# Care Homes UK Ltd

# Oak Lodge

## Inspection report

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Date of inspection visit:
25 August 2016
30 August 2016
31 August 2016

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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? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection visit took place on the 25 August 2016. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. We visited the service in response to concerns about fire doors raised with CQC and the local authority. We visited with the Senior Fire Officer from County Durham and Darlington Fire and Rescue Service. Following our joint visit on 25 August, the CQC inspector returned to the service on 30 and 31 August to continue with a comprehensive inspection.

We last inspected the service in January 2016 and it was compliant at that time and rated as 'Good'.

Oak Lodge is situated in a residential area of Darlington close to all amenities. It provides accommodation for up to 28 people who require personal care. The service previously provided nursing care but ceased to provide this in December 2015.

There was not 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 2008 and associated Regulations about how the service is run. The previous registered manager had left the service in February 2016. The manager currently working at the home commenced in March 2016 and had an application to be registered accepted by CQC.

All people we spoke with told us they felt safe at the service. Staff were aware of procedures to follow if they observed any concerns and staff also told us they would raise issues with the manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider did not have best interests decisions in place for people who required bed rails.

Established staff at the service were all given workbooks to undertake mandatory training refreshers and we saw some of these were outstanding although we saw the manager was prompting staff to complete these. The service did not provide an appropriate induction using the Care Certificate for staff new to the care

sector. Some recruitment checks had not been carried out for staff recruited recently, this may mean that the service did not recruit appropriate personnel. We saw that staff had received supervision.

There were sufficient staff on duty to meet the needs of the people and the staff team were supportive of the management and of each other.

Medicines were not stored in a safe manner, although administration records showed staff were administering medicines safely.

We saw people's care plans had been assessed and people's care needs were reviewed. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the home.

Staff had a good awareness of people's dietary needs and staff also knew people's food preferences well. We saw everyone's nutritional needs were monitored and mealtimes were well supported.

We observed that all staff were very caring in their interactions with people at the service. People clearly felt very comfortable with all staff members. There was a warm and caring atmosphere in the service and people were very relaxed. We saw people were treated with dignity and respect. People told us that staff were kind and professional.

We also saw a regular programme of staff meetings where issues such as fund-raising and décor were discussed. The service had a complaints procedure in place and there had not been any formal complaints since 2015.

We saw that outstanding serious maintenance issues in relation to fire doors and electrical safety at the home had not been addressed in a timely manner. The fire risk assessment was not adequate and environmental risk assessments needed review. This meant people and staff were at risk from the provider not assessing and monitoring the quality and safety of the service.

We found that audits carried out did not reflect the quality assurance policy of the provider and were not addressing issues that were outstanding. Audits were "tick box" in nature and there was not a comprehensive improvement plan for the service.

There were breaches of the Health and Social Care Act 2008. You can see the actions we required the provider to take at the end of this report.

## 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**

This service was not always safe.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were not stored safely but were administered in a safe manner. Risk assessments for people did not always identify hazards.

Staff knew how to respond to emergency situations.

### Is the service effective?

**Requires Improvement**

People were supported to have their nutritional needs met and mealtimes were well supported.

People's healthcare needs were assessed and people had good access to professionals to help them to maintain a healthy lifestyle.

Staff received supervision but not all recruitment checks were carried out and staff were not inducted properly. Training consisted of staff completing workbooks.

People did not have best interests decisions made regarding the restrictive practice of bed rails.

### Is the service caring?

**Good**

This service was caring.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People's care plans were relevant to people's needs and reviewed regularly.

Some activities were provided and the service had developed its garden area to be more welcoming.

There was a complaints procedure and people and staff felt able to raise concerns if needed.

## Is the service well-led?

**Requires Improvement**

This service was not always well led.

There were not effective systems in place to monitor and improve the quality of the service provided. Serious outstanding issues in relation to fire and electrical safety had not been addressed.

Audits did not address areas for improvement and were inconsistent.

People stated they found the manager approachable and caring. Meetings had taken place with staff and people using the service.

# Oak Lodge

**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.

We inspected Oak Lodge on 25 August 2016. This was an unannounced inspection. We carried out this visit following concerns we received regarding fire doors at the service. We undertook this visit with a senior fire officer from the County Durham and Darlington Fire and Rescue Service. The inspector returned to Oak Lodge to carry out a comprehensive inspection on 30 and 31 August 2016. The CQC inspection team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We examined notifications received by the CQC. We spoke with the local authority commissioners for the service and County Durham and Darlington Fire and Rescue Service.

