

De Vere Care Limited

Oakwood House

Residential and Nursing
Home

Inspection report

Oakwood House
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Tel: 01473612300

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16 January 2019

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This unannounced inspection took place on 14 and 16 January 2019.

Oakwood House Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Oakwood House Residential and Nursing Home accommodates 24 people across three separate units on two floors. On the day of our inspection there were 22 people lived in the service. The service had 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 about how the service is run.

At the last inspection in April 2018 we rated Oakwood House overall as requires improvement. This was because quality assurance systems and processes were not in place to ensure that people received good quality, safe care. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all of the key questions to at least good. At this inspection in January 2019 we found that the actions plan had not been fully implemented and have identified breaches of three regulations. Quality assurance and monitoring processes put in place by the provider had failed to ensure that the service improved from the previous rating of requires improvement.

There was not an open culture within the service. Communication between the management team was poor with misunderstandings leading to the provision of poor care and support.

People were not supported in a safe environment. We identified trip hazards in the service and some cupboards in the communal areas were chipped with the chipboard under the laminate exposed. The seal in several windows had been removed. Hazard tape had been applied to prevent drafts but this was coming off. When we brought this to the attention of the facilities manager some repairs were made.

The environment had a pleasant homely feel but was not always managed to ensure people were comfortable.

Hand washing facilities did not comply with current guidance. Towelling hand towels were being used in some communal toilets which presented an infection control risk. We brought this to the attention of the registered manager on the first day of the inspection but they were still being used on our return inspection visit.

Not all risks were assessed and managed effectively. Where precautionary measures had been put in place these were not always followed. Care plans were not always up to date with people's support needs. Care plans did not demonstrate people had been involved in their review. They did contain information regarding

people's likes and dislikes.

Staff provided a range of activities. However, these were limited due to poor communication between the service and the provider as to how these should be financed

Medicines were managed safely.

There were sufficient staff to support people safely. Management did not ensure that staff had the skills and time to recognise when and how to give compassionate support. Staff training was not up to date. Staff had not always been given training to use equipment effectively.

People's nutritional needs were assessed and monitored. People told us the food was good. We observed the lunch time meal which had a convivial atmosphere.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Relatives told us they felt welcomed into the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Poor building maintenance was a risk to people living in the service.

Effective infection control procedures were not in place.

Medicines records did not always contain an explanation of when a person required medicines prescribed to be given when required.

Staff knew how to report a safeguarding concern.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff training was not up to date and staff had not been trained to use some equipment effectively.

The environment was not always managed to ensure it met people's needs.

The service complied with the requirements of the Mental Capacity Act (2005).

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Staff were instinctively caring. However, the management of the service did not ensure that staff had the skills and time to recognise when and how to give compassionate support.

People's personal information was stored securely.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People were not consistently involved in their care planning.

Requires Improvement ●

People were not involved in the activities of daily living.

Activities staff worked to provide person centred activities.

Is the service well-led?

The service was not well-led.

The senior leadership was out of touch with what was happening in the service.

Staff were not engaged with the development of the service.

There were continued breaches of legislation.

Inadequate ●

Oakwood House Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was a comprehensive inspection which took place on 14 and 16 January 2019. The inspection was unannounced and carried out by an inspector 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit we spoke with the nominated individual for the provider, the registered manager, seven care staff and the facilities manager. We spoke with three people living in the service and two relatives. People living in the service were not always able to discuss their care in detail with us. We observed interactions between people and care staff. We reviewed three people's care records, policies and procedures and records relating to the management of the service, training records and the recruitment records of three care staff. We also spoke with a visiting advocate.

Following the inspection visit, we requested information from the registered manager and provider which was provided as requested.

Is the service safe?

Our findings

Our previous inspection in December 2017 rated the service as requires improvement with breaches of legislation. At this inspection we found some improvements had been made but the service still required improvement with breaches of legislation.

The inspection in December 2017 had identified that three potentially dangerous defects to the electrical wiring identified by an electrical inspection in December 2012 had not been addressed. These were addressed immediately after our inspection in December 2017 and the service now had certificates confirming the electrical wiring was safe.

