

Surrey Rest Homes Limited

Oak House Care Home

Inspection report

Oak House
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Weybridge
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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 10 July 2017 and was unannounced.

Oak House Care Home is a residential care home providing support to up to 16 older people. At the time of our inspection there were 13 people living at the home, some of whom were living with dementia.

There was not a registered manager in post. At the time of inspection, a new manager had been in post for two months and was in the process of registering with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we found 5 breaches of regulations. We found problems identified with the home environment were not being addressed, people's care was not personalised and staff did not protect people's legal rights. There was a lack of staff training and the provider did not have effective systems in place to maintain accurate records and carry out audits. At this inspection we found that improvements had been implemented to meet the requirements of 4 regulations. However, we did find one continued breach of regulation in relation to record keeping and audits.

There was a continued lack of audits in place to assure the quality of the care that people received. The new manager had started to improve this aspect of the service and introduced a number of new checks on quality. However the provider had failed to make enough improvement in a timely way since the last inspection. We identified some shortfalls that audits could have addressed, such as information missing from one person's records and concerns with the way medicines were stored.

People had opportunities to be involved in the running of the home. Regular meetings took place and people's feedback was regularly sought. The provider responded to complaints. However, in one case we identified a complaint could have been responded to better. We recommended that the provider ensures information on how to take complaints further was clear to people.

People's rights were protected because staff followed the guidance of the Mental Capacity Act (2005). Improvements were made to how the legal process was followed and staff training was refreshed. Staff had received training to support them in their roles. Staff received an induction and training was kept up to date.

Improvements had been made to the home environment. The provider had addressed maintenance issues that we identified at the last inspection, as well as continuing to address any problems they identified through checks. Equipment and utilities at the home were regularly checked and serviced. People were kept safe in the event of a fire because the provider maintained fire equipment and carried out tests and drills to ensure people would be kept safe in an emergency. Systems were in place to ensure the home environment remained clean and the risk of infection being spread through the home was reduced.

People's care plans had been updated and contained person-centred information. Apart from in one case, staff had all the information that they needed to ensure that people's needs were met. Regular reviews were undertaken and changes in need were addressed.

The activities at the home had been increased since our last inspection. The manager was in the process of working with people to introduce a new regime of activities, in line with their choices. Risks to people were assessed and plans were in place to reduce any hazards. Where any accidents or incidents had occurred, staff took appropriate actions to keep people safe.

People received their medicines safely. Staff were trained in how to administer medicines and accurate medicines records were kept. Staff worked alongside healthcare professionals to meet people's needs and we saw evidence of staff making referrals to healthcare professionals where appropriate.

People were supported by kind and committed staff that knew them well. Staff were considerate of people's needs and involved them in their care. Staff provided care in a way that promoted people's privacy and dignity. Staff understood their roles in safeguarding people from abuse.

There were appropriate numbers of staff at the home to meet people's needs. Staffing numbers were based on people's needs. The provider carried out appropriate checks to ensure that staff were suitable for their roles.

People, relatives and staff spoke positively about the new manager. New systems for communication between staff had been introduced. Staff had regular meetings where they could make suggestions to improve people's lives.

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 consistently safe.

Improvements had been made to the home environment. We did note that these improvements had been in place for a relatively short period of time. We will need to see evidence of consistency before applying a 'Good' rating.

There were sufficient staff present to meet people's needs. We recommended that the provider reviews staff deployment, particularly at mealtimes.

The provider carried out appropriate checks to ensure that staff were suitable for their roles.

People's medicines were administered safely by trained staff. Accurate medicines records were kept.

Risks to people were assessed and appropriate measures were identified to minimise hazards.

Where accidents or incidents occurred, staff responded appropriately to keep people safe.

Staff understood their roles in safeguarding people from abuse and demonstrated a good understanding of safeguarding adults procedures.

Is the service effective?

Good 

The service was effective.

People's legal rights were protected because staff worked in accordance with the Mental Capacity Act (2005).

