

Crescent Care Limited Oakland Grange

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced comprehensive inspection took place on 30 November 2015 and 1 December 2015.

Oakland Grange is a registered care home and provides accommodation, support and care for up to 43 people, some of whom live with dementia. There were 30 people living in the home on the first day of our visit and 29 on the second day. Support is provided in a large home that is across four floors. Each room is single occupancy. Communal areas included two lounge and two dining room areas.

A registered manager was not in place at the time of this inspection. 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 provider had recruited a person to undertake this role and they had submitted an application to us to become the registered manager.

We carried out an unannounced comprehensive inspection of this home on 11 May 2015. Multiple breaches of the legal requirements were found in relation to the recruitment of staff, the cleanliness and maintenance of the premises and the unlawful deprivation of people's liberty. We issued warning notices requiring the registered provider to be compliant by 15 July 2015 for breaches in relation to the failure to ensure

Summary of findings

consent was gained and the Mental Capacity Act (MCA) 2005 was appropriately applied, the failure to ensure the appropriate and effective assessment and management of risks for people, the failure to ensure adequate numbers of trained and supervised staff and the failure to ensure robust quality assurance systems and clear records. The provider sent us a service improvement plan detailing the actions they would take to make the necessary improvements. We were concerned that the completion dates in the provider's plan were later than the date by which CQC required the provider to be compliant. We advised the nominated individual of this but did not receive a response.

At that last comprehensive inspection this service was placed into special measures by CQC. This inspection found that not enough improvement has been made to take the service out of special measures. Although feedback from people, their relatives and external professionals was often positive, our own observations and findings did not always match their feedback.

Some improvements had been made to the assessment of risk associated with people's care as risk assessments had been implemented, however, at times these lacked detail to support staff to understand how they could reduce risks. Care plans were not always followed and information gathered about risks was not always used to assess the effectiveness of plans of care. The management of medicines was not safe, controlled medicines were not stored in line with legislation and gaps in recording of administration of medicines could not be explained.

Improvements had been made to the cleanliness of the environment. Some improvements had been made to the environment but further work was required. The provider had a maintenance plan in place.

Some improvements to staffing had been made since our last inspection and new roles had been introduced. A dependency tool had been implemented to assess the level of staffing required some observations reflected that staff were not always available to meet people's needs at all times. We have made a recommendation about this.

Improvements had been made to the supervision of staff and they had received further training. However the training remained ineffective in supporting staff to understand their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People could make day to day choices but staff understanding of their role in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had not improved enough to ensure staff applied these appropriately.

People enjoyed the food and staff ensured there was a choice of meals available. However, it was not always clear how decisions about people's nutritional needs were made. Relatives confirmed their involvement in the development of care plans although people couldn't recall this. Care plans had improved since our last inspection and some were personalised and contained clear information. However this was not consistent and they were not always followed by staff. Healthcare professionals visited people when necessary and we saw how staff responded promptly to a change in a person's needs.

Whilst staff understood the importance of respecting and promoting people's dignity and privacy, their actions did not always demonstrate they did this. Resident meetings had been introduced and surveys undertaken to gain feedback, however actions had not always been planned to address concerns and use the feedback to make improvements.

A new manager was in post and people and staff spoke positively about the impact they had had on the service since they started. They described the new manager as open, transparent and approachable. They were confident they listened and took action to make positive changes in the service. Some audits had begun to be undertaken by the manager but it was too early to assess their effectiveness.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking further action in relation to this provider and will report on this when it is completed.

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 safe.

Risks associated with people's care were not effectively assessed and managed. Medicines were not managed safely.

Whilst a staffing dependency assessment tool was in place it was unclear why staffing levels varied day to day and staffing levels were not sufficient at all times, for all people.

Staff understood safeguarding and their role in this.

Staff recruitment practices had improved and supported the manager to make safer recruitment decisions.

Improvements had been made to the cleanliness of the home and a maintenance plan was in place.

Requires improvement



Is the service effective?

The service was not effective.

