The Oaks Care Home

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Inspection report

12 Loup Terrace
Blaydon On Tyne
Tyne and Wear
NE21 4PU

Tel: 01914141742

Date of inspection visit:
15 February 2018

Date of publication:
16 April 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 15 February 2018 and was unannounced. This meant the provider and staff did not know we would be coming.

We previously inspected The Oaks in November 2015, at which time the service was meeting all regulatory standards and rated good. The service was rated requires improvement at this inspection.

The Oaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Oaks provides care and support for up to nine people who have a learning disability, in one adapted building. Nursing care is not provided. There were nine people using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Pre-employment checks of staff were in place, including Disclosure and Barring Service checks, references and identity checks. The registered manager did not have in place processes to formally risk assess the suitability of persons for whom there may be relevant information on pre-employment checks. We have made a recommendation about this area of risk assessment.

The ordering, storage, administration and disposal of medicines was generally safe, although we identified areas of poor practice that the registered manager's audits had not identified.

Auditing arrangements in place required improvement, with some areas of inaccuracy and poor practice identified in the inspection not picked up in the registered manager's audits of the service. We have made a recommendation about this.

People who used the service interacted in a relaxed fashion with staff and told us they felt safe, whilst relatives and external professionals raised no concerns about the service.

There were sufficient numbers of staff on duty, day and night, in order to keep people safe and meet their needs. Staff had received appropriate safeguarding training and were able to tell us what types of abuse they were mindful of and how they would raise concerns if they needed to.

All areas of the building were clean and staff adhered to cleaning schedules to reduce the risks of acquired infections. The registered manager agreed to improve hand-drying facilities on the first floor, which were limited, during the inspection. The premises were generally well maintained, with external servicing of

equipment in place.

Risk assessments were person-centred and staff had clear guidance regarding how to manage the risks people faced. There were detailed strategies in place to help people reduce specific risks.

People had access to external healthcare professionals such as GPs, psychiatrists, nurses and occupational therapists to get the support they needed.

Staff told us they were well supported and we saw they received a range of mandatory training, such as safeguarding, health and safety, moving and handling, fire safety and infection control, and this was monitored by the administration officer.

People were encouraged to have healthy diets and were protected from the risk of malnutrition, with staff adhering to external advice from speech and language therapists.

The premises had been adapted to people's needs, with a wet room, bathroom, shower room and a number of w/c's accessible to people and a chairlift in regular use.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager had ensured care plans relating to Deprivation of Liberty Safeguards were detailed and encouraged the least restrictive way of keeping people safe.

People who used the service benefitted from a continuity of care from staff who had built strong, trusting relationships with them, with the help of a low staff turnover and a keyworker system. Relatives and external professionals confirmed this to be the case. People's inclusion in their local community was respected and promoted, and the risk of social isolation reduced.

The atmosphere at the home was inviting, inclusive, and communal. People who used the service were keen to share in their achievements and staff ensured people could contribute to the running of the service.

Person-centred care plans were in place and regular house meetings took place. Regular reviews of care plans took place and people were also involved in these via a weekly diary review.

The service had good links with a local community centre, where a range of activities took place, as well as the local church, where a number of people visited on a weekly basis.

Staff, people who used the service, relatives and external professionals we spoke with were positive about the registered manager's accountability and hands-on approach to the service. They and staff had maintained a caring culture that valued people's individualities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The administration of medicines was safe but we identified some areas of poor practice regarding storage and record keeping. Protocols for when people needed medicines 'when required' were detailed.

People who used the service and relatives had confidence in the ability of staff to keep people safe and staff demonstrated a good knowledge of safeguarding principles.

Personalised emergency evacuation plans were not in place at the time of inspection.

Risk assessments specific to people's needs were detailed and acted on. Processes to formally risk assess the suitability of persons for whom there may be relevant information on pre-employment checks were not in place.

Is the service effective?

Good

The service was effective.

