

Signature of Epsom (Operations) Limited

Rosebery Manor

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Rosebery Manor provides accommodation, care and support for up to 95 people who require support with personal or nursing care. The home is set over three floors. The second floor provides care and support to people who are living with dementia, this unit is called The Oaks. The other areas of the home provide care for people requiring 'assisted living'. Some people lead a mainly independent life and use the home's facilities to support their lifestyle. On the day of the inspection there were 71 people living at Rosebery Manor, 65 people required personal or nursing care.

The inspection took place on 7 October 2015 and was unannounced. This was the first inspection of the service since it had registered.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Suitable arrangements were not in place to ensure that medicines were managed safely. Gaps were present in

Summary of findings

some medicine recording and medicines remained in the packets when staff had signed to say it had been administered. Medicines stored in people's rooms were not always secure and temperatures of storage areas were not consistently monitored.

People told us that there were not always enough staff at busy times of the day to meet their needs, people told us they sometimes had to go to bed earlier than they would like or had to wait to be supported.

Risk assessments for people were not regularly reviewed to ensure staff had the most up to date information. People could be at risk of harm from developing pressure wounds as staff did not ensure they turned or repositioned people as often as they should.

Staff received training in safeguarding adults and knew how to report any concerns. They were aware of the whistleblowing policy and how to access guidance.

Systems were in place to ensure that equipment was safe to use and fit for purpose. People lived in a clean environment that was suitable for their needs.

Staff did not always receive supervision in line with the provider's policy. However, regular staff meetings were held and staff were encouraged to raise issues for discussion. Staff received necessary training and support to enable them to do their jobs.

People told us they enjoyed the food and were always offered a choice. We saw that meals were prepared using fresh ingredients and people were regularly consulted about the menu options. However, some staff were not aware of people's dietary needs such as diabetes and gluten free diet.

There was a positive and caring atmosphere in the home. Staff interacted with people with kindness and respect

and promoted their independence. They told us the registered manager was approachable and listened to their concerns. People told us they were supported to attend medical appointments and we saw evidence that health professionals were involved in people's care.

Care plans were in place to guide staff in providing care. However, plans were not regularly reviewed and were difficult to access. The electronic recording system used was not always accessible to staff meaning that records were inconsistent and not updated to show continuity of care. A comprehensive assessment process was in place and people's life histories, likes and dislikes were well documented.

A range of activities were provided for people and people told us they were encouraged to develop their interests with the support of staff. Community activities were offered on a regular basis and visitors were always welcome.

Audits to monitor the quality of the service were not always effective in identifying shortfalls and systems were not in place to gather feedback from relatives and professionals involved. People living at the service had been asked to complete satisfaction questionnaires which were in the process of being analysed. There was a complaints procedure in place and we saw that complaints had been responded to in a timely manner. The registered manager had not notified the Care Quality Commission (CQC) of a number of incidents which had recently occurred in the service.

During the inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe

The storage, administration and recording of medicines were not always managed safely.

Staff were not always sufficiently deployed during busy periods.

Risks to people were not always managed well. People were not always protected from foreseeable harm arising from healthcare concerns.

Staff received training in safeguarding adults and had a good understanding of the process to follow. They knew how to report any concerns appropriately.

Maintenance and servicing of equipment to keep people safe was up to date.

Requires improvement



Is the service effective?

The service was not always effective.

Staff received training and support to carry out their role although supervision was not always provided in line with the homes policy.

Systems were in place to guide staff in following legislation designed to protect people's rights.

People were provided with a good range of food and had access to snacks and drinks throughout the day.

Staff ensured people had access to external healthcare professionals.

The home was decorated and furnished to a high standard.

Requires improvement



Is the service caring?

The service was caring

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful and friendly manner. Relatives were made to feel welcome in the home.

Staff knew people well and respected people's privacy.

People were encouraged to be independent and their dignity was respected.

Good



Is the service responsive?

The service was responsive

People had access to a wide range of activities and were supported in maintaining and developing their interests.

People's needs were assessed prior to moving into the home.

Good



Summary of findings

People were provided with information on how to make a complaint and complaints were investigated and responded to.

Is the service well-led?

The service was not always well-led

Quality assurance systems were not robust and did not identify shortfalls in service delivery or how to drive improvements.

Care records were not routinely updated and systems were not effective in monitoring people's care.

Feedback was sought from people living at the service but not from relatives and professionals.

People were regularly involved in meetings about the home.

Staff understood the ethos of the home.