In December 2017 we identified that the building maintenance was poor and represented a risk to people living in the service. Whilst some improvements had been made, some areas we had identified had still not been addressed. For example, we identified in 2017 that woodwork on window frames was rotten and flaking. At this inspection we were shown windows which had been replaced. However, in two bedrooms we saw hazard tape had been used around the windows. In one case this was flapping and not fully attached to the window. The registered manager told us that the tape was to prevent drafts from the window where the seal had been removed. The provider's maintenance schedule included re-sealing of these windows by mid-February 2019. This was more than a year after our previous report had identified the windows as a concern.

We noted that attempts had been made to repair cupboards in the kitchen areas of the three lounges using hazard tape. This had not been successful. In one case the tape had come off and the drawer was loose with a risk that it would fall apart when used. Hazard tape had also been used to cover corners of the units where the laminate had been chipped off. In some places this had worn away and the chipboard under the laminate was exposed.

A wooden floor had been laid in each of the three lounges. There was a raised lip of approximately two centimetres on the floor in each entrance doorway as the wooden floor was higher than the floor in the corridor. At each doorway a length of sloped wood had been used to bridge the gap and hazard tape had been stuck over the join. We observed staff supporting people in wheelchairs into the lounge area and there was a noticeable bump as the wheelchair crossed the threshold. We also saw that one person moved around the service with a shuffling gait. The difference in height between the two floors represented a significant trip hazard for this person. On the first day of our inspection we pointed this out to the facilities manager. On our return two days later, a wooden threshold had been put across the gap in each doorway. Although in one case this was not wide enough and a gap of approximately three centimetres remained.

The above paragraphs represent a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our 2017 inspection had also identified that the decoration overall was dull and battered with chipped and scratched paintwork. The facilities manager told us that all of the corridors had been re-painted and that advice has been taken from the Clinical Commissioning Group as to the appropriate colours to be used to

meet the needs of people living in the service. A relative said, "The environment has improved but the communal lounge could do with a lift."

Our inspection in December 2017 had identified some concerns relevant to infection control. At this inspection we found that some of those concerns had been addressed but that some continued. We also identified further infection control risks. In each of the three communal bathrooms dirt had accumulated around the feet of the baths such that there was a brown circle where each foot attached to the floor. In one ground floor bathroom mops were stored in a bucket in the corner propped against the wall. There was water in the bucket and one string mop was standing upside down which meant the dirty end was propped against the wall. There was a floor scraper in this bathroom which was heavily rusted and discoloured. The floor in each of the three bathrooms was stained and discoloured with limescale particularly around the toilet. Waste bins in these bathrooms did not have lids. These examples represented a significant infection control risk and were not in accordance with current guidelines and best practice.

We also saw that in the communal toilets a towelling towel was being used for people to dry their hands. In one of the toilets paper towels were also available. Current guidance from the Department of Health lists the use of disposable paper towels as one of the minimum requirements for safe hand hygiene.

We spoke with the registered manager regarding hand drying methods on the first day of our inspection and they assured us that the towels would be immediately removed. However, on the second day of our inspection we saw that they were still available in the communal toilets. We also spoke with the facilities manager regarding the floors in the bathrooms. On the second day of our inspection the bathroom floors had been cleaned and the dirt around the feet of the bath had been removed. The lime scale on the bathroom floors had been reduced but was still visible around the toilet area. We were not assured that the service infection control and cleaning procedures were effective in ensuring that people were protected from the risk of infection.

The above paragraphs represent a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people's care plans contained risk assessments regarding their care and treatment. These included nationally recognised assessments such as the Malnutrition Universal Screening Tool and waterlow assessments. These assessments were used to identify people at risk of malnutrition and developing pressure ulcers. However, risk assessment were not always fully completed to inform care planning. For example, two people had a hydration risk assessment in their care plan. In neither case had the risk assessment been fully completed to make it a useful tool in assessing the risk. In one case when we completed the hydration risk assessment we found that the person was at high risk of dehydration. We checked their care plan and there was no information as to how staff should support the person to maintain good hydration.