People were supported to access a range of healthcare professionals to ensure their health and wellbeing was maintained.

A suitable induction for new staff and ongoing training was in place to ensure staff had the appropriate skills to meet people's needs.

Understanding and implementation of the Mental Capacity Act 2005 principles had improved since our last inspection and care planning reflected this.

People enjoyed a range of meals and had their dietary needs and preferences were respected and acted upon.

Is the service caring?

Good

The service was caring.

People who used the service enjoyed the strong relationships they had formed with staff over a period of time and interacted warmly with them.

Relatives felt welcome whenever they visited and the service successfully delivered on its promise to provide a 'home from home'.

People's rights, for example to religious beliefs, were respected and enabled.

Staff communicated effectively with people in ways that had regard to people's own preferences and levels of independence.

Is the service responsive?

Good

The service was responsive.

Staff liaised well with external professionals when people's needs changed, to ensure they received the right support.

People who used the service enjoyed a range of in house activities as well as trips away. There was a focus on community inclusion and people were protected against the risks of social isolation.

Regular residents meetings, surveys and focussed time between people and their keyworker ensured the registered manager and staff continually reviewed people's experiences and feedback.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Auditing was not always adequate and did not always identify areas where improvement was required, particularly with regard to medicines.

Documentation was generally up to date and accurate, although there were instances of the documentation of important checks, such as fire drills and medicines competency checks, not always being up to date.

Staff and people who used the service were extremely complimentary about the registered manager and their hands-on support.

The registered manager and staff had successfully established and maintained an inclusive, homely culture that was focussed

on people's individualities.

The Oaks Care Home

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.

We visited the service on 15 February 2018 and the inspection was unannounced. We do this to ensure the provider and staff do not know we are coming. The inspection team consisted of one Adult Social Care Inspector, one Adult Social Care Inspection Manager and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

We spent time speaking with five people who used the service and observing interactions between staff and people who used the service, at lunchtime and throughout the day. We spoke with six members of staff: the registered manager, administration officer and four care staff. We looked at three people's care plans, risk assessments, medicines records, staff training and recruitment documentation, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

Following the inspection we spoke with three relatives of people who used the service and three external health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

Following the previous inspection in November 2015 we made a recommendation to the registered manager that they review the competence of all staff who handled medicines, as there was at the time no formal means of assessing staff competence after their initial training. At this inspection we found the registered manager had implemented a competency spot check system whereby they observed the practice of staff who administered medicines to ensure they were adhering to good practice. We saw these spot checks were planned monthly but had not always taken place this regularly.

We reviewed the arrangements for the storage, administration and disposal of medicines and found, whilst this was generally safe and there were areas of good practice, there were areas of improvement to ensure all practices were in line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

Some people's medication administration records (MARs) had become loose in the main file, making storage difficult, whilst some handwritten entries on the forms had not been double signed by staff. When we reviewed a sample of the medicines in stock we found a number of topical medicines (creams) that were past they use by date, along with one medicine that had not had an opening date applied. This meant staff would not know when to stop using this latter medicine, and that there was a risk of out of date topical medicines being used.

Medicines were kept in a locked cupboard, with daily temperature and stock checks in place. Where people needed medicines on a 'when required' basis we found a detailed supplementary plan in place, informed by the relevant external professional, detailing when the medicine might be needed and what other strategies could be used instead of the medicine. All staff administering medicines had been appropriately trained and the registered manager had invited the pharmacist to conduct an annual audit of their medicines record keeping.

We observed people interacting in ways that demonstrated they were comfortable in their surroundings and with staff. People told is, "The home is safe because I have my own bedroom and space," "I like it here and the staff keep me very safe – staff are free and easy and let me do what I want," and "I feel safe in the lounge and in my bedroom". Recent survey results also indicated people who used the service felt safe.

No relatives or external professionals we spoke with raised concerns about the service. One relative told us, "Never had any problems whatsoever" and another told us, "I see [person] all the time and there are always enough staff. It's very pleasant and always very clean."