Improvements to the supervision of staff had been made but training remained ineffective.

Staff did not demonstrate a good understanding and application of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

How people's nutritional needs were decided and met was not always clear but external professional input was sourced when needed.

People were supported to access health professionals when needed.

Inadequate



Is the service caring?

The service was not always caring.

Whilst staff understood the need to maintain people's privacy and dignity their actions did not always reflect this.

Requires improvement



Is the service responsive?

The service was not always responsive.

Relatives had been involved in the development of care plans although people couldn't recall this. Staff did not always follow care plans and these were not always developed in a way which met personalised needs.

People had no complaints but knew how to raise these and felt confident they would be listened to.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led.

They did not have a registered manager, although an application had been submitted to the Commission.

Systems were in place to gain feedback but this had not been analysed and we could not see what action had been taken as a result.

Audits by the nominated individual had not been undertaken. The manager had introduced new audits but these had not been embedded and we could not assess their effectiveness.

People and staff felt the manager was approachable and operated an open door policy.

Requires improvement



Oakland Grange

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 unannounced inspection took place on 30 November 2015 and 1 December 2015. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. This Information helped us to identify and address potential areas of concern. Prior to our inspection we also spoke with an external social care professional involved in the home.

During the inspection we spoke to three people living at the home and three relatives. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We also spoke to the manager, the nominated individual and nine staff.

We looked at the care records for six people and the medicines administration records for 20 people. We looked in detail at seven staff recruitment, supervision and training records. We reviewed the staff training plan and the staff duty rota for the current week and the previous four weeks. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits and policies and procedures.

Following the inspection we received further feedback from a relative.

Is the service safe?

Our findings

People told us they felt safe living at Oakland Grange. They said they had no concerns and liked living at the home. Relatives confirmed they felt people were safe. One relative told us “We’re very happy, never been concerned about [their relative’s] safety”. Feedback from the local authority about the service was positive, although they shared how they felt further work was required to improve and embed risk assessments. Our observations did not always reflect the positive feedback we received.

At the inspection in May 2015 we found the service was not safe. The assessment and management of risks associated with people’s care and doing all that was practicably possible to reduce risks was not effective. There was a lack of medicines care plans, PRN (as and when needed medicines) guidelines and the storage of medicines was unsafe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice requiring the provider to take action and be compliant by 15 July 2015. The provider sent us a service improvement plan detailing the action they would take to address these concerns. This plan stated they would complete this work by end October 2015.

Risk assessments had been implemented within the home at this inspection. For example, we saw risk assessments associated with the use of bed rails and hoists. These detailed the risks and how to minimise them. Risk assessments had been implemented regarding falls and behaviours however information gathered was not used to assess the effectiveness of these and make changes to minimise the risks. For example, records for one person showed they had fallen a number of times. Whilst a falls assessment and risk assessment were in place, the information gathered about these falls had not triggered a review of the assessments. In addition the mobility care plan had not been updated to reflect the risk of falls for this person. One member of staff described action staff should take to reduce the risk of falls but we saw this did not take place. Monitoring records for a second person showed they could display behaviours which presented a physical risk to them and others. Whilst the care plan and risk assessment identified that this behaviour may cause harm, it did not detail how harm could be caused. The care plan and risk assessment provided information to staff about the action to take should the person display verbal behaviours,

however they provided no guidance about how to prevent such behaviours from occurring in the first place and therefore minimising the risk of harm to others. Risk assessments and plans of care had been developed to guide staff about the actions to take to prevent pressure damage and skin breakdown, however we observed for one person their plan was not adhered to at all times.

At the last inspection we were concerned that the storage of medicines was not always safe. Temperature checks were not being undertaken. At this inspection this had improved. Temperatures were being checked of the room and the fridges where medicines were stored and these were within safe limits. Controlled medicines cupboards must be secured in a particular way and the provider’s policy for controlled medicines also detailed how these should be fitted. We found the controlled cupboard had not been secured safely and in line with the provider policy. The manager told us they would take action to address this as they did not know it was incorrectly fitted. Following the inspection visit they advised us that corrective action had been taken to ensure this was securely stored.

