Anchor Trust

Oakleigh

Inspection report

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Date of inspection visit:
29 November 2016

Date of publication:
15 February 2017

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

Oakleigh is a residential service which provides care and accommodation for up to 50 older people some who have physical needs and some people who are living with dementia. People have varied communication needs and abilities. The service is set over three floors, and is divided into five units; each unit has their own lounge and dining area. Each unit accommodates approximately ten people. On the day of our inspection there were 43 people living in the service.

The inspection took place on the 29 November 2016 and was unannounced.

At a previous inspection in 2015 we found the provider was not meeting the requirements of the regulations. The provider sent us an action plan stating when improvements would be made. We undertook a further inspection of the service in November 2015 to check that actions had been implemented and improvements documented in the action plan had been made and found that some improvements had been made however breaches in the regulations were identified. Another action plan was submitted by the provider to state that further improvements would be made to the quality of care people received.

This inspection took place on the 29 November 2016 and was unannounced.

The service did not have a registered manager. 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 2014 about how the service is run.

People did not always receive care and treatment that was appropriate to their individual needs and were at the risk of receiving unsafe care or treatment.
We observed people receiving care that was provided in a dignified way. Improvements made showed us that staff spoke to people in a respectful manner.
The manager and staff had not always reported safeguarding concerns to the local authority in a timely manner.

Information was displayed for people and visitors on how to raise any safeguarding concerns. Staff had received training in safeguarding adults and were able to tell us about the different types of abuse and signs a person may show. Staff knew the procedures to follow to raise an alert should they have any concerns or suspect abuse may have occurred. .

People received their medicines when they needed them or as they had been prescribed. Medicine procedures for the safe administration of medicines were in place.

There were sufficient numbers of staff to meet people's needs.

Activities on offer to people were limited. We did not see any specific activities or pastimes which would be suitable or appropriate to meet people's needs during the inspection. Staff did not always show an understanding of what people were interested in and what people could still do. People were able to see their friends and families as they wanted and there were no restrictions on when relatives and friends could visit.

Care was provided to people by staff that were appropriately trained and recruited. One staff member said "I think the training is fantastic. We get lots of online training and support from colleagues."

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings had been undertaken, however documentation about other individuals who held power of attorney was not evident. Staff were heard to ask peoples consent before they provided care

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People were provided with a choice of cooked meals each day. Facilities were available for staff to make or offer people snacks at any time during the day or night. One person said; "I always get a choice, the food is good."

People and their families had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. Staff ensured people had access to healthcare professionals when needed. For example, details of doctors, opticians, tissue viability nurses visits had been recorded in people's care plans.

The registered provider had a system of auditing in place to regularly assess and monitor the quality of the service or manage risks to people in carrying out the regulated activity. However the manager had not always made improvements in the areas identified that could be improved. We found the audits undertaken by the manager had identified on-going issues but they had not implemented actions that were required to make sure improvements to practice were being made.
Notification of significant incidents had not always been notified to CQC by the manager.

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to.

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

The service was not always safe.

People were not always protected from unsafe care or treatment.

There were processes in place to help ensure people were protected from the risk of abuse and staff were aware of the safeguarding procedures. However staff and management had not always reported concerns to the appropriate agencies.

The provider had ensured there were always enough staff deployed to meet the needs of people.

People received their medicines in a safe way. Medicines were stored securely.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat and drink to maintain good health.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

Staff took time to speak with people and to engage positively

with them.

People told us they were well cared for. We observed caring staff who treated people kindly and with compassion

People and their families (where necessary) were included in making decisions about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People told us that there were not any meaningful activities for them in the service.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

People felt there were regular opportunities to give feedback about the service. People's concerns and complaints were listened to and responded to according to the complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well –led.

The service did not have a registered manager.

Information of concern was not always passed to the appropriate people.

The manager regularly checked the quality of the service. However had not identified areas of concerns contained within the report and acted on making improvements.

The staff were supported by the manager.

People who lived in the service and their relatives were asked for their opinions of the service and their comments were acted on.

Oakleigh

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 took place on 29 November 2016 and was unannounced. The inspection was carried out by three 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 asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with 10 people, six care staff, four relatives, the manager and two health and social care professionals. The majority of people who lived at the service had complex needs which meant that we were unable to hold detailed conversations with them. Therefore, we spent time observing the care and support that people received in the lounges and communal areas of the service throughout the day

We reviewed a variety of documents which included four people's care plans, seven staff files, training programmes, medicine records, four weeks of duty rotas, maintenance records, all health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the manager to send us some additional information following our visit, which they did.