At the time of our inspection visit there were 16 people living at the care home. We spent time talking with people who used the service and staff members. We spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home, and visited people in their own rooms when invited. We spoke with nine people who lived at the home, there were no relatives present during the course of our visit.

During the visit, we also spoke with the manager, deputy manager, regional manager, the chef and three care staff from the home.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, fire records, health and safety risk assessments, records relating to the management of the service and a variety of policies and procedures.

Following our visit we spoke with a community matron healthcare specialist who visited the home on a

regular basis. They did not raise any concerns about the service.

Requires Improvement

# Is the service safe?

## Our findings

We spoke with people who used the service and asked them if they felt safe. People told us, "Yes I feel safe here", and, "The girls are all nice and kind."

We asked members of staff about their understanding of protecting vulnerable adults. One staff member told us, "I would report something straight away if I had the slightest worry about anything, I wouldn't care who it was, we are here to make sure people are safe and well cared for."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available. Staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. One staff member said, "I'd go to safeguarding or CQC, I can find the numbers." This showed staff had the necessary knowledge and information to make sure people were protected from abuse.

We found Personal Emergency Evacuation Plans (PEEP) for people were not up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We saw the PEEP checklist for people; their mobility needs and room number did not correspond with individualised PEEPs. On our second visit on 30 August we saw that these documents had been updated and accurately reflected people's needs. Staff told us they felt confident in dealing with emergency situations.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We saw staff using PPE when supporting people at mealtimes and when administering medicines.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. The deputy manager explained the medicines system to us and showed us medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Staff had their competency assessed in March 2016.
We saw the medicines storage room where the trolley and medicines were stored was extremely warm. We saw that temperatures were monitored daily and for the month of August 2016 varied from 26 degrees to 30 degrees centigrade. We saw there was a ceiling fan device fitted in the room that appeared to be connected to the light switch as there was a sign asking for the light to be left on but the fan was not working. The Royal Pharmaceutical Society guidance "Handling medicines in social care" states; "If the temperature is more than 25 degrees centigrade it is too hot." This meant that the safety and efficacy of medicines was compromised by the excessive temperature.

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day and night to support people's needs. The service provided three care staff during the day and night and there were additional staff such as the manager, housekeepers and cook. People told us there were enough staff and staff also reported they felt they were able to have 'quality' time talking and spending time with people.

We looked at the recruitment records of four recently recruited staff. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We saw that two of the four staff records we viewed did not have their last employment reference sought by the service. This is good practice, especially when staff have put employment references down from other care settings. We asked the manager to seek these references straight away.

Risk assessments had been completed for people in areas such as risks associated with going out into the community. However there were three people with restrictive bed rails fitted and these were not assessed for their safety. Bed rails, also known as side rails or cot sides, are widely used to reduce the risk of falls. We saw one person who used oxygen with a concentrator device in their room did not have a risk assessment of the hazards associated with this in their care plan. The manager told us they would put assessments in place to check these regularly straight away. We looked at the fire risk assessment for the home carried out in June 2016. This did not mention oxygen that was stored and used by one person using the service. The fire officer in their report of our visit stated, "The fire safety risk assessment was not suitable and sufficient. A suitable and sufficient fire safety risk assessment should be undertaken and be made available for inspection. The assessment should cover all significant risks to relevant persons who may be affected by fire and should identify the general fire precautions needed." We asked the manager to review the fire risk assessment with the contractor straight away. This meant people and staff at the service were placed at risk in relation to their health and safety.

On 25 August 2016 we saw that bedroom doors did not have intumescent strips fitted and corridor doors which did have strips fitted did not have them fitted to the top of the door meaning smoke and fire could potentially gain access through this gap. In the senior fire officer's report from this visit they stated, "All fire doors to bedrooms and ancillary rooms / corridors should have intumescent strips and smoke seals fitted as a matter of urgency."

We found the fire door in the upstairs corridor was fitted with a keypad that was locked. The 'Maglock' on top of this fire door was excessively hot to the touch. The senior fire officer advised the deputy manager to turn the 'Maglock' off immediately and seek immediate attention from a specialist contractor as it presented a hazard. The deputy manager turned off the lock and told us they had telephoned for a contractor to visit the home to inspect the device. This device had still not been inspected by our second visit to the home on 30 and 31 August 2016 and we were told by the manager that the contractors were due on 6 September 2016.