Requires improvement



Rosebery Manor

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.

The inspection took place on 7 October 2015 and was unannounced.

The inspection team consisted of two inspectors, a pharmacy inspector, a specialist advisor who had experience of working within the care sector and with people living with dementia, and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding alerts that had been sent to us and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 12 people who used the service, two relatives and 14 members of staff which included the registered manager, head of nursing, head chef and maintenance manager. During the inspection we spoke to one healthcare professional who visits the service regularly to gain their views.

We looked at a range of records about people's care and how the home was managed. We looked at nine care plans, medicine administration records, risk assessments, accident and incident records, records of complaints, internal audits, six recruitment files and records of staff training and supervision.

The inspection team spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We attended a resident's meeting and observed lunch being served in both areas of the home.

This was our first inspection of this home.

Is the service safe?

Our findings

People said they felt safe living at Rosebery Manor. One person told us, “Oh, yes. We don't worry about anything” and another person told us, “Feel safe, yes” and “The best thing is the support you get from a group of people who've got similar problems to yourself.” A relative told us they felt their relative was safe, “Definitely safe, I don't have any concerns at all.”

Despite these comments we found people were at risk of not receiving the correct prescribed medicines. Staff did not manage the storage, administration and recording of medicines safely. Stock levels of medication and administration were not always accurately recorded on people's Medication Administration Record (MAR chart). We saw gaps in recording within people's MAR charts. In some cases the medicine remained in the packet with no reason recorded why the medicine had not been given, in other cases the medicine was no longer in the packet.

One person's MAR chart and medicines packet did not correspond with the way in which they were taking their medicines. Although the person was able to manage their own medicines there was a risk of incorrect information being shared should they be admitted to hospital. One person's reducing dose of a medicine had been stopped abruptly without review by a GP. We informed staff during the inspection and appropriate action was taken to contact the GP and restart the medicine at the correct dose.

Medicines were not always stored in a secure and safe way. We observed that medicines were stored within people's suites or in the treatment room. Medicines that were kept within the treatment room were securely stored and the temperature of the room and the refrigerator was monitored. Medicines that were stored within people's suites were stored in a cabinet that was fitted with a lock. Where the staff were administering medicines to people, the cabinet was always locked, where people were administering their own medicines the cabinets were not always locked. This was not in line with the home's policy on safe storage. Some people's medicines were stored within an unlocked refrigerator within their suites and the temperatures of these refrigerators were not monitored. Medicines that require additional controls because of their

potential for abuse were stored appropriately within the treatment room but there was no documentation to confirm that they were being checked weekly in line with the provider's policy.

People were at risk because allergies were not always recorded accurately. There was conflicting information on some records kept and the MAR charts supplied by the pharmacy. One member of staff told us they had asked the pharmacy to update their MAR records a number of times but this had not been done.

Guidance for PRN (as required) medicines was not always available to guide staff on when to give PRN medicine or why the person might need it. Homely remedies (medicines used to treat minor ailments without the need for a prescription) were being used safely for people. Relevant information for staff detailing what remedies people could take were kept with MAR charts and it was clear what dose had been administered.

We saw evidence that staff had all undergone recent training with regards to medicines administration. However, the registered manager had not ensured that agency staff had training or were competent in regards to medicines administration.

The unsafe storage, administration and recording of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from the risk of foreseeable harm arising from healthcare concerns. We saw that systems were in place to identify when people were at risk, such as from pressure ulcers or malnutrition. However, risks were not always monitored effectively and within appropriate timescales. For example, in the files we viewed three people had been assessed as being at high risk of developing pressure ulcers. Although people's health had not been affected there was no evidence that risks had been reviewed within the timescales set. The risks for one person, who was also assessed as being at high risk of malnutrition, had not been reviewed for five months.

Where risk assessments stated that people required support in positional change to reduce the risk of pressure wounds developing, guidance was not always provided to staff as to how often this was needed and staff were unclear as to the frequency some people should be repositioned. We saw that where guidance was provided it

Is the service safe?

was not clear that people were always supported within the timescales given. For example, we saw that one person had been assessed as needing support every two hours but the recording chart showed this normally only happened every four hours. This meant that the person was at risk of further skin deterioration.

The lack of ensuring people had safe care and treatment was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's experience and views about staffing levels varied significantly. One person told us they did not think there were enough staff on duty, "There are times when it's the busiest and it's a problem. In the morning when they're making beds, they don't have time to talk to us. At change over, there is no-one available for a bit, if you want to be taken to bed at the end of activities, you have to wait. Another person told us, "At bedtime, it's particularly poor, you've got a large number of people to get ready and into bed. People often have to wait to go to bed after they want or they're taken upstairs earlier than they would normally want."