Requires Improvement

Is the service safe?

Our findings

People and relatives said that they felt safe living at the service. One person said, "I would live nowhere else but here. I am very happy here." A second said of staff, "They are not nasty to us." Despite this since our last inspection we had received some concerns from the local authority that people were not always safeguarded from abuse or improper treatment.

People had been involved in incidents in the service that should have been reported to the local authority and CQC under the safeguarding policies and procedures. These incidents had not been reported appropriately. The provider maintained a falls analysis in order to identify trends, and to enable the manager to implement actions to reduce the risks of harm to people. This detailed people had fallen which was not reported to the duty team leader in line with the provider's own procedure. We found that the provider had not always safeguarded people by taking the appropriate action and notifying appropriate bodies such as the local safeguarding team without delay.

Failure to have effective systems in place to safeguard people is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. One member of staff said, "Abuse can be verbal, neglect, physical, psychological, financial. If staff react to challenging behaviour this could be abuse. I would report to manager and record." Staff told us they were aware of the provider's whistleblowing policy and procedure and the provider had details of the policy in a prominent position for staff to know where to access it.

At our previous inspection we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to risk management. The provider submitted an action plan in June 2016 to state they had met the legal requirements. We found at this inspection that the provider had implemented some strategies to reduce the risk of avoidable harm to people and some improvements had been made however overall improvements were not embedded into practice. This is a continued breach.

Incidents and accidents were reviewed on an individual basis but actions were not always taken to reduce risks to people. Staff on Poppy unit were aware of people who were at risk of injury due to falls. For example, a member of staff told us of the three people who resided on the unit who were assessed as being at highest risk. Regarding one person they said, "X is very independent and uses a frame but tends to get up without it and their dementia is getting worse quite fast." Staff were able to tell us of actions taken in an effort to reduce falls. This included the use of alarms that alerted staff if people got out of bed. However we observed one instance when staff did not remind a person to walk using a frame. The manager came into the unit and immediately advised the person to use their frame. The member of staff said, "X is always without it."

Some people had sustained unexplained injuries during November. Procedures were followed to ensure the people were not at risk of harm. These included staff informing the manager on the same day the injuries were sustained, an emergency risk assessment put in place, increase of staff and an emergency team meeting held. However the manager did not notify the police. She said that the local authority safeguarding team had spoken to them and that the family of the person did not want the police involved. The manager implemented an action plan that was shared with team leaders to ensure the person and all other people who lived at the home were safe a night. This included retraining of team leaders, falls and moving and handling training for all staff, completion of direct observations of staff, and the reviewing of documentation.

Another person had been assessed by the speech and language therapy team (SaLT) after an incident where they choked on medicine.. The SALT team recommended that the medicine be changed from tablet form to liquid however this was not changed for over two weeks which placed the person at risk of a choking. The manager told us that in the interim they would have completed new risk assessments to help keep the person safe but was not able to tell us if this had been done.

Another person had been assessed to have a specific soft diet as they were at risk of choking. Kitchen staff were not aware how the person's food should be prepared. They should have had one inch piece of soft filled sandwiches with no crusts on, however the kitchen staff had prepared slice length fingers for the person including the crust which would put them at risk of choking . We spoke to the manager about this who addressed the issue immediately.

Another person had behaviours which led to them sometimes being aggressive, throwing objects and shouting at night. Staff confirmed there was no behavioural care plan, guidelines or risk assessments in place to keep them or others safe. This put people at risk of harm from peoples behaviours that staff do not have guidance on how to support.

The provider had not ensured that people were protected from the risk of harm. Regulation 12 (1)is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager and the district manager about the lack of risk management and immediately an action plan was implemented. This included staff meetings and staff re training. Management oversight of all falls and referrals to external professional for any deterioration in their health and/or mobility. This action taken has reduced the risk to people within the service

Other risks to people were managed well by staff. We observed staff assisting a person to move from bed to a wheelchair using safe procedures and equipment and by offering encouragement and reassurance to them . They checked the sling before starting to put around the person and saw that the incorrect size sling had been brought to use. They immediately went and got the correct one as detailed. The sling used corresponded with the one described as needed in the persons hoist and sling assessment.

Two people had bedrails in use, both had covers that reduced the risk of entrapment. Bedrail risk assessments were in place along with records of weekly inspections to ensure the equipment was safe to use.