People's care plans were not always up to date with people's current support needs. For example, one care plan we looked at described the person as able to walk around the service unaided. When we visited this person in their room the person was sitting in a chair. We saw that there was a re-positioning chart in place. This chart contained a number of gaps and did not record the positions the person had been moved to. We asked the registered manager why there was a re-positioning chart in place. They told us that the person had recently returned from hospital and that their needs had changed and they were now less mobile. This increased their risk of developing pressure ulcers which was the reason they had been put on a re-positioning chart. The last information about skin care in the care plan was dated three months previously and did not address the possibility of the person developing pressure ulcers. Some actions to address the

risk had been taken. These were not co-ordinated and fully risk assessed with care staff being fully informed of what actions they should take and all avenues explored to prevent the development of pressure ulcers.

Where risk assessments had been completed staff were not always implementing the actions from the care plan to reduce the risk. One person had been identified as at high risk of choking. Their care plan stated they should have a pureed diet and should not be left alone when eating. We checked this person at lunch time on the first day of our inspection visit. We found that they were eating a pureed meal alone in their room with the door shut. We immediately brought this to the attention of staff who was not aware that the person should not be left alone when eating.

Medicines were safely managed. Care plans contained information as to how people liked to receive their medicines. Care staff had undergone training and their competencies were checked regularly. Storage was secure and the sample of stock balances we checked were correct. Medicines that needed additional storage measures were found to be safe and accounted for. The deputy manager explained to us how they audited the medicines and dealt with concerns, such as if staff had not signed the medicines administration record. We noted that, where people required their medicines to be given as required (PRN) the protocols to described when these should be given did not always contain sufficient detail to ensure they were given consistently. For example, one person the protocol said it should be given for anxiety and agitation. There was no information as to what behaviours the person may exhibit when they became anxious and agitated. Neither was there a record of if the medicine had been effective. We spoke with the deputy manager about this who told us they would ensure that these were put in place.

People told us that they thought there were sufficient staff. One person said, "I know I can use my buzzer, but they're all busy so I try not to bother them, but when I do they are quick to come." The registered manager told us that staffing levels were determined according to a dependency assessment. They told us that they were currently two nurses short and the provider was actively recruiting new nurses. This was confirmed by the provider when we spoke with them. However, the lack of nurses meant that the registered manager and deputy manager were required to work shifts in the service which took them away from managing the service.

Our previous inspection in December 2017 had found that staff were recruited safely and their suitability to work in the care environment was checked. At this inspection we found that staff continued to be recruited safely.

People told us they felt safe living in the service. One person said, "I do feel safe here and the carers are all good." A relative said, "They look after [relative] well here. She's in a safe place and I have no worries at all." Just over half of staff had received training in safeguarding vulnerable adults. However, all the staff we spoke with knew how to report any suspected abuse either with the service or to outside agencies if required. The manager was aware of their responsibilities regarding safeguarding investigations.

The deputy manager monitored accidents and incidents within the service for any trends. They told us that if there was learning from incidents this would be shared with staff at the 11 o'clock meeting of senior staff which was held each day.

Regular health and safety audits such as fire alarm checks and emergency lighting checks took place.

Is the service effective?

Our findings

Our previous inspection in December 2017 rated the service as requires improvement. At this inspection we found some improvements had been made but the service required further improvement.

Our previous inspection had raised concerns that the majority of staff had not received training in areas such as nutrition and fire safety. The provider had changed their training provider since that inspection. We were told that the change in training provider had caused confusion amongst staff as to what training they had completed and what they needed to do. On the day of our inspection records showed a low percentage of staff were up to date with training. For example, only 60 per cent had received up to date training in infection control. Since the inspection visits the provider has informed us that training compliance has improved. They have also provided assurances regarding training going forward. However, we note that our previous inspection also identified concerns with staff training compliance which have not been addressed.