One relative said their family member had told them there were not enough staff, especially at night. They said staff were under pressure because there were not enough to meet people's needs. However, the relative told us when they visited during the day everything appeared to be fine. Other people told us they did not have to wait for care. One person said if they rang the bell staff came very quickly, they did not have to wait. Another person staff responded quickly, "Whatever I ask for, they do something about it. They take note and do it."

Some staff told us there was, "Just enough staff" although added that at weekends it could be different as agency tended to be used. Other staff told us they thought staffing levels were good, they never struggled to get everything done and still had time to spend with people.

The registered manager told us that staffing levels were based on people's needs following assessment. When people's needs changed staffing levels reflected this. The staffing levels at the time of the inspection were 16 care staff in the morning, 14 care staff in the afternoon and seven care staff at night. In addition there were two nurses on each shift, managerial support, catering, activity, laundry and domestic staff. They told us that concerns had

been raised about staffing levels during the evening when people wanted to get ready for bed. They had begun to respond to this by deploying additional staff members during this time and planned to extend this further.

During the inspection we did not observe people needing to wait for care and people were offered support when they needed it. We observed call bells were answered in a timely manner.

We recommend the provider reviews its staffing levels in the evenings and at night to ensure that staff are available.

Staff recruitment records did not all contain the necessary information to help ensure the provider employed staff who were suitable to work at the home. We viewed six staff files, most files included application forms, identification, references and a full employment history. However, one staff member had no application form on file and no references had been obtained for another person. Following the inspection the registered manager sent documentation to show this had been addressed.

All staff files contained a Disclosure and Barring System (DBS) check. DBS checks identify if a prospective staff have a criminal record or are barred from working with people who use care and support services. There were systems in place to ensure staff working as registered nurses had a current registration with the Nursing Midwifery Council (NMC) which confirms their right to practice as a registered nurse.

There were procedures in place for safeguarding people and staff were aware of these. All staff had received training in safeguarding people and were able to describe the steps they would take to report any concerns to senior staff or the local authority. There was a safeguarding policy that guided staff on the correct steps to take if they had concerns and staff knew how to access this. All staff demonstrated they understood the whistle blowing policy and said they understood their responsibility in reporting any concerns. Where concerns were had been raised these had been reported appropriately.

The service was maintained to a safe standard by a member of staff employed specifically to oversee these areas. Checks were carried out on equipment such as the

Is the service safe?

fire alarm and emergency lighting and any actions required were recorded and completed. Other checks and servicing were carried out by professional contractors as required, such as the gas boiler, passenger lift and hoist.

Is the service effective?

Our findings

People told us they were happy with the food provided and always had a choice. One person told us they thought the food was, “Excellent, I’ve put on two and a half stone since I’ve been here,” and another person, “Excellent...just what we want.” One person said the food was good but very rich. They told us, “It would be nice to have something plain sometimes.”

We observed lunch in both the assisted living restaurant and within The Oaks. The food looked fresh and colourful with generous sized portions. People living in The Oaks were shown both available options on a plate to make it easier for them to make a choice. People were also offered drinks by staff showing them options. People had access to adapted cutlery and crockery should they need it. We observed a staff member supporting someone to eat their meal, this was done at a nice pace and the staff member chatted with the person and offered encouragement throughout. Another staff member plated some food for themselves to encourage someone to eat ‘with them’. However, we saw that some people were repeatedly prompted to eat when they clearly indicated they did not want to. For example, one person said several times, “I don’t like it. I don’t want anything else” but staff continued to prompt them to eat.

Some staff members were unaware of the dietary needs of people living in The Oaks. For example, two staff members were unable to tell us that one person living in The Oaks was diabetic and one person required a gluten free diet.

We recommend the provider ensures staff have guidance on how to support people living with dementia during meals.

In the assisted living restaurant we observed that staff welcomed each person to the dining area by name. They escorted people to where they chose to sit and offered them a menu. For those people who had difficulty seeing, staff read out the menu and helped them to make their choices. It was clear the staff knew people’s needs and preferences. For example staff asked one person if they would like soup, the person laughed and said, “We have that everyday don’t we.”

Each table was laid in a restaurant style with a double set of wine glasses. Staff said these were generally for decoration although people could have wine if they wished. Staff were

attentive to people throughout, taking orders, chatting and making sure people had everything they needed.