We saw that records were kept of fire alarm tests and emergency lighting. On our first visit to Oak Lodge on 25 August 2016 we saw these were not up to date and tests had not been carried out since June 2016. On our second visit to Oak Lodge we saw these had been fully completed. The maintenance man stated he had

recorded the tests elsewhere and had now updated the right sheet. We were told that the maintenance man visited the home 'a couple of times a week', but staff told us they often had to do jobs such as changing light bulbs themselves and had to ring the provider's other home (where the maintenance man was based) to request he come to Oak Lodge.

We looked at the report for the five year fixed electrical wiring safety. The last five year safety certificate had lapsed in June 2015 and this report was dated 29 February 2016. This report stated that the summary of the condition of the installation was "Unsatisfactory" and that nine areas were classified as "C1 – Danger present. Risk of injury. Immediate remedial action required." Two other areas were classified as "C2 – Potentially dangerous – urgent remedial actions required. We asked the manager about this outstanding work, they said; "I've been chasing this with [Name] (the provider's contractor) and leaving messages and nothing happens." We witnessed the manager telephoning this contractor and speaking to [name] and saying; "You say you are coming and you never turn up. I need a date from you now." Following our visit the manager told us that the contractor was due on site to address the urgent remedial actions on 6 September 2016. This meant people and staff at the service were placed at risk in relation to their health and safety.

This was a breach of Regulation 17, Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw other checks in relation to moving and handling equipment, portable appliance testing and legionella testing had been carried out within the appropriate timescales.

Requires Improvement

# 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 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).

MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

At the time of the inspection eight people at the service were subject to a DoLS. A deprivation of liberty occurs when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. We saw that people's consent was sought in relation to their care plans, photographs and also in maintaining confidentiality but we noted this consent required review as some people had signed this in 2015 and their mental state may have changed. We saw that capacity assessments had been undertaken in 2015 and also required review. We saw that three people were subject to restrictive practice by the use of bed rails. There was no record of a best interest decision or capacity assessment about this specific restriction recorded for these three people which meant that these people's rights to make particular decisions had not been upheld as unnecessary restrictions had been placed on them.

This was a breach of the Regulation 11, Need for consent, of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

Staff told us they received supervision and records we viewed confirmed this had occurred. There was a planner in place, which showed for the next 12 months all the dates when staff were booked in to have supervision sessions or their appraisal.

We viewed the staff training records and induction records for four new members of staff. For two staff members we saw that the service had not obtained references from their most recent employer. For one staff member recruited to work on nights there were no interview records or professional references in their personnel record. This person commenced employment in May 2016 and we saw this staff member had moving and handling training on 22 June 2016 and participated in a fire drill on 10 June 2016. We saw the manager had given workbooks in relation to the following mandatory training requirements Health and Safety, Mental Capacity and Safeguarding of Vulnerable Adults but there was no evidence of the staff member completing these. We saw that all staff had undertaken a checklist induction into the home and staff and the manager had signed to say they had read and signed key policies. When we asked the manager

to show us where these policies were signed by staff to show they had read them they stated they could not do this. Two new staff members recruited in 2016 should have undertaken the Care Certificate which provides minimum standards that should be covered as part of induction training of new care workers. We asked the manager about whether they were using the Care Certificate for new staff. They told us, "All I know is we use the Skills (Skills for Care) workbooks."

We saw that the manager had given out workbooks on a variety of mandatory training topics but had not yet assessed those returned and of the four new staff members three had not returned any so the manager could not have known whether these staff had undertaken these mandatory training workbooks. This meant staff did not have an appropriate induction into the home and although we saw three of the four staff had undergone a moving and handling in house training session, they had not undergone key health and safety training such as fire training.

This was a breach of the Regulation 17 Good Governance of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

Staff told us they met together on a regular basis. We saw minutes from staff meetings in 2016, which showed that items such as day to day running of the home, training, activity planning and fund raising were discussed.