A senior member of staff, told us they were required to label liquid medicines when these were opened. Most medicines were labelled but we noted two had not been.

At the last inspection there was a lack of medicines care plans. Medicine care plans had been developed at this inspection, however at times these were not always safe. For example, the medicines care plan for one person told staff that a medicine could be administered covertly however, it provided no information about what this medicine was or how to administer covertly. The method of administration was not recorded in the plan as required by the provider’s policy and whilst a senior member of staff told us the person had not needed to be given the medicine covertly the staff member told us how they would do administer this. They also confirmed the method of administration had not been discussed with a pharmacy in line with the provider’s policy. The manager told us that no one in the home was to be given covert medicine. They said this care plan was not accurate, however it had been written in August 2015 and reviewed on 25 November 2015. The manager told us they had instructed staff to change this at the time of inspection.

There were gaps in the recording of the administration of medicines which the manager said they were unaware of. Staff were unable to explain the reasons for the gaps or any

Is the service safe?

action taken to identify the cause. We could not establish if the gaps in the MARS were because people had not received their medicines or because the records had not been signed to confirm these had been administered.

The ongoing failure to ensure the effective assessment and management of known risks for people and the unsafe management of medicines was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in May 2015 staffing levels were not sufficient to meet the needs of people living at the home. Observations reflected there were not enough staff present and the provider did not use any assessment tool to help them identify the number of staff they required to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice requiring the provider to take action and be compliant by 15 July 2015. The provider sent us a service improvement plan detailing the action they would take to address these concerns. This plan stated they would complete their actions by end October 2015.

Some improvements had been made regarding the staffing numbers and skill mix. For example, no activity staff were employed at the last inspection and at this inspection the manager had introduced this role to work in the home seven days a week. In addition kitchen staff were not available in the afternoon which staff stated meant they had been taken away from providing care. The manager had now recruited a kitchen assistant to work five afternoons a week and staff stated this had helped but some staff continued to raise concerns that this role was not available at the weekends. They said they were required to undertake this role meaning they were not always available to provide care tasks. The manager said they were aware of this and were looking to recruit for this role and further domestic staff to work at the weekends. Staff confirmed this.

At this inspection the manager had introduced the use of a dependency assessment to support them to identify the number of staff required to meet people's needs. When followed this identified the number of support hours needed in the home to meet people's needs. The manager told us they used this to inform the duty rota. They

provided us a copy of this report but we were concerned that although the home appeared to be providing sufficient amount of hours each week, the number of staff available day to day varied and it was not clear why.

On the first day of our inspection whilst walking around floor two we heard one person scream out three times. No staff were present on this floor. Access to the other floors was through closed doors. The person had a call bell hanging from the bottom end of the bed that they did not appear to be able to reach. We walked down to the ground floor to advise staff this person was calling out. A senior member of staff told us this person was unable to use their call bell. Had we not been present on this floor at this time, staff would have been unaware of this person's calls. On a second occasion we observed a person for period of 10 minutes, seated in the lounge area. Throughout this time they were clearly upset and crying. They were making gestures with their arms and attempting to communicate with another person. One member of staff was present in this room with nine other people and were engaged in an activity with another person. No one saw this others person crying. As there were no other staff present, support and reassurance was not provided to this person.

Whilst some changes had been made to improve the staffing levels within the home we recommend the provider review the deployment of staff to ensure this meets the needs of all people at all times.

At the inspection in May 2015 we found the service was not clean and had not been adequately maintained. Improvements had been made at this inspection and the home was clean. We toured the building on both days of our inspection and found there were no odours and areas appeared clean and tidy. Staff told us one of the improvements they had seen since our last inspection was the access to personal protective equipment such as gloves, aprons and appropriate waste bags. Staff told us these were now always available.