Staff were not always trained to use equipment provided to meet people's needs. The service had a tracked hoist system which was part of the building. This required a hoist to be attached to the tracking. The service had two of these hoists. On the day of our inspection visit we were told that both of these hoists were broken. One had broken some time ago and one in the past few weeks. The provider had purchased two portable hoists after the first tracked hoist had broken. However, staff had not used these until the second tracked hoist broke. Staff told us that the portable hoists did not lift people high enough to enable them to position people comfortably in a chair. We observed one person in a slouched position in a chair and staff told us that when using the tracked hoist, they had been able to place the person in a more comfortable position. Staff also told us that the portable hoists did not go high enough to allow them to get people into a bath. Since the inspection the provider has told us that the portable hoists do allow staff to position people comfortably in a chair and that people can also be placed into a bath. The problem was that staff had not been trained to use the portable hoists. The provider has assured us that staff were now able to operate the portable hoists effectively.

The environment was not always managed to ensure it met people's needs. On the first day of our inspection we saw, in the ground floor lounge used for activities, a towel had been draped from one of the windows to shield a person from the sun. In one of the first floor lounges some blinds had been removed. We observed a visitor approach their relative who had been sleeping in the sun. They felt the person's arm and said to staff, "[Relative] is sweating, can we pull the blinds down." Staff lowered one of the remaining blinds which provided some shade. However, this blind provided only a small amount of shade for that person and did not protect others in the room. On the second day of our inspection the facilities manager had replaced the blinds in the first-floor lounge. The towel had been removed from the ground floor activities room window but there was no way to shade people using this room from the sun.

There were ornaments and flowers around the service giving a pleasant homely feel to the service. People had access to a secure outside garden. We observed one person walking in the garden and enjoying this outside space. The registered manager told us that they had cut back some of the shrubbery to improve the garden.

Staff continued to tell us that they felt the registered manager was approachable and that they received the support they required. One carer told us that the nurse responsible for their supervision, "Made time to have a chat." However, records showed that 16 care staff and three nurse supervisions were overdue on the day of our inspection. Supervisions allow staff to discuss their performance and any training needs. The registered manager told us that a new supervision matrix was in place and that the outstanding supervisions were planned. Our previous inspection in December 2017 had also identified that staff the supervision programme had slipped. At that inspection, we had been given assurances that the staff would receive regular supervision. These assurances had not been fulfilled.

We observed lunch in one of the lounges. There was a pleasant atmosphere with chatter and laughter between staff and people. Tables were laid with table cloths and cutlery. People told us they enjoyed the food. One person said, "I do like the food. I don't know what's for lunch today, but it'll be OK for me." The registered manager told us that people were offered a choice of two meals, if they did not like either option they could request something different.

We did not see that people were offered drinks as a matter of routine during the day. One person asked us for a drink and we asked a member of care staff to provide this. We observed that they drank it straight down.

Risk assessments were carried out to identify if people were at risk of choking and required food of a particular consistency. We saw that this was provided. However, other risk management procedures relevant to choking were not always followed.

The registered manager carried out an assessment of people's needs before they moved into the service. They told us that this ensured that the person's needs could be met by the service. Guidance such as the malnutrition universal screening tool was used to support care and support effective outcomes.

People told us, and records demonstrated that the service liaised with other professionals such as the GP, speech and language therapist and dietician to support people's care. Within the service there were daily meetings of senior staff to exchange up to date information. People told us that they could access healthcare services.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had applied for DoLS authorisations where required and told us that none of the authorisations had any specific conditions attached.

We received feedback from a social work professional who had visited the service as a best interest assessor. They told us where appropriate, the registered manager had arranged for best interest decisions to be made. Best interest decisions were made where people are not able to fully participate in the decision-making process.

Is the service caring?

Our findings

Our previous inspection in December 2017 rated the service as requires improvement with a breach of regulation in relation to the protection of people's private information. At this inspection we found improvements had been made and the service was no longer in breach of regulation but further improvements were still required.

Staff gave us mixed views as to whether they had time to provide care and support in a person-centred way. One member of care staff told us that they had recently received training in managing challenging behaviour which helped when supporting people. However, they also told us that they did not get time to read care plans. They concluded by saying, "Sometimes we can be rushed which puts pressure on you." However, other members of care staff told us they did get time to read care plans.