Additional staff were on hand outside the restaurant to support people should they need it and we saw they periodically came into the restaurant to check if anyone required assistance. The atmosphere was relaxed and we observed people laughing and chatting throughout the meal. No one was rushed, people were able to eat at their own pace and the next course was only brought to them when they had finished the one before.

We saw that drinks and snacks were available to people throughout the day and staff encouraged people to take advantage of this. People were weighed regularly and where risks were identified this was acted upon.

We spoke to the head chef who told us they took great pride in the meals they provided and only used fresh, high quality ingredients. They told us it was important to them that people enjoyed the food provided and regular meetings were held with people to gain their views. We saw a meeting was held on the day of the inspection to ask for feedback on the food and saw from past minutes that people’s requests had been incorporated into the menu.

Staff were not always supported to develop their practice and knowledge as they did not receive supervision at regular intervals in line with the providers policy. One staff member told us they had not received supervision since starting at the home five months ago and another staff member said they had received two supervisions in ten months. However, other staff told us that they received regular supervision and found this useful in developing their skills. One staff member said their manager would regularly ‘pull them aside’ and test them on their knowledge and training. The registered manager said they were aware of gaps in supervisions for some staff due to a vacancy within the senior management team. They said they were working to ensure targets were met.

It is recommended the provider ensures systems for monitoring staff supervision frequency are implemented.

People told us they felt that staff had the necessary skills and knowledge to meet their needs. One person told us, “They have sufficient skills, yes” and another person said, “They can hoist me ... do all those difficult things. Yes, I think they do.”

Is the service effective?

Staff told us they had access to training and felt this was useful in supporting them in their work. One staff member told us that following training they felt competent and confident to carry out their role. We saw from training records that staff received a comprehensive induction programme which included fire safety, first aid, infection prevention and control, moving and handling, basic food hygiene, safeguarding people from abuse and medicines management. Staff also received a DVD of all policies and procedures and the staff handbook which they could refer to should they need to refresh their learning. Several staff members told us they had recently started a more in-depth training programme to support people living with dementia. Staff confirmed that they shadowed an experienced member of staff until they were competent in their role.

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).

The home had systems in place to assess and monitor people's capacity to make decisions. Most files we viewed contained MCA assessments and where restrictions were in place best interest decisions and DoLS applications were recorded. However, not all DoLS applications had been underpinned by mental capacity assessments and best interest decisions to explain how the decision to implement restrictions had been reached. We saw that one person's care plan stated 'I need bed rails for my safety' and 'has dementia, unable to give consent for use'. There were

no documents to determine the person's capacity to consent to the use of bed rails or why this was in their best interest. We noted in another section of the person's care plan staff had written, 'Is able to retain information as well as communicate decisions'.

Staff had received training in relation to MCA and DoLS although a number of staff said they would like additional training in this area as they did not believe their knowledge was comprehensive.

We saw evidence that healthcare professionals were involved in people's care when required. One relative told us, "I'm confident they'd (staff) know what to do if something happened. They have good nurses here and they know when to get someone else in."

We were told that people were all registered with a local GP or were able to keep their existing GP where appropriate. Doctors from the local GP surgery visited the home each week. A healthcare professional told us, "Staff care about people and would contact the surgery if they had any concerns." Referrals to other healthcare professionals were made appropriately. A healthcare professional gave a recent example of one person being referred to the community mental health team. A healthcare professional told us, "staff respond to information and instructions on how to manage people's care." We saw evidence in people's care records that they had involvement from other healthcare professionals such as an optician, physiotherapist and chiropodist.

The premises was decorated and furnished to a high standard. Communal areas were comfortable and homely. Signage was of a homely style and did not present a clinical feel. The environment was suitable for people living with dementia. In the Oaks people's bedrooms doors were painted different colours with memory boxes containing items personal to the individual outside their door to help them orientate to their own rooms. There were sensory items placed around the corridors for people to use and people had access to a wide library of books.

Is the service caring?

Our findings

People were positive about the care they received. One person told us that staff were “Nice” and “Caring” whilst another person said, “They are always there. Always around if I need one.”

One relative told us they felt staff were “Very caring”, “It's just the general attention of all of them. I've not come across a surly face yet, they're always willing to talk to us as well.”