Staff had received appropriate training to equip them for their roles. Staff received support through supervision and regular updates to training.

Staff worked alongside healthcare professionals to meet people's needs.

People were supported to eat food that they enjoyed and that matched their dietary requirements.

Is the service caring?

Good ●

The service was caring.

People were supported by positive and kind staff. Caring interactions observed demonstrated compassion and kindness.

People were supported by staff that knew them well.

Staff involved people in their care. People were supported to make choices and staff helped to develop an inclusive atmosphere at the home.

People were supported in a way that maintained their privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Improvements had been made to the activities on offer, but work was still underway to ensure they reflected people's needs and interests.

People's care plans were person-centred and contained important information about people's preferences and needs.

Regular reviews were undertaken to ensure that people's care plans reflected their current needs.

Complaints were recorded and responded to. We recommended that the provider ensures complainants are given information on where to go if they are not happy with the way a complaint was handled.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was a lack of regular, robust audits in place to assure the quality of the care that people received.

Record-keeping had been improved, but we identified areas where there were gaps in records which were being addressed.

Staff felt supported by the manager and told us they had regular

opportunities to input into the running of the home.

People and relatives had regular meetings and where people made suggestions, these were actioned by staff.

Regular surveys were undertaken to gather people's feedback on the care that they received.

Oak House 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 checked 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 10 July 2017 and was unannounced. The inspection team consisted of two inspectors and an 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 care service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

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.

As part of our inspection we spoke to seven people and two relatives. We spoke to the manager three members of staff, the chef and the activity co-ordinator. We observed staff practice and how they interacted with people and colleagues to meet people's needs. We read care plans for three people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at five staff recruitment files and records of staff training and supervision. We looked at a selection of policies and procedures and health and safety audits. We also looked at survey results and minutes of meetings of staff and people.

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "Yes I feel safe, I don't have any worries about that as staff will always come when called." Another person said, "I don't feel unsafe here." Another person told us, "I understand that I need to keep safe and I feel safe here." A relative told us, "(Person) is safe here. Every time we come she looks clean and tidy." Despite people and one relative's positive comments we found that further improvements were needed. Where improvements to the environment had taken place further time was needed for the registered manager to start using a regular audit they had just introduced.

At our inspections in July 2015 and July 2016, people did not live in a safe home environment. The home was not kept clean and important maintenance work was not carried out. At both inspections, we found that where required maintenance works were identified; repairs did not always take place. This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements to the home environment and the requirements of the regulation were met. Following our last inspection, the provider had drawn up a plan of improvements and these had been carried out. For example, where we had identified concerns with how clinical waste was stored, this had been addressed. Clinical waste bins were now stored securely and discreetly. In response to our previous concerns with carpets and decoration, communal areas had been decorated and carpets had been replaced. At our last inspection, we identified a lack of servicing of electrical equipment, gas and lifting equipment. The provider had taken action and engineers had visited to service equipment and carry out checks. A maintenance log documented repair works carried out, this showed that regular works were undertaken where problems were identified. Regular walk around checks were carried out and we saw numerous examples of repairs carried out when required. We did note that there was a lack of regular, robust audits of the home environment to sustain these improvements. The manager was in the process of introducing these. We have reported on audits further in the 'Well-led' domain. A period of time is required to demonstrate consistency in this area before a 'Good' rating can be achieved.

The home environment was clean with no malodours. One person told us, "My room is always spotlessly clean." People and relatives told us that the home was clean and our observations supported this. After our last inspection, the provider had increased the number of hours the housekeeper worked for. The housekeeper was observed completing tasks throughout the day and maintaining cleanliness in the home. There was a system in place where staff signed off cleaning tasks as they were completed. This helped to maintain a system for cleaning and ensured staff were accountable for tasks completed.