Some work had been done to improve the building, for example, the flooring on the lower ground floor had been replaced and a ceiling had been repaired and plastered. A maintenance plan was in place which showed further work the provider planned to undertake to the environment, including replacing carpets and general redecoration. We noted that the sink in the area off the main kitchen remained heavily rusted and the shelving under this was stained and the wood had started to rot. The chest freezer

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panel in the main kitchen was taped with electrical tape and required replacing. However, the provider advised us following the inspection that work to repair these had been undertaken.

At the inspection in May 2015 we found the recruitment practices did not always promote safer recruitment decisions because pre-employment checks were not carried out before staff started work. At this inspection improvements had been made. We looked at the recruitment records of the newly appointed staff. Recruitment records for staff included application forms, interview notes, proof of identity and a minimum of two references. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and

support services. On occasions where staff had commenced work prior to all checks being returned, risk assessments had been undertaken and staff worked under full supervision until full DBS checks were returned.

People were supported by staff who had a good understanding of the types of abuse which they may observe and how to report this. They felt confident any concerns they raised would be dealt with appropriately by the manager and knew how to escalate any concerns they may have to the local authority or the Care Quality Commission. Records showed the manager reported concerns to both the local authority and the Commission. They held a record of all matters raised, the outcome from safeguarding processes and any further action needed by staff. A member of the local authority safeguarding team told us they were confident the service knew how to report concerns and took action to address these.

Is the service effective?

Our findings

People and relatives expressed their satisfaction with the service. They said they felt supported by staff who were knowledgeable of their needs and knew how to support them.

At the inspection in May 2015 we found the service was not effective. The registered person had failed to ensure staff were appropriately supported through effective supervision and training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice requiring the provider to take action and be compliant by 15 July 2015. The provider sent us a service improvement plan detailing the action they would take to address these concerns. This plan stated they would complete their actions by 15 July 2015.

At this inspection we saw improvements had been made and staff were receiving supervision meetings to support them in their role. Staff told us they had received supervision meetings and said they felt supported in their role. They felt supervisions helped them by allowing them time to discuss any issues they may have. All staff had received at least one supervision meeting and we saw these allowed staff the opportunity to discuss any concerns they may have, receive feedback from management, discuss training needs and set actions. Appraisals had commenced for staff but the manager confirmed that not every staff member had received one yet. They had allocated line management responsibility to senior staff and said they would be ensuring appraisals took place shortly.

Staff spoke positively about the training they received and said they felt it helped them in their role. More training had been delivered to staff since our last inspection, however, we remained concerned about the effectiveness of training staff received at times. At times the training matrix showed that staff had completed up to five training topics in one day. These included complex subjects such as safeguarding, mental capacity and DoLS, first aid, dementia and challenging behaviours. Most staff had received training on the Mental Capacity Act 2005 and Deprivation of liberty safeguards. We spoke to four staff who had completed the training about their understanding of the Mental Capacity Act 2005 and Deprivation of liberty Safeguards. Most were able to tell us that this was about

people making their own decisions. Although one member of staff said it was “about being patient”. Not everyone was able to tell us about their role in the MCA and one said “a doctor would need to undertake a capacity assessment”, however assessments of capacity can be undertaken by anyone providing support and another said if a person was refusing personal care and lacked capacity, they would “do it [referring to completing the personal care]” Another said knew the act was about people making decisions but said if they cannot make a decision “a DoLS will say”. One person's care plan described staff actions which demonstrated the MCA would need to be applied, however there were no records to show this had been applied and a staff member confirmed it had not. Whilst staff had received training in this area it was not effective as staff knowledge and practical application of the Mental Capacity Act 2005 was unsatisfactory.

The provider's policy for risk assessment stated that risk assessments should be undertaken by a trained and qualified person. The training matrix which we were told was up to date did not reflect that any staff member had been trained to undertake risk assessments or were qualified to do so. We identified concerns regarding the assessment and management of risk for people. Risk assessments contained minimal information or were not up to date and accurate. Staff were seen not to be following these at all times. Effective training in risk assessments would have supported staff to undertake these and recognise the importance of adhering to them at all times. Following our inspection we were advised that the provider had delivered risk assessment training to staff.

