was involved in this group.

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	Regulation 18 HSCA RA Regulations 2014 Staffing The staff had not received appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform.