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Oak Lodge

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

This was an unannounced inspection which took place on 15 and 20 January 2015. Our last scheduled inspection took place on 3 September 2013 when we found that the service was compliant with all the regulations we reviewed. Since that visit we had undertaken two unannounced inspections on 17 October 2013 and 8 June 2014 in relation to concerns raised about staffing. We found that Oak Lodge was compliant on both our inspection visits.

Oak Lodge is registered to provide accommodation for up to 41 older people who require support with nursing and personal care. There were 38 people living at the service at the time of our inspection including people who were using respite care.

The service had a manager in place who was registered 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

Summary of findings

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.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems to ensure the safe recruitment of staff who were suitable to work with vulnerable people were not robust. The home was not clean and expected standards of hygiene were not achieved in some areas of the home. Not all the staff team had received the training they needed to support people safely and effectively. Environmental risks that we identified had not been picked up through the homes quality monitoring systems.

You can see what action we asked the provider to take at the back of the full version of this report.

All the people who used the service and their family and friends we spoke with, said they thought they were living in a safe environment and felt very well cared for. One person told us "We feel safe here. It's friendly." And another said "The staff are very good. I feel safe." A relative said "They keep her safe. When I'm at home at night I know she's safe."

We saw that the home was appropriately staffed and no agency staff were being used by the home which helped ensure consistent support to people who use the service. However, a staff member told us "I love this job. It would be good if we could find a little extra time to talk to residents." A relative said "I wish staff had more time. They deal with her but it would be good if they could spend more time with her."

We saw that systems were in place to manage the administration of medicines safely.

We were told that the registered manager carried out the pre-admission assessments for the home before a person moved in and in his absence a qualified nurse. This should help ensure people's individual needs could be met at the service.

The registered manager told us that they had been in contact with the local authority about the recent changes in the law regarding people who might be considered as deprived of their liberty in residential care.

One person who was receiving respite care told us the food was "Nutritious and pretty good." And there was, "Plenty of choice. You can have what you want no problem. The girls come and ask us what we want."

We observed that there was no rush to get people up for breakfast. People appeared well dressed and cared for. A relative said "Their [staff] hearts are in the right place." And another said "I think everyone is very nice. I think she's very happy here."

One person told us, "Anything you want they do for you." And another person said "You can be yourself. You can ask for help if you need it but it's not thrust upon you." And "I wouldn't change anything. The staff are absolutely wonderful."

The volunteer activities organiser came into the home two afternoons a week. There was also a movement and music session once a week. "If this [activities] was going on every day it would be marvellous."

We saw that there had been two complaints made by relatives of people who used the service and these had been responded to. One person told us, "They look after me. I've never had to complain."

Staff told us that the management team were approachable and supportive they said "[Registered Manager] is very good. There has been a big difference since he took over. It's more organised." "[Registered Manager] is more organised. The staff respect him." "They [the managers] do value me. They've looked after me on a number of issues. They are very approachable."

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?

Requires Improvement

The service was not always safe

Not all records of recruitment were not available to show that people employed by the provider were of good character, fit to do their job and were suitable to work with vulnerable people. This helps to protect the health and safety of the people who use the service.

Effective systems were not always in place to assess the risk of and prevent, detect and control the risk of infection.

Risk assessment and risk management procedures were not sufficiently robust to help ensure people always received safe and appropriate care.

Is the service effective?

Requires Improvement

The service was not always effective

Staff had not received all the training they needed to support people safely and effectively.

Staff had not received training in Mental Capacity Act 2005 and the arrangements that needed to be in place to ensure that people were not subject to restrictions which had not been legally authorised.

Food stocks were plentiful and people were provided with a choice of nutritious and suitable food to help ensure their health care needs were met.

Is the service caring?

Good

The service was caring

We saw that there were warm, polite and friendly interactions between people who used the service and the staff members supporting them.

We heard that nurse call bells were answered in a timely fashion. We saw that staff always knocked and called out before entering a person's bedroom.

Is the service responsive?

Good

The service was responsive

People were supported to maintain their independence. We saw on care plans that there was information about equipment people were to use to help maintain their mobility and a range of walking aids were seen to be used.

We saw that where complaints had been made by people the provider had responded to them.

Is the service well-led?

Requires Improvement

The service was not always well led.

Summary of findings

The service had a manager who was registered with the Care Quality Commission.

Robust systems were not in place to ensure people were protected from environmental risks.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 15 January 2015 when there were two adult social care inspectors present 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. The expert by experience who joined the inspection had experience of services that supported older people.

One inspector returned to the home on 20 January 2015 to check some of the home's records. We also received some information from the home following our visit which we had requested.

Before our inspection we reviewed all the information we held about the service, including the notifications the provider had sent to us. We contacted the local authority commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Because we brought this inspection forward from our originally planned date we did not ask the provider to complete a Provider Information Return (PIR) prior to this inspection. 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 seven people who used the service and five relatives. We also spoke with one of the provider's, the registered manager, the operations manager, the business consultant, three nurses, four care staff, two housekeepers, a cook and the maintenance person. We also looked round the environment.

We looked at the care records for six people, the medication system and control of infection practices. We also looked at a range of records relating to how the service was managed; these included staff recruitment files, training records, quality assurance systems and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

All the people who used the service and their family and friends we spoke with said they thought they were living a safe environment and feel very well cared for. One person told us “We feel safe here. It’s friendly.” And another said “The staff are very good. I feel safe.” A relative said “They keep her safe. When I’m at home at night I know she’s safe.”

We saw that the home had an internal operational safeguarding vulnerable adult’s policy. The policy indicated that the home’s business consultant was responsible for reviewing the policy. It was noted that the policy was due to be reviewed in December 2014. A copy of the local authority safeguarding procedures was available in the office and accessible to staff.

The three night staff we spoke with told us that they knew what action to take if they thought a person who used the service was being abused or at risk of harm. We were told that the home’s business consultant was responsible for facilitating training to all members of the staff team on safeguarding. We were shown a copy of the workbook that staff completed during their training that covered different types of abuse and a flow chart for staff to follow if they suspected abuse.

The provider sent us a copy of the staff team training record. This showed that out of a staff team of forty three there were seven staff members still required to undertake the training and this was marked as urgent.

Night staff who we spoke with told us they knew what action they must take to report poor practice under whistle blowing procedures. The provider sent us a copy of the home’s whistle blowing procedure. It was noted that this needed to be amended to include contact details for the Care Quality Commission (CQC).

The night staff we spoke with told us about the recruitment process they had been through. They said that they had completed an application form, references had been taken and a criminal records check had been undertaken.

The operations manager told us that they had started to ‘trial’ people who had no previous experience in care work in the food serving area and the dining room. They said this enabled the volunteer and the management to check whether or not they were suitable to work with vulnerable older people. We also noted that there had also been an "anticipated employee chaperoned" on nights at the time of our first visit on 15 January 2015. We were told by the operations manager that there was no policy or procedure in place about how volunteers and "anticipated employees" were to be managed and all the necessary recruitment checks had not been carried out. We were told that the volunteers and "anticipated employees" were not delivering personal care to people who used the service however it was not clear how volunteers and "anticipated employees" were to be supervised and monitored whilst on the premises.

We looked at the recruitment files for three permanent staff on our second visit to the home on 20 January 2015. Although most of the checks were in place we found shortfalls on two of the three files. In one file there was no evidence of a Disclosing and Barring Service (DBS) or criminal record bureau (CRB) check and the Adult First check made after submission of the DBS did not confirm clearance to employ the person. The operations manager had taken immediate action to address this matter. We also found on one staff file there was not a full employment history and only one reference. On a second file there was no full employment history. The operations manager told us she would carry out a full audit of the recruitment files.

We looked at an application form of the "anticipated employee" who was intending to work at the home on a permanent basis who had previous experience of working with vulnerable people. We saw there was not a full employment history and explanation for gaps at the point of interview. No contact had been made with other adult social care providers identified to verify they were suitable to work with vulnerable people and a DBS check had not been undertaken. This person had worked a night shift at the home as an "anticipated employee".

This was a breach of Regulation 19 Schedule 3 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed because the provider did not always have the required information available to protect people from the risks of unsuitable staff.

People who used the service and their family and friends said they thought the home was clean. The home employed a head house keeper, a deputy housekeeper and five housekeeping assistants. We looked around parts of the home and records to check standards of hygiene and cleanliness.

Requires Improvement

Is the service safe?

We saw records to show that the home's water system was tested by an independent company to check for the presence of Legionella. The company also cleaned the shower heads and checked water temperatures. This should help to protect people from the risks of infection from Legionella bacteria.

We looked at the kitchen. We saw that the kitchen was clean, tidy and well organised. The cooks were also responsible for keeping the kitchen clean. Records were kept using the Safer Food Better Business documentation. The cooks had access to colour coded chopping boards to use to prevent contamination from different foods. Fridge and freezer temperatures were taken and recorded to help ensure food was kept at safe temperatures.

We saw that in all communal bathroom, shower, toilets, the kitchen, medication room and people's bedrooms that liquid hand wash and paper towels were available for people to use. There were also instructions on hand washing techniques. It was also noted that the registered manager who accompanied us when we looked around the building washed his hands thoroughly after handling equipment. Staff had access to colour coded disposable protective aprons and gloves. We saw that hand sanitizer was available for people to use at strategic points throughout the building and we saw visitors using them. This helps to protect people who use the service from the risk of cross infection. With the exception of one bedroom that was not in use no malodours were detected.

When we looked around the home with the registered manager we unzipped and checked two mattresses at random. We checked one ripple mattress and one foam mattress and found them to be clean.

We saw that the toilet that was used mainly during the day by people who used the service next to the dining room was in poor condition. It also housed the home's machine used for the disposal of incontinence pads and storage of other items. The tile floor to the toilet was not as clean. We were informed by the operations manager that there were plans to refurbish the toilet in the near future.

We looked at the laundry which located in the cellar. We found that the home had only one working washing machine as the other machine had been broken for a number of weeks. Although a soluble 'red bag' system was in place to transfer soiled items the only available washing machine was a domestic one and did not have a built in sluice facility that would ensure any bacteria was killed in the washing process. The laundry arrangements did not meet the requirements of the Health Protection Agency (HPA).

It was noted that the home did not wash bed linen on site. A contract was in place to take away bed linen. However there was no room for storage in the home for the linen that was waiting to be taken away. It was kept outside blocking the fire exit route from the laundry. There was nowhere to store large quantities of liquids used for washing clothes. We were told by the operations manager and the house keeper that the provider had made arrangements for a consultant to come into the home to see what improvements could be made.

We saw in two places of the home chemicals such as bleach cleaners and air fresher not being securely stored in the lockable cupboards provided for staff to use and therefore accessible to people who used the service who might lack capacity for example people with dementia who might not recognise them as hazardous substances.

When we looked around the building we saw that some toilet and bedroom floors were not as clean for example, where they had tiled and laminate floor covering. We saw that staff used colour coded mops and buckets. However, they were kept uncovered outside and all were seen to be in need of washing including the mop heads. We raised concerns about the level of cleanliness in relation to some equipment we saw which included the underneath of bath and shower chairs as well as wheelchair seats. Disposable cloths were used to help prevent the spread of any infection.

We were told by the registered manager and the operations manager that the home was considering identifying a member of staff to become an infection control champion.

This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

We saw that the home was secure. Key pads were used to get in and out of the property, security cameras were in place outside the home and in the entrance hall. In the bedrooms we looked at window restrictors were in place to help prevent intruders entering the building. The provider sent us a copy of the home's contingency plan in case of an emergency and also the contact numbers of people to contact in relation to disruption to facilities such as a gas leak.

Requires Improvement

Is the service safe?

We saw that the home's environmental risk assessments were the responsibility of the home's business consultant and covered a range of areas for example bathrooms and shower rooms throughout the building. However on 15 January 2015 we saw some areas of risk in the home. For example there was a mix of combustibles and electrics in a storage cupboard that was not linked to the home's fire alarm system, a laundry cupboard that stated due to fire hazard should be kept locked had a handle fitted to it that did not enable it to be locked and equipment was being stored in a lift motor room which should be kept empty and locked. We were told by the operations manager on our second visit that all the areas had been addressed.

On 20 January 2015 we checked the home's maintenance certificates. We found that all were valid accept certificates for the wheelchair and passenger lifts. Both certificates stated that the latest due date of the next inspection was 15 January 2015.

This was a breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2014 Premises and equipment.

We started our inspection at 7am to check how many staff members were covering the night shift. We were told a nurse; three care staff and an "anticipated employee" were on duty. We spoke to a nurse and two care workers who told us they thought there were enough staff available to support the needs of people who used the service at the time of our visit. We were told that there were no night staff vacancies and that the night staff team worked well together.

We found that on the second day of our visit the registered manager, the operations manager, a registered nurse, a senior carer and five care staff were on duty. They were supported by a cook, housekeeper, a domestic and a maintenance person. The rotas we saw showed that this was the usual staffing numbers.

On the morning of our first visit to the home two members of the staff team had rung in sick. The operations manager filled one role and a bank domestic staff member came in at short notice. We were told that there was no outside agency staffing being used by the home at the time of our visit and had not been for some time. A staff member told us "I love this job. It would be good if we could find a little extra time to talk to residents." A relative said "I wish staff had more time. They deal with her but it would be good if they could spend more time with her."

We looked at medicines management with the registered manager and a nurse. They told us that medicines were only administered by qualified nurses and senior care staff. We were told by the registered manager that all staff had received training to give out medication and the registered manager carried out a competency check to ensure were safe to do so.

We saw that the medication room was locked with a key pad. We saw that when staff were dispensing medication wore a red tabard that alerted people that they were in the process of giving out medication and requested that they were not disturbed. Medicines were given out on an individual basis from a tray with water available to help people take them. We saw that the nurse waited until the person had taken their medication.

The home administered people's medicines from a monitored dose system (MDS). A photograph was seen on the medication file of each person to help staff identify them. Pre-printed medication administration record (MAR) sheets from the pharmacy were used. The MAR sheets were printed in black and white. Because people's medicines were potted all together it was important that the MAR sheets were printed in colour so that any tablet that may need to be removed from the pot for example if a person's medication had been changed it could be clearly identified.

We checked the arrangements that were in place for the storage and administration of controlled drugs. We saw that the storage of drugs controlled under the misuse of drugs legislation met legal requirements. The controlled drug book was doubled signed. We check the controlled drugs for three people who used the service at random and found them to be correct. We saw that the registered manager had carried out an audit of the controlled drugs the day before our first visit.

The fridge and room temperatures were checked to help ensure that medicines were stored at the correct temperature.

We saw that only one person used 'when required' medication to help support people with their emotional needs. Records showed that this medication had not been used for some time. Another person told us they had not received a linctus medication that had been requested

Requires Improvement

Is the service safe?

from their doctor. A relative had brought in the medication as a homely remedy. It was noted that the person was already authorised by the doctor to have this medication which could have been supplied earlier.

Requires Improvement

Is the service effective?

Our findings

We discussed staff training with the registered manager and the operations manager. They showed us a copy of the staff training record for the whole team which showed that staff received mandatory training in fire safety, moving and handling, safeguarding of vulnerable adults, infection control, food hygiene, first aid and health and safety.

We talked with staff members and they told us that "We get offered training and have a regular supervision." "There is a good working relationship here. The staff all get on, in work and out." "The staff are good and they work very hard. The team are spot on." We were told that there was always a qualified nurse on duty and that nurses carried out a verbal handover at every shift change. This should help ensure that people who use the service receive consistent care and support.

We were sent by the provider the supervision record which showed that most established staff had received regular supervision over the past year. The registered manager told us that he started to carry out supervisions in January 2015 and this would continue. The dates when the staff member's appraisal was due was also recorded.

We were sent an updated staff team training record of training for the staff team. This showed us that there were some gaps in mandatory training across all areas. We also saw that very few staff had undertaken other training to help support the specific needs of people who used the service for example, only four staff had received dementia training, only five staff end of life care and four staff Malnutrition Universal Screening Tool (MUST). We also saw that with the exception of the registered manager, business consultant and the operations manager no staff members had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that people's rights and wishes may not be protected.

This was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We asked the registered manager what action they had taken to ensure people were not subject to unnecessary restrictions and, where necessary what action the manager took to ensure that people's rights were protected.

We were told that the home did not have anyone living there who had challenging behaviours who would need to be restrained by use of physical intervention. The registered manager told us that they had been in contact with the local authority about the recent changes in the law regarding people who might be considered as deprived of their liberty in residential care.

We were told that the home had recently purchased new bed rails and these were fitted to all beds. We advised that bedrails should only be used for people who have been assessed as at risk of falls where no least restrictive option was available. The registered manager had a best interest file. We looked at the do not resuscitate (DNR) forms that had been completed by doctors. We saw that some had not been fully completed. This meant that people's rights and wishes may not be protected.

People were not always protected against the risks of unsafe and or inappropriate care and treatment by accurate record keeping. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.

We were told that the registered manager carried out the pre-admission assessments for the home before a person moved in and in his absence a qualified nurse. This should help ensure people's individual needs could be met at the service.

We heard the operations manager on the phone on two occasion's state that they could not admit a person until all the relevant documentation was in place to ensure the person's needs could be met.

