

Marlacourt Limited

Oaklands Rest Home

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 

Summary of findings

Overall summary

This inspection visit took place on 10,11 and 17 September 2018 and was unannounced.

Oaklands rest home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Oakland's rest home is registered to provide accommodation and personal care for up to 29 people. The service does not provide nursing care. At the time of our inspection 24 people were living at the home. The home provides a service for older people and people living with dementia. Accommodation is provided over two floors, which can be accessed using stairs or passenger lifts.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not have a robust and effective recruitment procedure in place that ensured the people they employed were of suitable character and background.

Staff had not received appropriate supervision and support to enable them to carry out the duties they are employed to perform.

The provider did not have effective systems in place to monitor and improve the quality of the service provided.

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment.

Medicines were managed in a safe way.

People, their relatives and staff told us the registered manager was supportive and approachable.

People were supported by staff who knew them well. Staff we spoke with were enthusiastic about their jobs, and showed care and understanding both for the people they supported and their colleagues.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives told us they enjoyed the food served which considered peoples individual dietary needs and preferences.

People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way, while promoting their independence. People told us they were treated with dignity and respect.

People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments.

There was a complaints policy and procedure in place. People's comments and complaints were taken seriously, investigated, and responded to.

Safety and maintenance checks for the premises and equipment were in place and up to date.

We recommend that the service seek advice and guidance from a reputable source about engaging people in activities to reduce the risk of social isolation.

We found three 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?

The service was not safe. The provider did not take all reasonable steps to ensure that staff recruited were of suitable character to care for people.

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment.

Appropriate arrangements were in place in relation to the safe management and administration of medicines.

Requires Improvement ●

Is the service effective?

The service was not effective. Staff had not received appropriate support, supervision and training to enable them to carry out the duties they are employed to perform.

People had access to healthcare services and received on-going healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Requires Improvement ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service was not consistently well led.

There were not effective systems in place to monitor all aspects of the care and treatment people received.

The registered manager worked in partnership with other organisations to make sure they were following current practice and to improve and ensure sustainability in the service.

Staff interacted with people positively, displaying understanding,

Requires Improvement ●

kindness and sensitivity.

Oaklands Rest 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 inspection took place on 10,11 and 17 September 2018 and was unannounced. The inspection was carried out by one adult social care inspector and one 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 this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

We also contacted eight health and social care professionals before our inspection to seek feedback on the provision of care and received and received five responses.

During the inspection we spoke with 15 people living at the home and two relatives. We also spoke with the registered manager, deputy manager, the provider [owner] and six members of staff.

We looked at the provider's records. These included four people's care records, six staff files, training and supervision records, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures. We also pathway tracked two people. This is when we follow a person's experience through the service and get their views on the care they receive. This allows us to gather and evaluate detailed information about the quality of care.

We also reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. We

also took into account concerns which had been raised by the local authority about the safety and welfare of people.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time observing the daily life in the service including the care and support being delivered by all staff. We also checked the building to ensure it was clean, hygienic and a safe place for people to live. We last inspected the service in July 2016 and rated the service as Good.

Is the service safe?

Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found that improvements were needed.

Safe recruitment processes were not in place. Some staff files did not contain all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. However, application forms had not always been completed and did not always record the applicant's full employment history or the names of previous employment references associated with the provision of care. The providers application form states, 'You must give details of at least two references who are not family friends and one of your references must be your current or previous employer'. The PIR also records, 'references are sought to ensure staff are suitable for the role'. We viewed the recruitment records for four people the service had employed since our last inspection. One staff record did not contain an employment history between 2008 – 2012 and did not give an explanation for the gaps in their employment history. One staff record only contained one personal reference [from a neighbour]. The application form indicated that the person had previously been employed by a care provider and a reference request sent but a response had not been received. There was no supporting evidence on file that this had been pursued. Another staff file did not contain previous employment details for the period, 1988-2010, did not give an explanation of the gaps during that period and only contained one personal reference. The provider did not take all reasonable steps to ensure that staff recruited were of suitable character to care for people. Application forms were not always fully completed and staff employment histories did not evidence written explanations relating to gaps in employment. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Oaklands. One person told us, "I love the carers, they take good care of me and I feel safe. I'd love to get back home but I know in my heart I wouldn't be safe there". Another person told us, "I can't get about without help because of my legs, the carers wheel me about so I feel safe". Relatives also had no concerns and were confident their loved ones were safe and well cared for. One relative told us, "I'm confident that [name] is safe here. I've never had any cause for concern".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They could describe the different types of abuse and what might indicate that abuse was taking place.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's member's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

There was a medicine policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet that was secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily.

The home used an electronic system for recording the delivery, administration and disposal of medicines to people living at the home. The system was intended to minimise the risk of medication errors and to ensure people received the right medication at the right time. For example, for people who requested 'as required' medication (PRN) for pain relief the system would alert the member of staff that it was not safe to administer that medicine at that time, if the prescribed intervals between taking the medicine had not been achieved.

Regular checks and audits had been carried out by the registered or deputy manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines. We reviewed four people's medicines administration records. They had been completed accurately with no gaps or omissions. This indicated the provider had effective governance system in place to ensure medicines were managed and handled safely.