All staff we spoke with had received safeguarding training as part of their induction and were aware of their responsibilities should they need to raise concerns.

We found there were sufficient care staff on duty to keep people safe and meet their needs, day and night, and staff worked well as a team. We found rotas demonstrated a consistent level of staffing and people told

us, for example, "There are enough staff in this home." One relative told us, "They are often busy but always on top of things."

Risk assessments were in place and were specific to people's individual needs, preferences and capabilities, telling staff how they could best help people avoid the risks they faced. Where one person was at specific risk of self-neglect and hoarding we saw appropriate strategies were in place to help them manage these risks in a respectful way rather than an overly restrictive way. The person's relative told us, "They understand they can go over the top hoarding things so they have agreed limits in place. They can still enjoy the things they collect but agree there has to be a limit. Staff have been very good with them."

Staff records demonstrated pre-employment checks, including enhanced Disclosure and Barring Service (DBS) checks, identity checks and requests for references and had been made. The DBS maintains records of people's criminal record and whether they are restricted from working with vulnerable groups. The registered manager told us they did not have in place processes to formally risk assess the suitability of persons for whom there may be relevant information on pre-employment checks. We recommend the provider ensures they have in place suitable pre-employment risk assessments to document decision making and risk analysis in these instances.

Premises and equipment were, in the main, appropriately maintained. Where appropriate the service had contracts in place to ensure specialist equipment was maintained and serviced to ensure safety. This included, but was not limited to, gas appliances, electrical installations, lifting equipment and fire alarms. We found that fire safety checks were not always being completed in line with the provider's own prescribed timescales. For example, weekly inspections of fire doors and the fire escape route, had not been completed since 5 January 2018. Fire drills were completed every six months but had not been signed as completed since June 2017 and the last monthly fire extinguisher check was carried out in December 2017. The registered manager provided assurances they would address this as a priority.

There were no personalised emergency evacuation plans (PEEPS) in place. PEEPS are documents that detail the level of care and support a person would require in order to ensure their safe evacuation from premises in the event of an emergency. Whilst there was always a member of staff present on site who knew people's mobility and communication needs well, these plans would help ensure risks are minimised. The registered manager confirmed these would be in place as a priority. One person we spoke with told us they knew where to go in the event of a fire and were able to clearly describe to us the escape route. We also saw the registered manager had acted on guidance issued by the fire service after a recent inspection and upgraded the smoke detector system. The fire escape routes were clear and accessible, although signage in one upstairs corridor could have been improved to aid escape. Again, the registered manager agreed to address this.

All areas of the building, including people's bedrooms and communal areas, were clean. We identified one disused bath chair which was not clean, and a need to have in place better hand drying facilities in the upstairs bathroom (currently there was one fabric towel in place). The registered manager agreed to address this as a priority and seek guidance from an infection control specialist. New bathing facilities had been installed in the service and these were to a good standard. The home is a converted stone building and susceptible to damp and we saw the bathrooms renovations included having a range of ventilation also installed. We saw there was an area of damp in the living room, for which the registered manager had received a quote for remedial work.

Accidents and incidents were recorded in people's care records and monitored by the registered manager. Where one person had suffered a number of falls we saw the falls team had been involved and the person

now used a walking aid to assist them.

Good

Is the service effective?

Our findings

People who used the service were well supported by a staff team who had the relevant skills and experience to meet their needs. People told us, for example, "I think staff are really effective in meeting my needs" and, "I think the staff care for my wellbeing very much". The majority of staff had been at the service for a number of years and there was a keyworker system in place to ensure staff took accountability for ensuring people's needs were met. Relatives we spoke with agreed this meant people got to know specific members of staff well, and vice versa. One told us, "The keyworker is fab and knows them really well."