We saw that staff interaction was positive throughout the home, when staff walked past people they said ‘hello’ or stopped to have a chat with them. We observed that staff knew people well, one person told us staff, “Are interested in you and your family” and “They keep contact with you when you're in your room. If they've heard of something that you're interested in, they tell you. Make a point of it.” Another person told us, “They are very caring - they remember what I want doing with my watch at night ... and in the morning, they put it on for me.” They added that they had overheard a carer talking to a new staff member the previous day, telling them, “You have to talk to the residents or you don't know what they want.” The person described this member of staff as, “Excellent, the best.”

Staff provided care and support for people with respect, used people's preferred names and checked for permission before providing any care or support. For example, we saw

staff knocking on people's doors and asking for permission before they entered their bedrooms. One staff member told us they would always ensure people's privacy when providing personal care and make sure they knocked on someone's door before entering. Another staff member said they would always cover people with a towel to protect their dignity when carrying out personal care.

Staff promoted people's independence and described how they recognised people's individual choices and their views were respected. One staff member told us they would meet people's wishes wherever possible and encourage them to

make decisions. For example, in the clothes they wore, activities or going out. One person told us it was important to them to be as independent as they could and staff supported them with this, “I do my own teeth and hair. I can't do much independently, but I do everything I can, including pressing the right button in the lift.” Our observations throughout the inspection confirmed that staff were kind and caring and interacted with people in a relaxed and informal way.

People's individual suites were personalised and contained pictures, ornaments and the things each person wanted. A number of people had their pets living with them which was encouraged by staff at the home. People could spend time in their room if they did not want to join other people in the communal areas.

Staff were attentive to people's needs and knew their likes and dislikes. One person told us they needed help to cut their food, they said staff were, “Always on standby to cut up my food, sometimes it comes already cut up. They've thought about me already.” We observed a member of the staff approach someone in the communal area as they had not had lunch. They were sensitive in their approach and did not rush the person when they said they would come later. In The Oaks we saw one person indicate they wanted lunch in a different area. Staff cleared a table in that area and brought the person's lunch to them.

People were able to move freely around the home and we observed a member of staff supporting a person who wanted to walk in the garden. We saw that staff supported people from The Oaks to access the communal areas of the home. One person told us, “They take me for a walk every day. I can't do it on my own.”

Visitors were welcome at the home at any time. One relative told us, “They told us we could stay a night if things got really bad.” Other relatives told us they were always made to feel welcome. The registered manager confirmed visitors were welcome at any time and a small family room was available should people not want to meet in communal areas or their suites.

Is the service responsive?

Our findings

We saw that each person had a comprehensive assessment of their health and care needs prior to moving to the home. Assessments showed that where appropriate people were involved in the assessment and their comments were recorded. These were completed in detail and highlighted people's preferences. There were clear links between assessment information and people's care plans.

Each person had a photograph in their file and personal histories were well documented meaning staff had access to information about people's interests, hobbies and families. Care plans contained information to guide staff in identifying people's individual health and personal care needs and directed staff as to how those needs should be met.

People were provided with a wide range of activities, both within the home and in the local community. One person told us, "The activities and friendliness of everyone creates a great atmosphere, it's one of the best things about being here." Another person told us they were, "Very pleased" they could go on outings and enjoyed, "Pub lunches and going to places of interest."

A staff member employed as an activity worker confirmed that there was a dedicated activity team who devised a weekly programme which covered seven days. This included games and quizzes, flower arranging, in-house cinema, arts and crafts and various outings. We saw the planned activities for the week were displayed throughout the service. The service has its own transport and we observed people returning from a trip in the evening.

During the inspection we saw people being asked if they would like to join activities and staff giving encouragement. In The Oaks we observed people playing darts, ballgames, exercises and going for walks in the garden. When one activity finished staff asked people what they would like to do next and offered suggestions.

People told us they were encouraged to develop activities based on their individual interests. One person said they had set up a gardening club and a book club with the help of staff. Another person described to us how they enjoyed playing chess and played regularly with a staff member. We observed them telling staff they would like a game of chess, they found the staff member quickly so they could play. They told us the same staff member was helping them to, "Try to get a team together."

People told us that they knew how to make a complaint if they needed to. One person told us, "I would tell the 'boss'." Another person said they would, "Go to the top and if not there, I'd find the most senior." We looked at the complaints procedure which was displayed in the foyer and accessible to people, visitors and staff. The procedure detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. We saw evidence that where complaints had been received they were acknowledged and investigated appropriately and in line with the provider's policy.

Is the service well-led?