Staff were clear what their responsibilities were should someone fall. This included making sure the person was comfortable, recording the incident and contacting the appropriate healthcare professional where necessary.

There were emergency and contingency plans in place should an event stop part or the entire service running. The manager had assessed the needs of each person should there be an emergency evacuation. Plans were person centred and gave clear instructions to how staff should manage a person's individual needs. Equipment was available on each of units to enable people to be moved safely and quickly in case of an emergency. This meant people's safety was promoted in the case of any potential incident.

At our previous inspection we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to staffing. The provider submitted an action plan in June 2016 to state they had met the legal requirements. We found at this inspection improvements had been made.

People and staff told us that there were enough staff on duty to support people at the times they wanted or needed. One person said, "We don't see them much really." Another person said "They always have time for me and the other residents. If they need to do something they will come back to see you as they normally promise. I always go at my pace they don't try to rush things which is to my liking. "
A member of staff said "Yes there is enough staff, we use agency to cover shifts." When asked if they thought staffing levels were sufficient a second member of staff said, "We work as a team, There are enough staff, with agency it can be harder but they try their best."

The manager told us that since our last inspection staff levels had been continuously reviewed. The manager told us that there were two staff allocated to each unit and an additional member of staff who worked between units on the first floor. In addition two team leaders were allocated on shift the manager said, "If I need to up the ratio of staff I phone the area manager and I can do that." We checked the rotas for a four week period and found the staff levels were maintained with the use of agency staff.
There were a number of staff vacancies and agency staff were being used to cover these. The manager told us that a maximum of four agency staff were used per day. They added, "We ask for the same person so they are aware of customer needs. This is an improvement. when I first started here there were at times 10 agency staff on shift." On the day of our inspection the manager said that there was one agency member of staff on duty. Staff were observed to be available when people needed assistance. A relative told us ""Staffing has gone up its much better now."

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the service. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had to provide two references and had a DBS check done before starting work.

People's medicines were administered as prescribed by the GP. Care plans were in place that supported people to manage their medicines safely. One person said "I get medication in the morning which is usually on time yes. They trust me to take them although they apply cream to my leg for me."

Staff administered medicines safely, following the provider's medicines procedures, ensuring they explained to the person why they had a medicine. Medicines were stored securely at all times. Only staff who were trained as competent to administer medicines did so.

When people needed 'as required' (PRN) medicines protocols were in place to help ensure they variable dosage medicines safely. People were asked if they would like pain relief when medicine rounds were taking place. Some people did not appear to understand what was being asked. For example, a member of staff asked a person if they would like some pain relief. The person did not respond. But when another member

of staff asked if they were in pain the person shook their head to indicate no. This showed that staff used different ways to communicate with a person to assess if they were in any pain.

Good

Is the service effective?

Our findings

People told us about the food at Oakleigh. One person said "The food is excellent and fresh" and "There are refreshments on offer, tea, coffee, cake, biscuits and fruit". Another person said "The food is okay as far as I've tasted it" and "I do get offered refreshments on quite a regular basis so there's no way that I'd be hungry or thirsty here. We're well fed, well-watered." One person said, "Good food. Meals are varied and we only have to ask what's on the menu and we can have something else if we don't like it. When we make suggestions they say that's a good idea and they put it on the menu."

People nutritional needs had been met. People expressed satisfaction with the meals provided.
We observed lunch to be a calm and relaxed event. People were given a choice of fruit juices and were offered either pork or salmon. People had nutritional assessments for specialised diets to help them keep healthy. This included information about food textures as advised by a dietician. Malnutrition assessments were in place and people's weight was monitored at a frequency based on risks identified within the assessments.
People were weighed regularly and staff calculated people's body mass index , so they could check people remained at a healthy weight. Staff described to us how they would refer people for further guidance on managing weight loss and nutritional needs if they had any concerns. We saw people maintained a health weight.

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).

Key pad locks prevented some people from leaving the building. DoLS applications had been submitted to the authorising authority in line with the MCA.. As part of the applications mental capacity assessments had been completed appropriately.

Staff followed the requirements of the MCA. One person had a capacity assessment completed as they did not wish to go to hospital for medical treatment. The assessment confirmed they had capacity to make this decision. Although an assessment was not required it did demonstrate that staff considered the person's ability to retain and use information. Another person had a MCA assessment as part of a DoLS application for personal care. Daily records confirmed that the person declined assistance on occasions and that staff either left for a while before offering help again or other staff offered assistance.