People were kept safe because there were sufficient staff present to meet their needs. In their PIR, the provider told us that, 'Recruitment has been a thorough process and is on-going, staffing levels on the floor directly correspond with resident's needs...a new dependency tool is being developed to ensure safety.' Our findings supported this. The provider calculated staffing numbers based on people's needs and activities. One staff member told us, "There is enough staff, I get enough time to spend with the residents." People and

relatives told us that staff responded quickly when they needed support. We observed staff as having enough time to spend with people. People were up and dressed at an appropriate time in the morning and their needs were responded to within a reasonable time throughout the day. We did note that at lunch time, staff were rushed. This meant that one staff member was supporting two people to eat, which is not in line with best practice.

We recommend that the provider reviews staff deployment to ensure that people's needs are met at all times of the day.

People were kept safe from being supported by inappropriate staff because the provider carried out checks on new staff. Staff files contained evidence of recruitment checks that included references, a work history, a health declaration and a Disclosure Barring Service (DBS) check. The manager told us they took these checks very seriously. They said that when they had started work at the home and identified two staff without DBS checks, they had then addressed this. This demonstrated an understanding of the importance of ensuring people were supported by safe staff.

Risks to people were assessed and plans were in place to minimise them. One person told us, "A member of staff always walks with me. I had several falls before I came here and I haven't had any since coming." Staff carried out risk assessments where appropriate, and measures were identified to reduce hazards to people. One person who was living with dementia was assessed as at, 'risk of verbal and physical aggression to others'. The risk assessment identified that certain situations would increase this risk. To support the person safely, staff monitored the person and reassured them when necessary. A behaviour chart was completed where incidents occurred. This helped to identify triggers, such as time of day or care tasks being carried out, that could cause the person to become agitated. Staff liaised with healthcare professionals and provided them with information when any incidents took place. Another person was at risk of falls due to being unsteady on their feet. Their risk assessment stated staff should make sure they had appropriate footwear on. During the inspection we observed this person wearing supportive and comfortable footwear to reduce the risk of them falling.

Where accidents or incidents occurred, staff responded appropriately to keep people safe. The provider kept a record of all accidents or incidents and actions they took in response to them. There had been very few recent incidents, but where they did happen staff took appropriate action. Where a medicines error had happened, staff took immediate actions to ensure the person was safe. Staff sought the advice of healthcare professionals and reported the incident. The staff member was removed from administering medicines until their competency was reassessed. This helped to prevent a similar incident from happening again.

People's medicines were managed and administered safely. One person told us, "The medicines are organised very well in here." The provider kept accurate and up to date medicine administration records (MARs). People's medicines were clearly listed with information about the person's GP and any allergies. Records contained a picture of the person, this ensured staff knew they were administering medicines to the correct person. Medicines were stored securely with clear labelling. Bottled medicines had labels detailing when they were opened, so staff could check that they remained fit for use.

We observed staff administering medicines and best practice was followed. Staff checked they were administering the correct medicines to the right person. They signed the MAR once the person had taken their medicines. Care plans also contained information about how people liked to receive their medicines. One person was living with dementia and did not always want to take their medicines. Their care plan stated, 'you could try and approach me a couple of times and I might take them'. Staff demonstrated a good understanding of how to support this person in this way. The person's records showed that they regularly

took their medicines as prescribed.

Staff understood their roles in safeguarding people from abuse. Staff had received training in safeguarding and demonstrated a good understanding of how to recognise the signs of abuse. Staff knew where to go if they had any concerns. One staff member told us, "First I would speak to the home manager and they would follow it up. Then I could go to CQC or social services." There had been no recent safeguarding incidents at the time of our inspection.

People were kept safe in the event of an emergency. Fire equipment was regularly checked, tested and serviced. Regular drills were carried out and people had their own personal emergency evacuation plans (PEEPs). There was a plan in place for if the building should become uninhabitable due to an emergency.

Is the service effective?