We observed some caring interactions between staff and people. For example, we observed a member of care staff greet a person as they came into the lounge. The member of staff smiled and said in a friendly way, "Hello, good morning, you off for your constitutional this morning?" Further smiles were exchanged and the person walked off down the corridor. We also observed a person was becoming distressed. They wanted to speak about a concern with the manager, a member of care staff offered them a cup of tea and then walked with them in the direction of the manager's office providing reassurance as they went. However, we also observed occasions where staff walked past people with no acknowledgement or did not react appropriately. For example, we observed one member of staff enter the lounge with some paperwork. They walked past people in the lounge and sat at a separate table and wrote up the paperwork. They did not engage with or acknowledge the people sitting in the lounge. Staff did not react promptly or with concern when we brought to their attention our concerns regarding a person eating alone which was contrary to the risk assessment in their care plan.

The staff we spoke with demonstrated a naturally caring and compassionate attitude to people. One member of staff said, "Our residents are well looked after. It is like a family here." However, the management of the service did not ensure that staff had the skills and time to recognise when and how to give compassionate support. The poor state of the building did not indicate a caring attitude from the provider. For example, the lack of curtains or blinds to shield people from the sun.

Care plans reminded staff of people's communication needs. For example, one care plan recorded, 'Do not assume that [person's] slow response means that he has lack of understanding. Use appropriate body language.'

Care plans included information about people's needs around age, disability, gender, race, religion and belief. Care plans also included information about how they preferred to be supported with personal care. Staff we spoke with could describe people's preferences and routines, such as what time people liked to get up.

People's private information was treated confidentially. Care plans were kept securely in a locked room in

each unit.

People's relatives and friends told us they were made to feel welcome and were able to visit without being unnecessarily restricted. One relative told us, "Whenever I come it's a nice feeling and the staff and manager make me feel at home."

Is the service responsive?

Our findings

Our previous inspection in December 2017 rated the service as requires improvement. At this inspection we found improvements had been made but the service required further improvement.

A family member told us that they were regularly involved in reviews of their relative's care plan. They said, "Yes, regularly involved in care planning. I am invited to regular reviews. They discuss the care with me if all agree any change is a good idea it will be put into place."

However, care plans we looked at did not always demonstrate the person's involvement in their care planning. The registered manager told us that the registered nurses were responsible for carrying out care plan reviews and it was the nurse's responsibility to involve the person and their relatives. They also told us that not everybody in the service was able to be involved with their care plan. None of the care plans we looked at contained information as to whether the person was able to be involved in their care planning. This was particularly important as the service is currently using agency nurses who may not be aware how much a person was able to be involved.

Care plans were well organised with different sections. For example, risk assessments, all about me and care plans. However, they were not always completed to a good standard with some sections not completed at all.

People were not always engaged in meaningful activities. One person said, "I'm so bored, I don't know how I get through life." A second person said, "I don't do much here. I like listening to my CD's. I enjoyed going down the pub." This was a reference to when activities staff had supported some people on an outing to the pub.

There were jigsaws and books available in the three lounges. However, we did not observe staff engaging people in the activities of daily living. We asked a relative if care staff pro-actively engaged their family member in activities they said, "They're getting better at it." Staff we spoke with said that the equipment in the lounges was occasionally used in the evenings. We did not observe this equipment being used during our inspection visits. Activities were seen as something which was the responsibility of the activities co-ordinators and not the responsibility of care staff to engage people in the activities of daily living.

The service ground floor lounge was used as a hub for activities. The service employed two activities co-ordinators. We spoke with both co-ordinators who were committed and enthusiastic about their role. However, this was limited by the support they received for activities from the provider and that activities were seen by staff as something engaged in by the activities co-ordinators not the responsibility of all.

During our inspection we saw that people went to the ground floor lounge to participate in activities. A variety of activities and equipment was available to people in this lounge such as jig saws and quiz sessions. Entertainers visited the service, these included a guitarist and a singing and dancing trio. The activities co-ordinators told us that they regularly took people out for walks into the local community. This included visits

to a garden centre and local café's. They told us that during the summer one person liked to participate in gardening. Funds for plants for this person were raised by raffles. Another person liked to watch football. They were unable to attend large football matches but were supported by the activities co-ordinators to watch games in the local park. The service had a mini bus. However, use of this for outings was limited as the registered manager was the only person insured to drive the bus.