Staff understood what consent and the MCA meant for people. Staff received training in the MCA and this was updated every year. Staff understood people had capacity to make decisions and said they would make sure people could understand what was being asked and contact those that had the legal authority to make

decisions for significant events. One member of staff explained which people had DoLS authorisations in place and why. A second member of staff said, "I had awareness training. MCA is about the capacity of a person to make a judgement or decision. We have some people who can't and we make in their best interest."

People told us staff were suitably skilled to meet their needs. One person said "Yes, on the whole, I feel that they are quite well trained. A couple of them have been on dementia courses as far as I'm aware." Another person said "The majority of the time I think their training is quite good. I've got no complaints on that side really."

The manager told us that all staff undertook an induction before working unsupervised to ensure they had the right skills and knowledge to support people they were caring for. We spoke to three staff who described their induction process. They explained how they had all spent time shadowing other more experienced staff and given time to understand the procedures within the service.

The manager had supported staff to learn other skills to meet people's individual needs. They said that this training had helped them understand and develop best practice when caring for people. One staff member said that they were encouraged to progress professionally. They told us that they had started as a carer, but were now team leader. Another staff member said "I get all the training I need."

Staff said that they received sufficient support to fulfil their roles and responsibilities. One said, "I have had an induction and I'm still completing the booklet. I've been shadowing, learning things on the computer, paperwork and responsibilities of the role. I am always learning every day. I get lots of support and supervision." Staff also said that they received training that helped equip them with the knowledge to care for people effectively. One member of staff said, "I think the training is fantastic. We get lots of online training and support from colleagues." A second member of staff said, "I have had quite a number; dementia, food hygiene, moving and handling."

A member of staff said that the dementia training they had completed helped them support people at the home. They said, "It helped me understand to be patient with them. Sometimes they don't mean what they say so we really try to understand them and their world they live in."

Staff said they had annual appraisals. This is a process by which a manager evaluates an employee's work behaviour by comparing it with pre-set standards, documents the results of the comparison, and uses the results to provide feedback to the employee to show where improvements are needed and why. Staff also had regular supervisions which meant they had the opportunity to meet with their manager on a one to one basis to discuss their work or any concerns they had. All the staff we spoke to said they had received regular supervisions.

Staff responded to changes in people's health needs and supported people to attend healthcare appointments, such as to the dentist, doctor or optician. The manager said that they promoted collaborative care. We saw, in individual care plans, that people were referred to other health professionals such as the speech and language therapist (SALT), the falls team, district nurse or the dementia nurse when required.

We spoke to one visiting professional during our inspection who told us that staff made appropriate referrals and in a timely manner and said "The staff were really helpful and knew people well." Another professional told us; "Staff follows through the exercise with the person, they follow transfer techniques and support them to mobilise." "Staff are interested and share information and suggestions" and "Staff are always happy

to assist."

Good

Is the service caring?

Our findings

People said that they were treated with kindness and caring. One person pointed to a member of staff and said, "She is lovely. You can ask her anything, I can't remember her name though." Another person said staff were "Friendly." A second person said, "They always say; is there anything you want girls just ask."

At our last inspection we recommended that followed best practice guidance when treating people with respect and dignity. At this inspection we observed that staff had embraced new ways of working with people.

Staff understood people's rights to be treated with dignity and respect. Good attention had been given to people on the units with regard to their personal appearance. Everyone wore clean clothes, some people were wearing watches set at the correct time and clean reading glasses. Some people had their nails painted and their hair set. One person said "The quality of care here is very good indeed. They do definitely care for us affectionately and it's because they want to. They love their residents. They do chat to me about personal things. They're happy to talk whenever they can. "Another person said about the care staff "I love them all to bits, They do care and they do that with the utmost affection and they do like to touch the residents to give us that sense of security and love. I like that approach"

People told us they were treated with respect one person said "If they want to come in, they knock on the door of my room and wait for me to invite them in. Should they catch me in a state of undress, they'd apologise & leave. They do show the greatest of respect at all times, they're never rude." Another person told us "They most certainly do respect my dignity at all times."

We saw good interactions from staff. One person was talking about going home that day and seeing their daughters. Care staff listened and talked about how they would go home, when and went along with them. This appeared to bring happiness to the person as they were smiling whilst chatting. One staff member asked a person where their slippers were, and the staff member got them for them and their walking stick. This showed that care staff paid attention to the details that made people more comfortable. One relative said "Really good care, staff are polite." Another relative said "We are quite happy with the care."