We saw the pre-admission assessment for the most recent person admitted to the home. This showed areas covered in the assessment included the person's health history, current medication and other areas such as breathing, mobility, eating and drinking, communication, sleep and rest, dressing ability. The person also had an assessment which had been carried out by the funding authority.

People told us they liked the food offered. One person who was receiving respite care told us the food was, "Nutritious and pretty good." And there was, "Plenty of choice. You can have what you want no problem. The girls come and ask us what we want."

We observed the lunchtime meal. The operations manager was in the dining room when people who used the service

Is the service effective?

arrived and greeted them all by their first names. People were offered a cold drink on their arrival in the dining room. Staff served residents ensuring they had what they wanted and offered a choice. Most people we saw were able to feed themselves. We sampled and paid for a meal. We found the food looked appetising and tasted good. There was plenty of choice available.

We saw that some people had meals in their bedrooms. They told us this meant they could take their time getting up in the morning. One person who was being nursed in bed told us that a jug of water was always available and that they must a drink a certain amount each day to support their health needs.

The operations manager told us that people were given a choice of meals, as well as extra cream yoghurts and snacks between meals with drinks to promote a high calorie diet particularly for those people who were at risk of malnutrition.

People were not over faced with a large plate and once they had eaten it were asked if they wanted more. The cook told us that people who were on a soft diet received the same meals as other people and each item was pureed individually to help make it more appetising. Prescribed 'thickners' were also seen to be used by staff in the serving area. The staff we spoke with told us they knew how to ensure that the consistency was correct to prevent people from choking.

The cook told us that there was no limit to the food budget and we saw that the home was well stocked. The cook told us that she usually used a steamer to cook fresh vegetables to retain as much of their nutritional values as possible. Unfortunately it was broken at the time of our visit.

We discussed with the operations manager the practice of putting rolled up blue disposable aprons for staff on the dining tables for people to use. We were told that the practice would cease and new arrangements would be put in place to ensure that people were given a choice to wear a disposable apron or not.

The home held three beds that were held by the Crisis Response team. The Crisis Response Team aims to prevent unnecessary admissions to hospital. A person who had been admitted through the crisis response team and was preparing to return home told us, "I could not have wished for a better place to recuperate."

A relative told us that, "On balance I would still put [my relative] in here. They are good with her. She has been bedfast for two and a half years and she has never had a bed sore."

Good

Is the service caring?

Our findings

We arrived at the home at just after 7am. The night staff we met were friendly and we were made to feel welcome by them. The night staff that we spoke with told us that they did not get people up before 7am unless they were ready to do so. We saw only one person coming into the lounge when we arrived. People we spoke with said, “They look after us here. This is the best place they could have sent me.” And, “I wouldn’t be here if it wasn’t good.”

We observed that there was no rush to get people up for breakfast. People appeared well dressed and cared for. A relative said, “Their [staff] hearts are in the right place.” And another said, “I think everyone is very nice. I think she’s very happy here.”

We saw that wherever possible people were encouraged to do as much for themselves as they could. One person who used the service told us, “You get yourself up, we’re not royalty. I go up to bed when I want.” “I can get up and go to bed at any time you want.” A relative said, “She’s looked after and meals are done for her. She goes to the toilet herself and dresses herself.”

We saw that there were warm and friendly interactions between people who used the service and the staff members supporting them. We heard that nurse call bells were answered in a timely fashion. One person told us, “Anything you want they do for you.” And another person said, “You can be yourself. You can ask for help if you need it but it’s not thrust upon you.” And, “I wouldn’t change anything. The staff are absolutely wonderful.”

We saw that staff always knocked and called out before entering a person’s bedroom. One person confirmed that they always knocked.

We saw that there was information available for people who used the service about how to contact advocacy services. An advocacy service offers people independent advice and support. People also had information about Oak Lodge in their bedrooms. This information told people what they should expect from the service.

Care records that were printed off clearly stated that the document was to be treated as private and confidential.

Good

Is the service responsive?

Our findings

People who used the service commented that staff were very attentive and responded to their personal needs. “Anything I want they’ll get for me. Nothing’s too much for them.”

We looked at the new electronic computer system that the provider had introduced in July 2014 to support information management at the home including care records. This system was still in the process of being developed and more work was needed to maximise the benefits of it.

We asked for 6 care plans to be printed off the system to check if they reflected people’s individual needs. We saw that the care plan had a photograph of the person on the cover and people’s personal information, which included the name of the person’s doctor, the reason for admission, food allergies, current height, weight and body mass index (BMI).