Our findings

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our inspections in July 2015 and July 2016, people's legal rights were not protected because staff did not follow the guidance of the MCA. Mental capacity assessments were not carried out to establish whether people were able to make the decision to consent to their care. DoLS applications were incorrectly submitted where people had mental capacity to make the decision to stay at the home. Staff lacked knowledge of the MCA and how it applied to their work. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the staff were working within the principles of the MCA. We found decision specific mental capacity assessments were carried out. Where people lacked the mental capacity to make a decision themselves, a best interest decision was documented. This involved relatives and healthcare professionals where appropriate. We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Where restrictions were placed upon people, a DoLS application was submitted to the local authority. For example, one person was assessed as unable to make the decision to stay at the home. An MCA assessment established this, before a best interest decision was recorded which involved relatives and the person's community psychiatric nurse (CPN). They decided it was in the person's best interests to stay at the home. A DoLS application was completed and sent to the local authority.

In response to our previous findings, the provider had reviewed all MCA assessments to ensure the correct legal process was followed. The manager had introduced a tracker which documented dates of MCA assessments and DoLS applications. This allowed them to track the progress of applications made. Staff had received training on the MCA and this had been discussed at staff supervisions. Staff understood how the MCA applied to their work and they were able to tell us about the principles of the MCA. For example, one staff member told us that it only related to specific decisions and that people should be presumed to have capacity. People's care plans were clear about whether their ability to make decisions and staff demonstrated a good understanding of people's individual abilities.

At our inspection in July 2016, staff had not received appropriate training to meet the needs of the people that they supported. Staff were not able to demonstrate how to support people living with dementia and there was a lack of supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people were supported by staff who were trained to meet their needs. A relative told us, "The staff are trained and always willing to give advice." After our last inspection, all staff attended training in dementia care. A staff member said, "I did training in dementia, it gave me an insight into how to see things from their point of view." Staff files contained evidence of training and supervision. In supervision staff discussed good practice and how it applied to the needs of the people that they supported. The provider had enrolled staff on a QCF course in adult social care. QCF is the qualifications and credit framework that offers courses in adult social care. On the day of inspection we observed staff supporting people living with dementia in a way that demonstrated a good understanding of their needs. Where people became confused or agitated, staff provided them with reassurance. Staff were patient and took time to involve people in their care. When providing choices at meal time, staff showed people what was on offer. This helped people living with dementia to make a choice and reduced the chance of them becoming confused.

Staff completed an induction when they started work to give them the skills to meet people's needs. A staff member told us, "Induction covered all areas of the job and how things are meant to be done." Staff induction covered mandatory areas and was refreshed regularly. In their PIR, the provider told us that staff were trained in, 'care plans, safeguarding, dementia, first aid, manual handling, safe handling of medication, health and safety, food hygiene.' Our findings supported this. The manager kept a record of staff training and where gaps were identified, training was arranged to ensure staff training was kept up to date.

Staff worked alongside healthcare professionals to meet people's needs. One person told us, "My GP always comes when needed. I seldom need a doctor as I am quite fit." People's records contained evidence of involvement of healthcare professionals. Where staff had noted a change in one person's behaviour, their GP had been contacted swiftly. Investigations were carried out to identify what had caused the change. The person was seen by their CPN and changes were made to the medicines that they were prescribed. Staff recorded that this had helped the person to become more settled. People's records also showed they had regular input from chiropodists, osteopaths, opticians and their GP.

People's nutritional needs were met. People told us that they liked the food that they were served and that it suited their preferences. At lunchtime, the food served looked and smelt appetising. People were observed finishing their meals and they were offered additional portions. Staff showed the foods to people to enable them to make an informed choice. There was a choice available and people could request an alternative if they liked. People's dietary requirements were clearly outlined in their records. One person was assessed by a speech and language therapist (SALT) as they had difficulty swallowing. The SALT had recommended that the person ate pureed food. This information was in their records and we observed them being served food in line with this guidance. Pureed food was prepared and served in a way that looked appetising. We did note that records did not contain information on people's favourite foods. The provider was in the process of updating people's care plans, including person centred information about food preferences. However, food was discussed at meetings and people's feedback on food at a recent survey was positive. People told us that they got on well with the chef and could make special requests if they wanted.