New staff were supported by an induction and shadowing process, whilst all staff received a range of suitable training, including fire safety, moving and handling, food hygiene, infection control, safeguarding and risk assessments. The administration officer maintained a monthly training plan to monitor and maintain staff training requirements. The majority of staff mandatory training was up to date and where gaps were identified, training was planned.

People who used the service had their needs assessed and were supported to access a range of external health care, such as appointments with doctors, speech and language therapists and physiotherapists. One relevant professional told us "I have found the staff at The Oaks to be proactive in keeping me involved."

When we spoke with staff they demonstrated an up to date understanding of the relevant healthcare professionals latest advice and we saw this was incorporated into care planning. For example, where one person's variable food intake was linked to another condition, we found staff were aware of this, and had followed advice from the Speech and Language Therapy Team to ensure they encouraged the person to eat appropriately. Where people were at risk of malnutrition they were weighed regularly and advice sought if there were significant changes.

People who used the service told us they enjoyed meals at the home and that they were involved if that was their choice. For example, one person told us about the scones and jelly they had recently made. One person told us, "The food is really nice. I have pancakes, soups and puddings. I just ask support staff for what I want and they get it. I can have corned beef, toast, 'Cheerios', anything. I have fish and chips every Friday." Another said, "I like the food, there's lots of variety". One relative told us, "I can go in for my tea and it always looks lovely. They sometimes make mealtimes feel like little events."

We observed lunchtime interactions between staff and people who used the service and saw staff were respectful of people's wishes and choices. For example, staff were aware of one person who chose not to engage in any activities during the morning, instead choosing to watch some television and relax on the sofa. We saw the same person was offered a hot drink at lunch time but declined. A member of staff then brought a cup of tea to the person and said they would leave it close by should they chose to drink it. The person said they did not want it and did not want it left there. Staff respected this and removed the drink asking the person to let them know when they were ready for something.

People ate a variety of sandwiches and salad with pots of tea and coffee. People were offered yoghurts for

dessert and asked if they wanted anything else. Staff encouraged people to eat independently and people were offered additional drinks as they wanted. We saw there were a choice of options at each meal in a four-weekly menu system, which people had contributed to. The daily menu listing for staff indicated which people had any dietary requirements and we saw these were adhered to. Staff sat with people and joined in the lunchtime experience with them. People's dignity was respected and where appropriate people were provided with clothing protection whilst they ate.

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).

At the previous inspection in 2015 we recommended that the provider ensure they had more specific care plans in place regarding the implementation of DoLS for people. At this inspection we saw the registered manager had liaised with external agencies to improve these specific care plans. We found them to be detailed and they had regard to the restrictions in place to keep people safe, but also strategies in place to ensure people's other freedoms were not impacted upon. We saw consent was sought from people with regard to their care planning and the retention of information, whilst advocates were in place for people who were not able to make some decisions on their own.

Staff felt they received ample training opportunities and could raise any concerns they had. We saw regular staff meetings had taken place with minutes recording standing discussion items such as safeguarding, record keeping and health and safety, as well as specific updates and reminders about people's individual care needs.

External professionals we spoke with confirmed staff demonstrated a good understanding of the needs of people who used the service and sought their advice appropriately. One told us, "Staff have built up really good relationships with them [person using the service] and came to us if there was anything they weren't sure of."

Within the context of the building being an old stone-built property, the premises were suitably adapted and appropriate to people's needs, with a chair lift in place and recent wet-rooms added with hand rails in place. People told us, for example, "We have a shower room where I can wash myself without any support from staff."

Good

Is the service caring?

Our findings

People who used the service, relatives and external professionals we spoke with were all complimentary about the caring attitudes and behaviours demonstrated by staff.

Staff, including new staff, confirmed they were encouraged to put the person's needs at the centre of their day and that this was part of the culture of the service. We observed staff focussing on the outcomes people experienced rather than the completion of tasks, and this meant people who used the service felt at home and valued. One staff member told us, "I also like the fact that you can spend time talking to service users without the restrictions of being pushed to do other things, as was the case in previous homes I've worked." This demonstrated the provider understood the importance of giving staff the support they need to enable them to have the time to listen to people and meet their needs calmly.