The manager told us they had identified that the training staff were receiving was not effective. They had discussed this with the provider who had agreed to introduce a system of E-Learning. However, this had not commenced at the time of our visit and we were therefore unable to assess its effectiveness.

The ongoing failure to ensure staff received training to support them in their role was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Is the service effective?

needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the inspection in May 2015 staff knowledge of the Mental Capacity Act 2005 was poor and the principles of this were not applied to practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice requiring the provider to take action and be compliant by 15 July 2015. At this inspection we found the provider had made some improvements, however these were not sufficient in ensuring the need for consent was undertaken appropriately.

Consent forms had been implemented in the service since our last inspection. However of the five we looked at, four had been signed by relatives. The service could not demonstrate they had undertaken capacity assessments related to these consent forms and a senior member of staff confirmed these had not been completed. This demonstrated staff were not ensuring the MCA 2005 was applied in full.

Attempts had begun to undertake mental capacity assessments however this was inconsistent and did not demonstrate the act had been applied in full. For example, where an application for a DoLS had been made, supporting capacity assessments had not always been undertaken despite the manager saying they had. Where capacity assessments had been undertaken these provided no information about the support staff gave the person to help them try and understand and make their own decision. There was no record of any best interest decisions.

For one of the above people a care plan was in place which stated they could be given one of their medicines covertly. A member of staff told us this medicine had not needed to be given covertly and the manager said the care plan was not accurate as no one in the home could have their medicines administered covertly. However the staff

member told us the option was there for staff if needed. The staff member also confirmed no assessment of the person's capacity regarding making decisions about their medicines administration had been done. The care plan stated that other people including professionals had documented their involvement and agreement in this decision, however no records of this could be found.

The ongoing failure to establish the need for consent was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

DoLS applications to the supervisory body had been made and the home held copies of these when they had been authorised. One member of staff was able to tell us that there were a number of people under a DoLS but couldn't tell us who. A second member of staff said if a person had capacity to make their own decisions but wanted to go out alone, they would have to go with a staff member for safety. A third did not know what a DoLS was. One person's file contained an authorised DoLS which the supervisory body had attached conditions to. This had been authorised in July 2015 but two members of staff were not aware of these conditions. These two staff members confirmed no plan of care had been developed to ensure these conditions were met and no action had been taken to address the recommendations made as part of the DoLS to ensure least restrictive support approaches were implemented.

People were supported to eat and drink as required. Everyone spoken with said they enjoyed the food and drinks offered and there was always a choice. People chose from a planned menu but were able to request something else if they wanted to. Kitchen staff told us they were informed of the people who may require fortified and high calorie diets and were able to describe how they met this need. Staff used a Malnutrition Universal Screening Tool (MUST) which is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. However, we could not always see how this information was used to guide the plan of care for individuals. For example, one person's MUST showed they had been losing weight for four months. Their care plan did not reflect this and made no mention as to whether this was planned weight loss or if it was unexpected. The care plan gave minimal information to staff about this person's needs. For a second person however, their care plan reflected they

Is the service effective?

had been seen by the dietician, they needed to have their weight checked weekly and had been prescribed high calorie drinks to support them. Weight records showed this was beginning to gradually increase.

Care plans did not detail people's likes and dislikes however kitchen staff were aware of this. Care plans did provide guidance to staff about some of the support people needed. For example, if they required encouragement or assistance with their meals and the type of diet they needed this was noted. However, it was not always clear who had made decisions about the consistency of diets for people. For example, staff had been concerned about one person's weight loss, they had made a referral to the dietician and the kitchen staff told us how they were now fortifying the person's meals. The care plan stated they were having a soft diet because they found it easier to eat and chew. However, a visitor told us the person was given a solid food item in the morning and saw at lunch time were given a pureed meal. We asked a senior

member of staff to clarify this and they told us the person could eat normally but because they had lost weight they were giving them a pureed diet. They were unable to tell us who had made this decision or why. The inconsistency in the care plan and information provided by meant we could not be confident this person's care had been designed and delivered to ensure their needs and preferences were met.