Is the service caring?

Our findings

People told us that the staff that supported them were caring. One person told us, "They (staff) work hard and I couldn't ask for more." Another person said, "The staff are very kind, they always come when I ring the bell." A relative told us, "They (staff) are so friendly."

Caring interactions that we observed demonstrated kindness and consideration of people's needs. Staff spoke to people clearly and gently, allowing them time to make choices. Staff interventions had a positive impact upon people. One person living with dementia had become confused which had made them upset. A staff member reassured them and placed a gentle hand on their arm. The person was supported to have a drink and their mood changed from this intervention. Staff provided support to people in a patient and gentle manner that showed they understood people's needs and preferences. For example, when asking someone if they were ready for their lunch, staff came down to their eye line, ensuring the person could see and hear them, before getting permission to take them for their lunch.

People were supported by staff that knew them well. Staff told us that they had the information they needed to get to know people in care plans, but that talking to people was a good way to learn about them. A staff member told us, "We chat and they give us lots of answers. We can try to relate to their lives and it gives us real insight." Information on people's backgrounds was in their records and staff had knowledge of these. One person used to have a busy professional career, their care plan said that they enjoyed talking about their working life. Staff knew this about the person, as well as being able to tell us about relatives who came to visit them. Staff were observed chatting to people about their interests. Care was provided in a way that reflected people's care plans. One person's record said that they would respond well to touch, either through a hug or touching their hand. We observed staff touching this person's hand whilst talking to them, as outlined in their care plan. This helped them to engage with staff and put them at ease.

People were involved in their care. Throughout the day, we observed staff offering people choices. We observed staff asking one person what kind of activity they would like to do. The person asked to go into the garden so staff supported them to do this. People were offered choices with food and drink and staff had a good understanding of how to promote choice to people living with dementia. A staff member told us, "We always talk through options, most people here can decide what they want to wear each day."

Staff helped to create an inclusive atmosphere in which people's independence was promoted. People were involved in tasks within the home and these had a beneficial effect. A recent review for one person had noted, they were 'enjoying peeling potatoes and folding cloths'. A staff member told us, "Sometimes residents help with the vegetables or the laundry, it helps them to feel at home." Supporting with tasks helped people to retain independence. People's care records reflected their strengths and recorded tasks that they were able to do for themselves. Staff were able to tell us about what people could do for themselves. One person was able to wash themselves if staff prepared their clothes and bath. Their care plan was clear that if staff ensured that the bath was an appropriate temperature and the person was able to carry out their own personal care. Staff told us that they provided prompting and encouragement where needed to support them through the task.

Visits from people's relatives were welcomed and encouraged. One person responded particularly well to visits from relatives. Their care plan said that this helped them when they were anxious. Records showed that family visited them regularly. We observed relatives visiting on the day of inspection and they told us that they were made to feel welcome.

People's privacy and dignity was maintained by staff. People told us that staff respected their privacy and knocked before entering their rooms. During the inspection, staff provided personal care discreetly. Staff demonstrated a good understanding of how to promote people's privacy. One staff member told us, "I knock on the door and explain what I'm going to do. I make sure curtains and doors are shut and try to help them feel relaxed. I don't want them to feel intimidated." When discussing people's needs, staff were aware of who may be listening and kept people's personal information confidential.

People's cultural and religious needs were taken seriously by staff. Initial assessments asked people about their religion and this information was added to their care plans. One person used to attend services at their local church. They no longer wished to attend church and this information was in their records.

Is the service responsive?

Our findings

At our inspection in July 2016, people's care was not planned in a person-centred way. Care plans did not reflect people's needs and backgrounds. There was a lack of activities in place that were suitable for people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to care plans. A review of care plans had been undertaken following our last inspection. The provider had carried out improvements to most care plans, but in one case a person's care plan had not been updated and contained limited information. Staff provided appropriate care to this person and demonstrated a good knowledge of their needs, but their care records were not up to date. We have reported on this further in the Well-led domain.