From the home’s assessment an individual care needs summary and risk assessment was produced. We saw that care needs and risk were monitored once a month with a clear record identifying which member of the team had completed the review.

We saw on care plans that there was a lot of detail about equipment people were to use to help maintain their mobility and a range of walking aids were seen to be used. Care plans need to clearly show from the range of options which aid is being used by the person.

The operations manager was trained to provide moving and handling training to the staff team and a valid certificate to do this was seen. The majority of staff had undertaken moving and handling training. We looked around parts of the home. We saw that the home had two stand aids and four hoists, which included manual hoists as back up should there be a problem with the electric hoists. However it was noted there was no storage available to house the equipment when not in use, and at times the hoists were placed on narrow corridors, which meant they could pose as a trip hazard to people who use the service.

The volunteer activities organiser came into the home two afternoons a week. There was also a movement and music session once a week. “If this [activities] was going on every day it would be marvellous.” “There is a lady who comes in once a week. We have quizzes, musical movement and dominoes.” A relative said “It’s a nice and friendly home. Could do with more activities (for residents). We could do with one extra member of staff to take people out.” The registered manager and operations manager told us that they would ask the activities volunteer to increase her time to three afternoons a week. Some people said that they did not like to join in activities and preferred to read a book.

The activities organiser told us about the activities they undertook for example, dominoes, quizzes and debates about current affairs. They also spent one to one time with people who were being nursed in bed. We looked at the activities file for 2014 and saw a evidence of a range of activities that had taken place. These included the Christmas party, mix and matching words, Easter, the football Cup Final, celebrating Royal Family events, Mother, Father and popular Saint days. Plans were in place for a St Valentine Day party and an entertainer had been booked.

We asked people about arrangements for consulting them about the quality of service they received. One relative told us “They don’t have meetings as such. They have sent out questionnaires (last year).” We saw that there had been a quality assurance exercise carried out in July 2014 and 6 relatives had responded and three health care professionals The information on the quality assurance forms had yet to be collated by the business care consultant.

We saw that there had been two complaints made by relatives of people who used the service and these had been responded to by the business care consultant. One person told us, “They look after me. I’ve never had to complain.”

Requires Improvement

Is the service well-led?

Our findings

At this visit we found a number of health and safety concerns which are identified in the safe section of this report, such as fire safety, servicing of the lifts and control of infection that could have been identified by the home if robust monitoring systems had been in place.

This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.

The home had a manager who registered with us on 11 December 2014. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had worked at the home for 3 years as a qualified nurse and applied for the role when it became vacant. The registered manager is well supported by other senior managers who have worked at the home for a considerable amount of time.

At the time of our inspection we were told that the registered manager only had one day per fortnight management time, the rest of the registered managers time was spent working directly with people who used the service. We were told by the operations manager and the business consultant that this could be increased should more time be needed by the registered manager. The registered manager had started to carry out supervisions with staff and increase the audits at the home.

Staff told us that the management team were approachable and supportive; they said "[Registered Manager] is very good. There has been a big difference since he took over. It's more organised." "[Registered Manager] is more organised. The staff respect him." "They [the managers] do value me. They've looked after me on a number of issues. They are very approachable." A person who used the service said, "This probably the best home that I could imagine. I love the way they run it."

We were told that one or both the registered providers visited the service on a daily basis We were told by the operations manager that the providers would always agree to resources should a need for people who used the service be identified for example specialist equipment. A staff member said "The owners are very hands on. We see them all the time."

We saw information that showed that the operations manager made unannounced night visits to the home and a record of what was found was kept. The last visit was undertaken at 5am on Monday 19 January 2015 This visit included checking security, nurse calls, food stocks and whether people were dry and comfortable.

We were sent copies of two recent staff meetings held at the home. One staff meeting was held on 14 January 2015 and covered a range of issues which included nutrition, laundry, yellow bags and infection control, drinks, making beds and bedrails. We also received a copy of a meeting that took place with the operations manager and house-keeping staff on 22 January 2015 to discuss with them issues we had found at our inspection including the laundry and infection control measures.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment records were not available to show that people employed by the provider were of good character and fit to do their job.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe infection control practices.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The health, safety and welfare of people who used the service was not protected because staff did not receive appropriate training to enable them to care for people effectively and safely.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were not always protected against the risks of unsafe and or inappropriate care and treatment by accurate record keeping.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were not always protected by the homes quality assurance monitoring systems in relation to health and 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.