The failure to design care and treatment which detailed people's preferences and met their needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had access to the GP and district nurses when they needed and staff supported them promptly to get this support. Relatives confirmed this. Records showed people had access to external health and social care professionals and services as they were required. For example, the GP, chiropody services, dentistry and community nursing and therapy services.

Is the service caring?

Our findings

At this inspection people said they were treated with dignity and respect by staff who were kind, caring and listened to them. People's relatives also said this. One person said the staff were "Very kind and caring. They're brilliant girls..... They listen all the time". A visitor told us "the staff are brilliant, very kind and caring. They always involve me". One relative told us how they felt staff were always kind and caring. They described to us how staff offer choices and positively change their approach dependent upon the person's mood. However, some of our observations did not always support this feedback.

Most staff engaged positively with people, using clear language when they spoke with them and providing explanations about what was happening. They offered reassurances to people and were encouraging in their approach. However, for one person whose communication was limited we observed them attempting to communicate for a period of 15 minutes. They were laughing and using gestures throughout, however two members of staff in the same room did not acknowledge this person's attempt to communicate and made no attempts to communicate back. The lack of acknowledgement of staff demonstrated a lack of respect for this person.

We saw examples where staff treated people with dignity, respect and supported their privacy, including knocking on people's bedroom doors before entering, encouraging them to private areas when receiving support. When one person was visited by an external health professional, staff ensured a privacy screen was used to protect the person. Staff were able to tell us about the importance of respecting people's dignity and privacy and gave us examples of how they did this. However, their actions did not always demonstrate they put this into practice. For a second person, we heard a member of staff say loudly in a communal area in front of eight people, "Come on [name] we've got some nurses to look at your bottom". These actions demonstrated a lack of respect of people's right to privacy and they did not promote people's dignity.

We observed the lunchtime experience for people on the second day of our inspection. Staff were task focused and did not always demonstrate a caring or respectful approach to people. One member of staff supporting a person to eat their meal, stood next to the person, leaning over them whilst feeding them. They repeatedly tapped the person's plate with the spoon and wiped the person's mouth without providing any prior warning they would be doing this. They did not attempt to communicate with the person throughout the meal.

Staff understood confidentiality and the need to maintain this. They told us that details about people should not be discussed outside the home. Care records were held confidentially and only those who needed to had access to them.

The newly appointed manager had introduced a suggestions and comments book which was placed at the entrance to the home. We saw relatives had added comments about improvements they had seen since our last inspection and the manager had acknowledged receipt of these. Relatives confirmed that staff spoke to them about their family members likes, dislikes and how they wanted to be supported and that they were involved in making decisions about their care. Two relatives told us how staff involved them in all discussions about their family members care. They said staff were "always pleasant and welcoming. They always keep us informed".

The manager had also introduced resident meetings on a monthly basis. Records confirmed this and demonstrated that people were asked their views about the service and given the opportunity to provide feedback. We saw people were encouraged to raise any concerns they had and felt confident to do so. Records confirmed that reassurances to people that their concerns would be fed back to the manager and staff was given. Staff were able to tell us about how actions were taken forward however, the follow up of these concerns was not recorded meaning it was difficult to see how they were addressed and resolved.

Is the service responsive?

Our findings

People and their relatives spoke positively about the service. They expressed their satisfaction and had no concerns. They said the staff knew people well and responded to their needs. Relatives described how they had been involved in making sure their relative's care was as they would have wanted it. People said staff listened to them and asked their preferences.

At the inspection in May 2015 there was a stable team of staff working at Oakland Grange and all staff told us they did not use agency workers to cover any shifts. This meant staff had built up relationships with people over time and knew them well. However, there was a lack of clear and contemporaneous records regarding people's plans of care which meant there was a risk people may not receive support that was personalised to their individual needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection records had improved but we were concerned that plans of care were not person centred and always followed by staff.