People were provided care in line with their care plans and these reflected what was important to people. One person was living with dementia and could become confused at times, particularly in the afternoon. This was clear in their care plan. The plan stated that staff should support them to participate in activities and engage them in conversation. We observed staff talking to this person and they encouraged them to take part in a physical activity. The care plan also said the person liked spending time in the communal areas as they liked to be around people. They enjoyed watching television, particularly the news. We observed this person sitting with other people and watching the news. Staff had a good understanding of this person's needs when we spoke to them. Another person's care plan stated that they liked to listen to their iPod in their room. This person had their ipod in their room that they used to listen to music.

People's needs were reviewed regularly and any changes were actioned by staff. A relative told us, "They have been good when things change, and they keep us informed." Care plans contained evidence of reviews and where people's needs had changed, their care plans were adjusted. People's views were recorded at reviews and assessments. Relatives were invited to attend and their views were also recorded. At a recent review, one person had fed back that they enjoyed eating tuna and cream cheese. This information was added to their care plan and added to menus. Another person had recently been in hospital. When they were discharged, a re-assessment was carried out that captured some changes to their mobility and medicines. This information was added to their care plan so that staff provided care that would prevent them being readmitted to hospital. Care plans contained evidence of an assessment of the person care needs before admission to the home. This helped the staff to be sure they could be able to meet the person's individual needs.

Improvements to activities were underway. After our last inspection, the provider had introduced an activity co-ordinator. They took the lead on planning and delivering activities at the home. The activity co-ordinator had introduced a number of new activities since our last inspection. There was a schedule of activities within the home which contained a variety of different types of activities. These included arts, music, quizzes and physical exercise.

Despite the improvements being made, some people told us that they did not have much to do. One person

told us, "There is not a lot going on, but we get the occasional musician. I spend my time watching my DVDs in my room." A recent survey had identified that a lot of people felt there was a lack of activities on offer. The manager showed us what they were doing to address this. Staff were identifying new activities that people liked. A residents and relatives meeting had been used to discuss activities and people had given feedback of activities that they enjoyed at reviews. For example, people had recently expressed interest in a gardening club and staff were in the process of setting this up at the time of inspection. After the inspection, the manager had introduced further activities. Whilst this meant the provider had met the requirements of the regulation, this domain will not achieve a 'Good' rating until the provider can demonstrate consistency in this area.

Complaints were not always responded to appropriately. One person told us, "I can always speak with the Manager or member of staff if I'm worried." The provider kept a record of complaints, including what actions had been taken in response. There had been no recent complaints but a relative did raise a complaint following the inspection, which they told us about on the day of inspection. They were concerned that a change in fees had not been communicated to them. The provider responded to the complaint but did not attempt to establish if the relative was happy with the response. The relative was not aware that they could go to the Local Government Ombudsman if they were not satisfied. This information was displayed within the home, however in this instance the relative had not had this information made clear to them.

We recommend that the provider always checks to ensure people or relatives are satisfied with the outcome of a complaint and they help them to be fully aware of outside organisations they can take their complaints to if dissatisfied.

Is the service well-led?

Our findings

People said that they liked the new manager. One person told us, "The manager is very gentle." Another person said, "The manager is kind and listens. He's gentle in manner and comes to see me often." Another person told us, "(Manager) is very pleasant, we chat."