Staff understood how to help people who were living with dementia to make decisions about their care. One member of staff explained, Staff know people by the background, talked to me about their life histories and likes/dislikes. "I support X to choose, I get a few outfits out like a red or a green dress and she will choose."

Throughout the inspection we observed that people were treated with kindness and compassion by staff. Staff took the time to make sure people were happy with the support offered, lots of laughter and banter between people was heard and people appeared really relaxed and at ease. Staff gave one person a blanket to cover their legs when they were relaxing in a chair and ensured another's feet were elevated on a footstool to reduce swelling.. When a member of staff put the television on they made sure this included the use of subtitles which helped people who had impaired hearing.

Requires Improvement

Is the service responsive?

Our findings

People were not supported to be involved in meaningful activities to meet their individual needs. One person said "I quite often sit on my own" Another person said "I don't really know what activities go on here."

We did not observe any activities being offered on three of the units during our inspection as staff were busy undertaking care related tasks. Classical music was heard being played in the dining room and the television was on in the lounge where people sat in two units. Staff were responsible for providing social activities to people. We asked staff member if they were doing any activities with people. They said had to check, when the staff member returned they said "I will do a ball game with some people this afternoon." We saw the staff member offer this activity to one person, the person asked "What that was?" the staff member did not explain and did not offer an alternative.

The manager said that twice a week an additional member of staff was allocated to cover the vacant activity coordinator post. They went on to add, "Rotas will show this but sometimes the needs of residents means that staff have to do care tasks instead." A member of staff said, "We ask care staff for one hour in the morning and one hour in the afternoon to do something. In reality mornings its 20 min to sit and chat. Afternoons we have more time."

Care staff on one unit offered one activity to one person. The person asked what that was; the staff member did not explain and did not offer an alternative. On another unit we saw one person playing a throwing game in the corridor with two staff. This left other people with no social activities or interactions.

The service had not an activities coordinator employed at the home for a year which meant that activities for people were not always provided. The manager told us they were trying to recruit for this post but they had so far had no success. The manager had not ensured that alternative meaningful activities were put in place for people who were less able to participate in group activities. One person told us "I don't tend to get involved in the planned activities because of my blindness. It's difficult for me."

We saw posters of group activities. These included events that had occurred in line with meeting seasonal celebrations such as bonfire night-bangers & mash with beer tasting, summer BBQ & fate, Christmas raffle and mulled wine tasting.

Care plans we looked at did not contain people's life stories. One person told us they liked classical music and art but hadn't asked staff to play or organise this for them because others wouldn't like it. We asked the person about the art club that afternoon and they said, "That's what's wrong with this place, the activities aren't on each floor and we have to go downstairs. Why can't they have it on every floor. The art class did not take place in the afternoon as there were no staff available to run it.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.People did not always receive care and treatment that is personalised specifically for them.

One person in their room was reading a book. A noticeboard displayed information about forthcoming activities which included two Christmas themed events arranged to take place in December. There was an enclosed garden area that people who resided on Poppy unit could access, two people told us they enjoyed sitting in the garden. One said, "When the weathers better we will be able to sit in the garden." When asked if they go out one said, "If we get dressed up in the right clothes we can have a little walk around." The second person said, "Midweek we go spending our money shopping. To get things those ladies need. Also my daughter comes and takes me out." The first person said that their family lived too far to visit but that they kept in touch by telephone.

The manager said that people who lived at the home had access to social activities and the wider community. She said, "Entertainers booked monthly, I have extended the budget for entertainment due to activity coordinator vacancy. Staff take people on Sunflower out, they went Christmas shopping yesterday. Also go to pub for meal." When asked if people who live with dementia are taken on activities outside of the home the manager said, "Few people want to. One person gets agitated in the afternoon; they used to be a school teacher so I will take them out for walk. Also families take people out." The manager did not have any evidence to show how they had ascertained people did not want to go out.

There was evidence that some people received a responsive service. When one person moved into the service staff were concerned with the skin condition on their legs. Records confirmed that staff arranged for the GP to visit who said they were not a cause for concern. Staff were not happy with this and introduced skin monitoring forms that they completed. They then arranged for the GP to visit again who then prescribed medicine for the skin condition. This support helped the person to manage the symptoms of their condition.