People who used the service told us, for example, "Staff want to see me enjoying myself," "I like [staff member name] because he understands me and is very caring", and "I have no family now but I still feel fine. The people I have around me care for me like family." Relatives were consistently complimentary about staff, saying, "They are always lovely – you couldn't get nicer people," and "It's always homely and people always want to show you what they've been doing." Another person who used the service told us, "I like having a chair in my room – staff come and sit with me when I need someone to talk to." The description of a homely, family feel to the service was reiterated by relatives we spoke with, who said, "I can visit whenever I like and it's just really relaxed." Relatives were encouraged to visit at any time. This meant the service successfully delivered the service it advertised, which was a caring environment where people could feel at home.

We observed staff interacting with people and found them at all times to be patient and tactful, ensuring people could be themselves and that their dignity was respected. One person told us, "I feel I can be private whenever I want in this home and go to my bedroom and watch TV. The staff care for me as well as they care and get on well with each other and that makes it nice here." At the previous inspection we noted there was an array of people's washing left out to dry in communal areas, particularly in the entrance area. We found there were items of clothing drying in the living areas of the service and asked the registered manager to review this and find a solution that had more regard for people's dignity.

Staff were mindful of the fact that all people who used the service had varying levels of independence, and modified their approaches accordingly. Staff encouraged people to be as independent as they were comfortable being, for instance asking them if they would like to do their own baking or peel their own fruit, later on helping people to do their own washing and ironing. One person had their own laptop and access to a printer, whereby they would print a range of their photographs. They enjoyed showing us these photographs and reminiscing. One person told us, "I have no restrictions from being independent apart from staff have to wash my back, as I can't stretch to do this myself."

Some people who used the service were less able to verbally communicate than others and we saw staff had a good understanding of this. We were shown one person's communication passport, which all staff

had signed and which set out key information about how best to understand the person when in a conversation, and how to ensure staff were understood. This included useful information such as some of the key phrases the person would use, spelled phonetically so staff would recognised what they were saying. Phonetically means something is written down exactly as it sounds. We found this to be sufficiently detailed and beneficial for staff, who communicated clearly with all people who used the service throughout our inspection. An external professional we spoke with confirmed staff had liaised with them well to ensure this communication aid was in place prior to the person moving to the service, so that their wants and preferences could be better understood.

Other people's care plans contained detailed information about, for example, slowing down one's speech to ensure the person could be understood. Where appropriate, staff gave people non-verbal reassurances such as holding a hand or placing a hand on them gently when they began to move.

People who used the service confirmed staff involved them in care planning and asked them regularly if their care met their needs. They also confirmed they helped staff complete weekly diaries about what they had done and survey responses indicated that people felt their opinions were respected.

The caring relationships between care staff and people who used the service were in part enabled by a continuity of care. Most staff members had worked at the service for a number of years and most people who used the service had also been at the home for a number of years. We saw strong bonds had been formed between staff and people who used the service.

Whilst there were some adaptations to ensure people could use the service, the décor and layout of the service was homely. People showed us their rooms, which were decorated to their tastes and with meaningful photographs and memorabilia. There was a cat who lived at the service and people evidently enjoyed its company. People who used the service had formed strong bonds with other people who lived at the home, but staff were mindful to ensure people were respected as individuals, rather than simply part of a group. For instance, people who wanted to go to church were supported to do so by one member of staff on a Sunday morning, ensuring their right to religious belief was respected and upheld.

Care plans contained comprehensive levels of information regarding people's preferences and wishes. Staff demonstrated a sound knowledge of people's individual needs and preferences and one external professional told us, "I've been impressed by the warm, homely atmosphere at The Oaks and the person-centred approach adopted by the staff."

Good

Is the service responsive?