With regard to nutrition, the menus showed a hot meal was available twice a day and there were choices at all mealtimes. We observed lunchtime and as well as the menu choices, people asked for other choices such as a sandwich. These were made without a problem. It was one person's birthday and the staff had prepared a birthday cake which everyone enjoyed. We observed staff supporting people to eat well and we saw that people were given plenty of time and encouragement to eat their meals as well as being offered plenty of drinks. Throughout the day people were offered cake and snacks as well as hot drinks.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. The staff team had training in basic food hygiene and we saw that the kitchen was clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner. We asked the cook and manager about equipment for the kitchen and if they had everything they needed. They both told us that the service did not have enough crockery that matched and it meant that food was served on a variety of plates and cups. We saw this had been picked up by managers via kitchen audits since January 2016 but nothing had been actioned.

The manager told us that community matrons and other healthcare specialists visited and supported people who used the service regularly. The service was part of a scheme with community matrons who contacted the home on a daily basis and would call in if needed. This was to support the service to avoid unplanned hospital admissions and to support people with their healthcare needs in the home. We spoke with one of the community matrons after our visit. They told us, "The staff are always very helpful. There is the equipment we need such as soap in hand wash areas."
This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw some communal areas of the home had been decorated or were in the process of being done as some areas of paintwork did look tired.

Good

# Is the service caring?

## Our findings

Every person with whom we spoke told us they were happy with the care they received and described staff as kind, respectful and caring. One person said, "It's like a big happy family here."

Staff had developed positive relationships with people. People showed that they valued their relationships with the staff team. We observed this through people's facial expressions and body language that they responded positively to staff who were working with them rather than for them . People told us, "We have a laugh and a smile here" We observed there were lots of smiles and expressions of pleasure.

Staff were compassionate, sensitive and patient. We observed that staff worked with calm, quiet efficiency. We observed when one person took a long time to eat their meal, staff didn't hurry them, they just let them take their time and offered to warm their food and drink if it was getting cool.

Staff were comfortable in displaying warmth and affection toward people whilst respecting their personal space. We saw staff giving appropriate physical interaction when people needed reassurance.

We observed staff explaining what they were doing, for example in relation to medication. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner.

Staff were motivated to offer care that was kind and compassionate. The deputy manager told us, "The staff here are good caring people, I would tell you if they weren't." They told us about staff coming in their own time to support activities and to collect people's shopping.

Staff respected people's privacy. They made sure people had the opportunity to have time in their own rooms during the day that was undisturbed. Staff were careful to protect people's dignity by making sure all personal care took place in private, behind closed doors. People's personal records and information was stored securely and kept confidential. This showed that people's right to privacy was respected.

All bedrooms were personalised and some people had memory boxes with photos and mementoes that were meaningful to them outside their room.

When asked, staff could tell us about the needs of individuals, for example, they told us about their life history and their likes and dislikes. They could also tell us about people's families. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. One staff member told us; "I have worked here for many years, and I love the people that live here, it breaks my heart when they go. I think they will have to carry me out of here in a box."

We saw the records of one person with a DNACPR in place had been reviewed and that relevant healthcare professionals and relatives had been involved in the decisions. A DNACPR is an advanced decision not to attempt cardiopulmonary resuscitation in the event of cardiac arrest.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships.  People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit, at any time. One person said, "People can come and see me anytime".

Requires Improvement

# Is the service responsive?

## Our findings

There was a policy and procedure in place for recording any complaints, concerns or compliments. The service had not had any formal complaints since 2015. We saw the manager knew people well and spent time around the service during the course of our visit speaking with staff and people who used the service.

During our visit we reviewed the care records of four people. People's care and support needs had been assessed before they moved into the home. Each person had an assessment, which highlighted their needs. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to support them with. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. We found that care plans were reviewed and updated on a monthly basis or more often if needed. Individual choices and decisions were documented in care plans.

Risk assessments did not detail specific measures to reduce or prevent the highlighted risk from occurring. For example, one person used oxygen and there was no risks mentioned in relation to the use of oxygen which is classed as a dangerous substance. For a person self-administering the oxygen then a documented robust risk assessment should be in place and regularly reviewed to assess their ability to do so correctly and safely. This was not in place. We also saw that three people subject to having restrictive bed rails did not have a regular assessment on the safety and appropriateness of the rails. The Health and Safety Executive advise a risk assessment is carried out by a competent person taking into account the bed occupant, the bed, mattresses, bed rails and all associated equipment. This meant that the care and treatment of these service users was not appropriate.

This was a breach of Regulation 9, Person Centred Care of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff and people who used the service spoke of person centred care. During the inspection we saw that when one person who used the service became distressed and was grimacing, staff were quick to realise that the person was uncomfortable in their wheelchair. The person was assisted to their bedroom to have some bed rest. This person nodded in agreement when staff asked them if they were uncomfortable and it was not a problem for them to be moved for some bed rest.