People told us that they knew how to complain or raise concerns. A relative said, "If I have any concerns I am happy to speak to staff." The service had a complaints policy which was displayed in the service reception area. Complaints were dealt with in accordance with the policy.

During this inspection one person had been discharged from hospital to the service as requiring end of life care. The registered manager told us that since they had been discharged their condition had improved and they were not being cared for as at the end of their life. The registered manager told us that their care had been discussed with their family. However, this had not been fully recorded in their care plan. The service had obtained specific medicines for this person and were prepared for when they were required. The registered manager told us that when necessary they contacted the palliative support team.

Is the service well-led?

Our findings

Our previous inspection in December 2017 rated the service as requires improvement with a breach of regulation. At this inspection we found some improvements had been made but the service still required improvement with a continued breach of regulation.

Leaders were out of touch with what was happening in the service. Communication between the management team was poor. For example, staff told us that activities were limited due to lack of funds and only the manager was insured to drive the mini bus. We asked the provider about these concerns. They responded by telling us that anybody could drive the mini bus and were not aware of the issues the service was experiencing. We were also told that if staff wanted equipment to support activities such as jigsaws, videos, drawing and colouring items these were obtained from the local charity shop. Staff undertook fund raising activities to raise money for this equipment. The provider was not aware of this and told us that money was available from the petty cash for this expenditure. The registered manager and activities coordinators were not aware that the petty cash was available for this purpose with policies being unclear. Care staff praised the registered manager, describing her as approachable and told us they felt that the manager was not supported by 'Head Office.' One member of staff said, "The manager is lovely."

Staff were not engaged with the development of the service. Staff meetings were not held regularly and no staff had attended a meeting arranged for senior staff by the registered manager. Regular supervisions were not carried out to ensure that staff could receive feedback on developments in the service and their performance.

Some staff were not fully aware of the responsibilities of their role. Our previous inspection had identified that the registered manager had not been fully supported to gain the knowledge necessary to effectively manage. Since that inspection the provider had made some improvements. This included the employment of a compliance officer who carried out regular audits of the service. However, their audit in December 2018 identified that, 'The service provider has a policy on the clinical and/or professional supervision for manager and this will be implemented from 10 January 2019.' This was more than a year after our inspection had identified concerns in this area and did not represent a commitment to providing good quality care. We are aware that the service has worked with a local GP to provide supervision for registered managers and that one meeting has taken place.

Our previous inspection had identified that quality assurance audits were perfunctory and not followed through. At this inspection we found that the audit system had improved with the compliance officer carrying out regular audits which addressed areas such as care plans, staffing and training. The registered manager told us that at each audit the compliance officer reviewed any actions from the previous audit. However, the concerns we have identified in this report, for example, with care plans and infection control demonstrated that this system had not become fully embedded into the management of the service.

Our previous inspection report had identified breaches of four regulations and concerns in other areas of the care and support provided to people. At this inspection whilst some areas had been addressed and

improvements made other areas had deteriorated. This did not demonstrate good governance and effective quality assurance and a commitment to provide high quality care by the provider.

The provider had used some learning from their other services to improve Oakwood House Residential and Nursing Home. For example, the format of care plans which had been developed at one of their other services were now being used at Oakwood House Residential and Nursing Home. However, other learning had not been taken across services. For example, one of their other services was poorly maintained and had a poor staff training record which had been reported at our inspection. However, they had not addressed these concerns across their services.

The above paragraphs represent a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Shortly before this inspection the provider had engaged a quality assurance manager. Since our inspection visits they have provided us with updates of the improvements they have made and intend to make in the service. This included ensuring staff could use the hoist and improving training compliance. However, this is a recent development we were not assured that improvements they had planned would be sustained.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risk of infection were not effectively assessed and managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The environment was not properly maintained and clean.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not evaluated their performance in regard to the provision of care.