Our findings

People who used the service were supported to take part in hobbies and interests meaningful to them, both in house and in organised outings. During the inspection people took part in a regular 'pamper morning', whereby they could have a foot spa or have their nails painted. We saw people enjoyed this and showed us what colours they had chosen afterwards. People confirmed this was a regular activity and that they enjoyed it. Other in house activities included board games and baking and relatives told us, "There is always something going on, people are always wanting to show you what they've done when you visit."

The administration officer and registered manager were both able to drive people who used the service in their cars, whilst staff had also hired a minibus in previous years to go on trips to Scotland and the coast. People had been supported to go on holiday abroad. More locally, people who used the service enjoyed going to a local day centre regularly, with one person volunteering there and others enjoying activities such as discos, dominoes and exercise equipment. One person was a railway enthusiast and staff planned to take them to Tanfield Railway. Staff encouraged them to pursue their hobby through the reading of books in the meantime. One relative told us, "They love going to the shops and are always off there with staff. They've been on holiday too – they have a great social life!" This meant people were supported to follow their own interests but also that they were protected from the risk of social isolation through ongoing and varied engagement in their local community.

One person told us, "Staff respond very well to my likes and dislikes," and another said, "I get encouraged to go out to functions. I needed a lot of encouragement from staff to go to the disco for the Valentine's Day celebration recently. I'm glad I did. I can decide on doing something but can change my mind at the last minute." We observed staff interactions were in line with this, positively encouraging people to be independent but respecting their wishes when they chose not to do something.

Staff and the registered manager were keen to support people's interests through varied means, and demonstrated they embraced change and new ideas where it was beneficial for people who used the service. For example, one person had been given a laptop at Christmas and needed help to operate it. Staff had spent focussed time with them to ensure they were able to enjoy using it. Another person who used the service also had their own laptop and enjoyed printing out photographs. This meant people were enabled to successfully access technology that was beneficial to their day to day experiences.

With regard to people's changing needs, we found these were managed well, through regular reviews and with the involvement of external health and social care professionals. One person had been prone to falling and had been given a range of physiotherapy exercises to undertake, following consultation with an external specialist. We observed staff encouraging the person to complete these during the inspection and the person enjoyed the encouragement given. One external professional told us how well staff had managed the transition of a person to the service. They had done this on a phased basis, inviting them to meals and afternoon activities to ensure they got to know other people who used the service and staff and to reduce any anxieties when they came to move to the service permanently. We found this had been an effective strategy and meant the person was able to move to the service, feeling more in control and less anxious of

change.

Care planning was sufficiently detailed and person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. Each care file contained an 'All About Me' document which set out the person's key likes, dislikes and what made them individual. These were written with regard to the person's voice and personality. For example, one section read, "[Person] really likes to strut their stuff", in relation to one person's love of going to the disco. This meant new staff could get a good idea of people's individualities through the service's care planning information.

Care plans were specific and detailed in line with people's needs. For example, one person had a 'Additional Emotional Support' care plan in place to ensure staff knew how and when to support them when their mood fluctuated and was low. We found care plans had been reviewed recently and contained accurate and contemporaneous information. People's end of life care preferences had been discussed with them and incorporated into care planning, for example planned funeral arrangements.

With regard to complaints, there had been none recently and no one we spoke with raised concerns. The provider did have a complaints policy in place but people who used the service may benefit from having more accessible information available to them in this regard. At the time of the inspection there was some information regarding how staff could whistle blow (this means to tell someone outside the service about concerns regarding how it is run) put up in a communal corridor but there was little easy-read information for people who used the service. People who used the service did however confirm they knew how to raise any concerns they may have, as did relatives.