Another person had a detailed care plan in place for skin care. This linked to their malnutrition assessment and Waterlow and skin assessment. All had been reviewed monthly. The person's weight was being monitored regularly and evidenced that they were maintaining a stable weight.

Other people who had more advanced symptoms of dementia were not supported by other communication methods to support making their needs known. Visual aids such as pictures or the actual meals were not shown to people which would have assisted them to make an informed choice. People did not appear to understand the choice they were being told. Another person's 'living story stated 'music relaxes me', Not once during the day did staff support the person to have music on in their room.

People said that they would feel confident to raise concerns or to make a complaint. One person said, "I've no complaints" and that they would report concerns if they had any. When asked who they would raise concerns with they were unsure and said, "Do not know, the head one here I suppose." They went on to say, "We get the best of everything here and we only have to ask and it's sorted." Information was displayed that informed people of their rights to raise concerns and the different agencies who could help them. This included CQC and the local county council.

Although people at the service said they knew how to make a complaint, there was no evidence to show that the manager had full oversight of people's concerns or had taken action and responded appropriately to complaint. We asked to see a copy of the complaints log this showed the last recorded complaint was in June 2016. The providers policy is that complaints should be investigated and responded to within 14 days. The logged showed no outcomes from the concerns raised and the complaint was closed in September 2016.There were no other entries and we were aware from speaking to relatives some concerns had been raised.

People felt they had a say in how the service was run. People told us that they remembered filling out a survey. One relatives told us "I have filled in surveys and have one now to do". When asked if anything had changed they said 'It all flopped when the last manager left- gradually been picking up since." We saw minutes from the last residents meeting which detailed how staff were making a positive change. One person had asked for a large clock to be placed in the lounge so that they could see the time better. We saw on our inspection that this had been done.

Requires Improvement

Is the service well-led?

Our findings

People had mixed opinions about the management of Oakleigh. One person said "They're treating me right! They're looking after me, so I believe that it's well managed yes." However another person said "I know the managers name but I'm not aware she walks around but presumably, she does." A relative told us "As far as I'm concerned it's well managed and the staff are well led because Mum is happy here."

The service did not have a registered manager. The manager had been working at the home since March 2016 however they have not submitted an appropriate application to apply for registration with CQC. The service had not always had good leadership and management to ensure that people received good quality care. The management changes had delayed prompt actions being taken to improve the quality of the service. Since the new manager started some actions had been implemented to improve matters and address previous braches in the regulations, however these had not always been consistently followed and embedded into practice.

The manager did not always clear about the needs of people; and told us those that lived with dementia resided only on the first floor. After spending time in other areas of the service and following discussions with staff and people we found that this was not the case. We asked the manager about their understanding of medicines and those that had specialist conditions attached to then. They were unable to tell us about the appropriate best practice in relation to medicines.

Although action was evident for some of the issues the previous inspection had highlighted, we found the current auditing processes had failed to identify the breaches of regulations identified at this inspection.

The provider had supported the manager by sending other more experienced managers to undertake audits. We saw that quality assurance systems were in place and there was evidence of audits for health and safety, care planning, medication and infection control. These audits should have enabled the manager to identify deficits in best practice and put in place plans to rectify these. However the care plan audit had identified actions to be implemented such as reviewing risk assessments, and updating mobility assessments but the manager had not delegated these tasks to staff to action. The manager had not completed the audit process for pressure wounds and hand hygiene since September 2016. Therefore the information in some peoples care plans was not always up to date .

Since April 2015 CQC is responsible for investigating instances of avoidable harm to people. The manager was not clear about their responsibilities in relation to this. Incidents and accidents mentioned had not always been documented. There was no analysis by the manager of the incident and accident form, showing what actions had been taken to mitigate further risks to people. The manager had not ensured that appropriate and timely notifications had been submitted to CQC when required.

At our previous inspection we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider submitted an action plan in June 2015. We saw that some improvements had been made this are but not consistently embedded into practise.

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 People did not always receive care and treatment that is personalised specifically for them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that people were protected from the risk of harm. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not always safeguarded people by taking the appropriate action and notifying appropriate bodies such as the local safeguarding team without delay.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not effectively ensure processes to regularly assess and monitor the quality and safety of the services provided, including the quality experience of service users.

The registered provider did not effectively assess monitor and mitigate the risks relating to health, safety and welfare of the service users.17 (1)(2)(a)(b)(e)(f)

The registered provider had not ensured that notification of all incidents were submitted to the commission.