We saw that daily recording notes and charts for nutritional intake, behaviour and positional changes were completed. We also saw both day and night handover books were well completed so issues relating to the service and people were shared between shifts. We saw that the way the shift was managed was also recorded in the communication book so staff who had specific tasks were identified, for example the person with the medicines lead or the person responsible for providing drinks. This meant the service ensured required tasks were given to a designated person.

We spoke with the activities co-ordinator who was working as a care staff member on one of the days of our visit. We did not see any formal activities during the course of our visit but did see staff spending time with people doing board games, nail manicures, reading to people and talking with them. One staff member told us, "We do activities out of the activity book with people. [Name] the manager says to us if you have half an hour spare do a crossword or something with people. It's about interaction, communication and stimulation." People we spoke with said they were happy with staffing doing activities on a more 'ad hoc' basis and that people enjoyed entertainers who we saw sometimes visited the service. We saw the garden area had been made tidier and more user friendly with seats and painted plant pots and this area was accessible for people if they so wished.

Requires Improvement

# Is the service well-led?

## Our findings

The home did not have a registered manager. The previous registered manager left the service in February 2016. The current manager started at the service in March 2016 and had applied to be registered with the Care Quality Commission. Staff we spoke with and people spoke highly of the manager and stated they were a kind and caring person. We saw that the manager led by example and they spoke with people in a caring and supportive manner. One staff member told us, "It's been good new people coming in, we've needed different ways that betters the quality of life for the residents."

We asked people about the atmosphere at the service they told us, "I love it here, it's a good place to be," and "I'm happy here, they know what I want and need and there is lots of laughing."

Staff told us that morale and the atmosphere in the home was good and they had staff meetings. We saw regular staff meetings discussed issues such as activities, fund-raising, rotas, training and décor.

Audits were undertaken but did not address long standing issues within the service or lead to any action or improvement plan being created. There was a quality assurance policy which did not match the audits we saw undertaken at the home and both the regional manager and manager said the policy was out of date. We saw kitchen audits carried out from January 2016 which stated the service required new equipment such as saucepans and crockery. Every kitchen audit since January 2016 had raised the same issues and at lunchtime we saw that crockery such as plates, cups and knives and forks did not match. We asked if there was an improvement plan for the service to address issues such as crockery and décor. The manager told us there was not one in place but they would address this. We saw the manager had carried out staff file audits. Three had taken place. One on 3 August 2016 for one staff member and two on 6 August 2016 and 13 August 2016 for the same staff member. We asked the manager why they had done the same audit one week later on the same staff file and they stated they did not know. We saw that records in the medicines room had recorded the room temperature at an excessively high level for over a month but again this had not been actioned or addressed. We saw the issues in relation to the fire officer's report from January 2015 had not been addressed promptly. A provider's visit on 15 March 2016 stated, "Fire doors need attention – contractor has quoted this job needs progressing." This was still outstanding on the provider visit of 20 April 2016. Health and safety audits carried out by the manager simply stated on 26 April 2016, "Strips are getting put in place". Weekly reports undertaken by the manager on a variety of issues such as incidents, complaints, staffing, human resources, training needs, DoLS referrals, safeguarding and estates showed the urgent fixed electrical wiring faults identified in February 2016 was mentioned with, "Waiting for quotes" and "Waiting for [name] to do the work" but this work was classed as, "Immediate remedial action required" and was outstanding from 29 February 2016. This meant the service was failing to assess, monitor and improve the quality and safety of the services provided.

This was a breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that surveys had been carried out in 2015 and the manager said a more recent survey had just been

sent out and some surveys had been received back but the manager was unsure of how to process them so was awaiting some administrative support from the provider.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>Risk assessments did not detail specific measures to reduce or prevent the highlighted risk from occurring for people with specific care and treatment needs such as oxygen and bed rails. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Best interest decisions were not made and recorded for people subject to restrictive practices. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not stored at safe temperatures and people with bed rails were not checked for safety. |

This section is primarily information for the provider

# Enforcement actions

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider was not assessing and monitoring the quality and safety of the service. Outstanding issues in relation to safety were not addressed and quality monitoring was not identifying and reducing risks in relation to the home environment and care provided. |

**The enforcement action we took:**

Warning notice