At our inspection in July 2016, regular audits were not being carried out to assure the quality of the care that people received. Audits did not take place as regularly as the provider stated they should in their policy. Audits did not identify and address concerns that we found during that inspection. Some of the home's records were not kept up to date, such as cleaning records and records of who had visited the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, there remained a lack of regular audits in place to measure the quality of the care that people received. The manager had been in the role for two months and had previously been employed as a locum for four months before that. They had introduced new audits which they had started to implement before our inspection. For example, an audit of staff files had identified some missing information and this had been addressed. The manager told us that they had noticed a lack of audits in place when they started working at the home. The manager told us they were in the process of addressing this. For example, the home environment had been checked and where improvements had been identified, these had been actioned. A record was kept of all maintenance work and this showed a number of improvements had been undertaken in the last two months. The manager had audits scheduled for after our inspection and submitted evidence that these had been completed as planned. However, the provider had not ensured that regular audits had been carried out following our last inspection. On the day of inspection we found a dead fly in the medicines fridge that had become frozen into the freezer tray. We informed the manager of the problem and they addressed it, they then carried out a full medicines audit following the inspection and submitted evidence of this. Two people used pressure relieving mattresses to reduce the risk of developing pressure sores. The mattresses were set to a 'medium' setting and the manager told us that a company visited every six months to check these. However, if people's weights changed significantly in this time, they could require the setting changed to manage the risk effectively. Whilst people were weighed regularly, no audit regularly checked the mattress settings. After the inspection the provider told us that the mattresses were audited weekly. Audits of air mattresses were then included in the audits introduced by the new manager.

We also noted a lack of audits of people's care plans, which meant where we found information missing; this had not been addressed. The manager had begun to audit and update people's care plans, but this had not yet been completed for every person. One person's care plan had only recently been audited and rewritten. The information in the person's file was very limited and did not give much information about their needs and preferences. The person had medical conditions that meant they could be exposed to risks. There were no risk assessments in the person's file. Whilst staff were taking actions to keep the person safe, their records were not clear and up to date. The manager printed a copy of the person's new care plan which was about to be implemented. The updated care plan contained important information about the person's needs and

preferences, including how to manage risks. Following the inspection, the manager provided evidence that audits on all people's records had been completed. However, following our last inspection we sent the provider a warning notice where we gave a date by which the improvements to records would need to be made. The provider had not ensured that the improvements to records had been made within these timescales. We identified concerns with audits one year ago and found at this inspection that some improvements had been made but not enough timely action had been taken to comply with the requirements of the regulation.

The lack of regular audits and information missing from people's records was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives spoke positively about the improvements made at the home since our last inspection. One relative told us, "It's looking a lot better, they've brightened the place up." A compliment from a recent survey said, 'I can't thank manager and staff enough for making this a very happy place for (person) to live.' Staff said that they had noticed improvements and got on well with the new manager. A staff member told us, "There have been a lot of changes with the new manager coming in. It is getting better, we are working as one now." The provider had drawn up an action plan following our last inspection and had taken steps to address them. Apart from the gaps in audits and records, the actions identified had been addressed. A new manager had been in post for around two months and had been instrumental in a number of the improvements. These were underway when we carried out the inspection and evidence was submitted following the inspection to demonstrate these were continuing.

Regular staff meetings took place which allowed staff opportunities to be involved in the running of the home. Minutes of staff meetings were kept and records showed these were used as an opportunity for staff to make suggestions. At a recent meeting, staff had noted one person's wheelchair was not working correctly. Following the meeting, the manager addressed this and supported the person to get a new wheelchair. The manager had developed a new handover sheet which staff used each day. This helped to ensure important information about people's needs was passed on between shifts. Staff told us that that they found this effective and that communication between staff had improved.

The provider involved people in the running of the home. Regular residents and relatives meetings took place and where people identified improvements, these were actioned by staff. A recent meeting had been used to discuss colour schemes for planned redecoration at the home. People had been involved in choosing colours for their home. In their PIR, the provider told us that, 'All relatives shall be requested to complete an annual survey of their experience within the home and the service we provide, which will then be reviewed by the manager actions followed up on immediately.' Our findings supported this. The provider carried out surveys to identify any areas for improvement. The most recent survey was mostly positive, with some comments about activities which the manager was in the process of addressing at the time of inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure regular audits took place to assure the quality of the care that people received.</p> <p>In some cases, important records about people's care were incomplete.</p>