Some care plans had improved since our last inspection and the local authority advised us they felt care planning had improved. They were requesting copies of pre admissions documents for their review before agreeing to place people in the home. They said the content of these were improving. The format used for care plans had changed since the last inspection and they contained considerably more detail than at our previous inspection. For example, three people's care plans regarding their personal hygiene detailed the person's abilities, preferences and where they required support from staff.

However, at times the care records continued to lack the guidance staff needed to ensure they could respond to people's needs. For example, one of these people's personal hygiene care plans also stated they can become frustrated during personal care but did not provide any information to staff about how they support this person when they were frustrated.

A staff member described the equipment used to relieve pressure and help maintain this persons skin integrity. Staff spoken with were unable to tell us what setting this equipment should be on and stated it would be recorded in the person's care plan. However, this was not recorded. One member of staff told us staff checked the mattress setting regularly but was unable to tell us what it should be set at. Another staff member said they "Would have thought it (the mattress) should be checked daily" but was not able to confirm what the setting should be. The care plan lacked the detail staff needed to ensure they met this need as it did not provide this level of information.

A third person's communication care plan highlighted a potential communication difficulty and outlined the actions staff should take to reduce these difficulties and ensure good communication with this person. However, we observed that staff did not follow the care plan and that aids the care plan stated would help the person were not always available.

The failure to design care and treatment with a view to meet people's personalised needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff responded to people's changing needs and sought help from external professionals when needed. For example, during our inspection one person's urinary catheter had become blocked. Staff promptly contacted the community nursing team for their support to manage this. For a second person staff advised how they had contacted the community nursing team to redress their leg as the dressing had become loose and this presented a risk should the person knock their leg.

People and their relatives had no complaints, however they knew how to raise a complaint if they needed to. Staff described how they would support people who had a comment or complaint to make. The provider had a complaints policy on display and records showed no formal complaints had been logged. People and relatives felt confident if they had any complaints these would be listened to and acted upon by the newly appointed manager.

Is the service well-led?

Our findings

Relatives confirmed the manager was approachable. One told us that the culture and communication of the service had got better under the new manager. A second told us things had improved in the day to day running of the home. However, not everyone knew who the manager was. One person when asked said they hadn't met the manager and thought they were male. Staff spoke positively of the manager, describing them as open, approachable and supportive.

At the inspection in May 2015 we found the service was not well led. The registered person had failed to ensure systems of good governance were effective in ensuring a quality service was being provided to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have a registered manager at the time of our inspection. A new manager had been appointed and commenced their role in the home in August 2015. They had made an application to become registered with the Commission.

At this inspection we saw changes had begun to happen and the newly appointed manager had more plans to improve the quality assurance systems used in the home. However, these were not fully in place at the time of our inspection and we could not assess the effectiveness of them.

The manager showed us a service improvement plan they had developed when they started working in the home. This was based on CQC's last inspection report and set target dates, although it did not appear to prioritise areas of improvement needed. The manager told us of the work they had undertaken to make improvements including listening to staff, people and acting on their feedback, implementing a new system for medicines, care planning and risk assessing.

The manager had introduced a weekly and monthly medicines audit. The weekly audit sampled five people's medicines administration records whereas the monthly audit looked in more depth at medicines management. The last monthly audit had been carried out at the end of October and identified no concerns. We identified concerns regarding the management of medicines, unsafe storage of controlled medicines, gaps in recording, undated but

opened liquid medicines, a lack of 'as needed' protocols and ineffective care plans. It is possible that the audit for November 2015 would have identified these concerns however this had not been completed at the time of our inspection so we were unable to assess this audit's effectiveness fully.

The manager showed us a care plan audit they had introduced the week prior to our inspection. They had not completed this at the time of our visit but told us they would be using these to randomly sample care records for five people once a month. We identified a number of concerns relating to the care records for people, including the lack of detail and planned action in some areas of need. An effective audit would have identified these issues and there would have been a plan of action to address them. However, no audit had taken place of care planning following our last inspection, until the manager commenced them the week before our visit. The tool the manager told us they would be using looked detailed, however we were unable to assess its effectiveness.