We also saw 'house' meetings took place on a monthly basis, at which people who used the service could discuss future activities, menu options, and anything concerning them. The registered manager also undertook an annual survey to gather people's feedback about the service. We saw the latest survey demonstrated wholly positive responses regarding staff care, facilities, activities, independence and meals.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection in November 2015 we recommended the registered manager improved their Deprivation of Liberty Safeguards (DoLS) care planning, as well as implementing a formal means of assuring themselves that staff remained competent in the administration of medicines. We saw both these areas had been addressed, with external advice and support sought in relation to improving DoLS care planning. With regard to the competence of staff in the administration of medicines, the registered manager had initially implemented spot checks every month to assess this, but this had not proved practicable. They told us they were reviewing the timescales in which these spot checks should occur.

Auditing generally required improvement, with some areas of poor practice, particularly with regard to medicines storage and documentation, not identified by the auditing processes in place. Recent medicines audits had consisted of stock checks, rather than actually reviewing the content of medicines stored, how they were stored, and the standard of record keeping. Had the audit factored these aspects in, the audit could have identified and addressed the areas for improvement we saw. For example, handwritten entries not being double-signed and a number of topical medicines (creams) being past their use by date. We saw a previous external audit by a pharmacist who, whilst concluding practices were generally safe and appropriate, stated they also identified a number of topical medicines past their use by date. This meant opportunities to improve had been missed and errors had continued.

We recommend the registered manager review medicines auditing procedures in place to ensure they check, on an ongoing basis, the quality of record keeping, administration and storage, alongside a check of quantities.

The registered manager had delegated some duties to their administration officer, who also took a lead role in the running of some aspects of the service. The registered manager acknowledged they had at times struggled to complete all aspects of compliance activity, such as audits and a notification to the Commission regarding the registration status of the service, and that this was due to remotely supporting another registered service, for which they were the nominated individual. The registered manager agreed that, until they could focus solely on The Oaks, they needed to ensure all managerial responsibilities were reviewed and, where practicable, appropriately delegated, to ensure the service remained compliant in the longer term.

Other areas of auditing did lead to actions and improvements. For example, the health and safety walk-arounds by the registered manager and the administration officer had identified where light fittings required replacing, or where furniture needed repair. The registered manager worked well with the administration officer, who had a sound grasp of all aspects of the service and took the lead on updating the training matrix, and also had other delegated duties. The registered manager and administration officer regularly audited staff sickness levels, complaints, accidents, incidents and health and safety walk-around reports.

All people who used the service we spoke with spoke highly of the registered manager, as did staff. People said, for example, "I like them, they have been here as long as me and we get on." Staff told us, "[Registered

manager] is here daily and is hands-on when needed. There is the right kind of pressure – to do things right not to do things quickly."

We observed people who used the service were comfortable in the presence of the registered manager and, when we asked in detail about people's specific needs, they demonstrated a strong understanding of these.

Regular meetings were held with staff and people who used the service to ensure the registered manager made themselves accountable to the people involved in running the service. Minutes we reviewed demonstrated these meetings were an opportunity to openly discuss a wide range of topics, from safeguarding and complaints to activities and menus. People who used the service and staff confirmed they were able to raise queries or suggestions in a welcoming, inclusive atmosphere.

Good community links were in place, particularly with a local community centre, where people who used the service attended a range of activities. The registered manager had ensured the service had not become isolated but remained a part of the community, to the benefit of people who used the service.

The majority of records we reviewed were accurate, up to date and person-centred. The office the administration officer and registered manager currently shared was small and in need of tidying. The registered manager explained they were in the process of identifying a range of documents to be archived.

The registered manager had been in post for a number of years and demonstrated an excellent knowledge of the needs of people who used the service. Relatives spoke highly of the registered manager and confirmed they were in regular contact. One said, "There have never been any problems with [registered manager] and her staff. 'Person] loves the staff and I can see why."

Turnover of staff was low and staff morale was high. New members of staff had recently joined the service, which was now up to full capacity, and we found they had been welcomed to a team that worked well together and supported each other. Staff at all levels had successfully delivered the caring, homely environment the service advertised and we found the culture to be one focussed on ensuring people felt at home.