Our findings

People told us they thought the home was well-led. One person said, 'The (registered) manager is very approachable, you can speak to them at any time.' One relative told us, "There is nothing I could complain about." Another relative said, "Oh yes, it's well-managed, from top to bottom, they all remember you and talk to you."

However despite this we found the quality assurance systems in place were not robust and did not always identify shortfalls in the home. We saw that audits were completed covering people's care planning and risk assessments. The audit completed in August 2015 indicated that all care documents contained up to date risk assessments which meant the registered manager had not identified the short falls in managing risks to people's skin integrity or medicine administration.

Regular health and safety audits were completed although up to date records were not always kept. For example, recording for some checks were dated August 2015, a staff member told us the checks had been completed but records had not been updated. However, staff were unable to provide evidence that water temperatures had been checked during this time.

Following the inspection the registered manager provided us with a copy of the action plan for the home. This had identified a number of shortfalls in the home along with updates as to the progress made in addressing the issues. However, this showed contradictory information between the action plan and audits completed. For example, audits showed that care records were up to date in August 2015 whilst the action plan recorded that work was still in progress at this time.

The provider had not notified the Care Quality Commission (CQC) of a number of incidents which had recently occurred in the service. For example, following an infection in the home Public Health England were working with the registered manager to minimise the risk to other people and staff. Whilst appropriate action had been taken, CQC had not been informed of this incident.

Care plans were not always reviewed in a timely manner and records were difficult to access. This meant staff did not always have access to up to date information when supporting people. The manager told us that records were kept electronically and staff updated plans using

hand-held electronic devices.. Once completed all plans were printed and copies kept within people's suites. An audit had identified gaps in care plans and staff had been working to ensure information was current but this work had not yet been completed

We found however, the information that had been printed from the electronic system and the format was repetitive and difficult to navigate. Files were not ordered to enable staff to easily find the information they required.

We found contradictory information recorded in some people's files. For example, one person's care file recorded they 'were unable to leave bed' although they were observed to be in the dining room during the inspection. Another person's care plan stated they used a walking stick although we observed them using a frame during the inspection. They told us they had not used a walking stick for some time.

We found a number of gaps in the recording of care provided. Staff told us that the electronic devices used were unreliable and would 'freeze' as there was not a signal in all areas. There were not always enough devices available for staff and care plans were not always up to date. On the day of the inspection there were four devices available to the seven staff members working in The Oaks. The registered manager told us that additional 'phones' had been ordered and the company providing the technology were due to adjust the equipment to ensure a signal could be accessed in all areas.

The lack of effective systems to ensure good governance and lack of accurate recording was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were procedures in place for recording and monitoring incidents and accidents. Records showed incidents and accidents were reviewed by the Registered Manager and guidance provided to staff to minimise the risk of incidents being repeated.

The registered manager told us that satisfaction surveys had recently been distributed to people although the results had not yet been collated. We saw evidence that some surveys had been returned. The registered manager told us surveys had not been distributed to relatives, carers or professionals meaning they were able to give their views on the quality of the service provided.

Is the service well-led?

Staff told us they felt there was a good culture amongst the staff team. They told us “Staff are friendly and pull together to make sure everything done”. Other staff members told us the management team were approachable and they felt supported in their roles. The registered manager told us that they delivered a presentation to all new staff to highlight the ethos of the organisation. One staff member said they had been told of the ethos when first starting and were reminded of it.

Staff meetings were held on a regular basis and staff told us they were able to raise any concerns. If they were unable to attend the meeting they still had the opportunity to contribute to the agenda and were provided with minutes from the meetings. Staff told us they found the meetings valuable and that separate meetings were now being held in The Oaks. We saw documentation to confirm that staff meetings were held on a regular basis. We read in minutes

that staff were encouraged to be involved in the running of the service. For example, we read meeting minutes where staff had been asked for feedback on staffing levels, rota patterns and equipment available.

We observed a residents meeting during the inspection. The meeting was chaired by the registered manager and attended by approximately 15 people who used the service who were given the opportunity to raise questions and comment on plans. People told us the meetings were held regularly along with restaurant and activity meetings. We observed that comments from people were listened to and action taken. For example, people had requested brighter lighting in the activity room as they found it difficult to see. This been addressed by the registered manager and improvements made as a result. People said they were pleased with the result.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

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

The registered provider had not ensured the proper and safe management of medicines.

The registered provider had not ensured safe care and treatment.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider had not ensured comprehensive records were kept. Effective systems and processes were not in place to identify where quality and safety were being compromised.