The nominated individual (NI) for the provider and manager told us the NI visited at least once a week. However, the NI told us they did not audit anything and did not produce a report following their visits. It was therefore unclear how they were ensuring the quality of the service. However, on the second day of our inspection the manager showed us an audit tool they had developed that they said the NI would be using to assess the quality of the service when they visited.

At our last inspection in May 2015 we saw that whilst surveys had been completed to gather people's feedback, these were not analysed. At this inspection the manager had undertaken further surveys. Comments from professionals and visitors were positive. One visitor said "A very friendly and caring home". Another said "I've noticed an improvement over recent months and [relative] definitely seems more settled. All the staff put in a huge effort". People's feedback had been sought through surveys which were dated 20 October 2015 and we saw feedback was mixed. One person when asked if they felt safe said "sometimes", two people requested more choice of food and one said they were not given a choice of food. The manager confirmed these had not been analysed and no action plan had been developed at the time of our

Is the service well-led?

inspection. They told us they intended to do this but did not say when. The lack of prompt analysis of people's feedback meant plans had not been developed to take on board people's feedback and make improvements.

Whilst systems had been implemented to assess the quality of the service and gain feedback from people, we continued to identify concerns in the management of medicines, care planning and risk management. The ongoing failure to implement a robust quality assurance process and ensure people's feedback was used to drive improvements was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported by the newly appointed manager and felt confident to raise any concerns or issues they may have. They said they felt the manager was open and listened to them, they said they felt they could speak to the manager at any time and no longer felt the need to be defensive. All staff said there had been huge improvements since our previous inspections. One member of staff told us "Yes, there have been a lot [of improvements]". They told us

about the introduction of new roles such as activity co-ordinators and the updating of all paperwork. A second told us that more resources were available to staff now since the new manager started.

We also saw records which demonstrated staff meetings were now taking place. The manager told us these were used to share information, concerns and suggestions. Records of these meetings showed items which required improvement were discussed, however they did not reflect that staff were encouraged to make suggestions. In addition there were no clear action plans with allocated responsibility and timescales for completion. Staff told us they were involved, felt listened to and could make suggestions. They felt suggestions were acted upon by the manager and gave an example that they had raised concerns about the lack of kitchen staff in the afternoons. They described how this role had been recruited to during the week now.

These demonstrated staff were asked for their ideas and motivated to contribute to the running of the home. This supported staff to feel valued, respected and motivated to provide high quality care to people.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had not ensured the care and treatment of service users meet their needs and reflected their preferences.

Regulation 9(1)(a)(b)(c)(3)(b)(d)

The enforcement action we took:

A Notice of Decision was served restricting the provider from admitting any other person to Oakland Grange without the prior permission of CQC.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not ensure appropriate consent was sought and that where a person lacked the capacity to make a certain decisions, the Mental Capacity Act 2005 was understood and applied.

Regulation 11(1)(2)(3)

The enforcement action we took:

A Notice of Decision was served restricting the provider from admitting any other person to Oakland Grange without the prior permission of CQC.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not ensured risk associated with peoples care were effectively assessed and managed. Medicines were not managed safely.

Regulation 12(1)(2)(a)(b)(g)

This section is primarily information for the provider

Enforcement actions

The enforcement action we took:

A Notice of Decision was served restricting the provider from admitting any other person to Oakland Grange without the prior permission of CQC.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not ensure that systems and processes were established and operated to monitor, assess and improve the quality of the service.

Regulation 17(1)(2)(a)(b)(e)

The enforcement action we took:

A Notice of Decision was served restricting the provider from admitting any other person to Oakland Grange without the prior permission of CQC.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had not ensured sufficient numbers of suitably trained and appropriately supported staff to meet people's needs at all times.

Regulation 18(2)(a)

The enforcement action we took:

A Notice of Decision was served restricting the provider from admitting any other person to Oakland Grange without the prior permission of CQC.