We received mixed feedback from people regarding the number of staff deployed to support people and meet their needs. Most people we spoke with told us staff were 'busy' most of the time but always available if they needed assistance. One person told us, "I need help to get about safely as I can fall over so I have to wait for someone to come and assist me. Sometimes it can take a while. I understand that they may be busy, they need more staff". Another person said, "I think there is enough staff. It does get busy at certain times during the day and you may have to wait a little longer than usual but generally they [staff] are very quick when I press my buzzer". A relative told us, "It [the home] needs more staff at certain times, there are always staff shortages at the weekends and agency staff come in to help".

During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency. Staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. The registered manager told us, "We are actively trying to recruit staff. We do use agency staff from time to time to ensure we have enough staff on duty to care and support people safely".

Risks to people's health and safety were managed appropriately. Care records included risk assessments relating to keeping people safe. This included risks due to pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as people's needs had changed. One health care professional told us, Staff are now using the West Hampshire Clinical Commissioning Group [WHCCG] falls huddles. Falls huddles encourages staff on the floor to complete a number of questions that tries to establish whether the fall was avoidable or unavoidable and any actions required. Staff responded appropriately to accidents or incidents. The registered manager knew which incidents and accidents needed to be reported to which regulatory bodies such as and Health and Safety Executive, the CQC and local safeguarding team.

There were safe infection control practices. The provider had an infection control policy in place which

provided guidance to staff on actions to take to prevent or minimise the spread of infections. The home was clean and free from odour. The domestic team were responsible for maintaining the cleanliness of the home and cleaning products were stored securely. A health and social care professional told us, "An Infection Prevention and Control Nurse and myself conducted a walk around and the home was given a lengthy action plan to improve the cleanliness of the home. The directors have redecorated some bedrooms and the home now feels cleaner".

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems and water temperatures. The registered manager or deputy completed a daily 'walk around' of the home each day to identify and report any issues as they arose.

There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included information about evacuating the premises and important telephone numbers.

Is the service effective?

Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found that improvements were needed.

Staff had not received appropriate support, supervision or appraisal. Supervision and appraisals are important processes which help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. At our previous inspection in July 2016 we commented. 'There was not a consistent approach to supervision and appraisal. Staff had not received regular one to one supervision, annual appraisal and on-going support from the registered manager regularly'. At this inspection supervision records we viewed continued to support our findings from the previous inspection and did not evidence that staff were supervised consistently or in line with their own supervision and appraisal policy. For example, one person who had been employed for 18 months at the time of our inspection had only received one supervision. Three members of staff told us they had received supervision three months ago however the registered manager was unable to provide documentary evidence to support this. Staff we spoke with also confirmed that annual appraisals were not undertaken. One member of staff told us, "I do have 'chats' with my manager from time to time but I don't think it's ever written down". Another told us, "I had regular meetings when I started but that has tailed off now so I don't really know if I'm good or not at my job because nobody ever tells me". The providers supervision policy states, 'Effective supervision and appraisal will ensure organisational, professional, and personal goals are achieved within a framework of support and accountability. It is an opportunity to actively focus on a balance between managing workloads and pursuing professional and personal goals'. Staff did not receive such appropriate support, professional development, supervision and appraisal as necessary to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. The service had recently introduced a new on-line training and development programme that enabled management to 'track' any shortfalls in training requirements. We looked at the training matrix for the service and found that staff had recently undertaken refresher training in, moving and handling, record keeping, safeguarding and dignity and respect. Further refresher training for dementia awareness, nutrition and hydration and person-centred care had been arranged in the next three months. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

People who were able to speak with us told us they were involved in making decisions on how they wanted to be supported. Staff were observed seeking people's consent prior to any care being delivered. Staff understood the importance of people being involved in their care and clearly described how they supported

people. Staff respected the decisions people made. For example, where personal care was refused this was respected. They told us they would try again later or another member of staff may offer assistance. A relative told us, "I have had loads of input into my mother's care. I come in every day, so they [the home staff] know me very well. My mum has been in here for six years. I talk to the manager every day just to check all is OK. Everyone here is lovely, we're a big family here".

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment, the provider in consultation with the person or their appointed person had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs. People had choices in relation to their care. Care plans covered people's preferences about personal care and personal hygiene needs. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills in this area. People or their representative had signed to agree their consent to the care being provided whenever possible. Staff told us how they sought people's consent before they provided care for people. Staff respected people's choice, staff said they presumed a person has capacity and would always ask before providing care; they also respected people right to refuse.

The Mental Capacity Act 2005 (MCA 2005) 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For those people who were unable to express their views or make decisions about their care and treatment, staff had appropriately used the MCA 2005 to ensure their legal rights were protected.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the Act and its key principles and could tell us the times when a best interest decision may be appropriate. A health and social care professional told us, "There was a particular patient recently with capacity issues and they [the home] worked very well with us and the family to ensure consent issues were well dealt with".

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). Relevant applications for a DoLs had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLs.

We observed lunchtime on the first day of our visit. People were encouraged and supported to eat and drink sufficient amounts to meet their needs. Most people did not require support with their meals but staff were available to offer this if it was needed. Staff sat with people who required support to eat and let them eat at their own pace. People were given a choice of meals and drinks. The chef told us people were asked every morning what their choice from the menu was and if people did not like what was on offer an alternative was provided.

Lunch time was unhurried and staff offered support and encouragement to people in a sensitive way when they needed it. People we spoke with told us they enjoyed the food served. One person told us, "I go downstairs for lunch most days but I have my tea in my room, the carers don't mind at all. The food is quite nice, not everyone can be happy with all meals, but I find them satisfactory". Another person told us, "The food here is good, plenty of it and a good choice too". A third person added, "I have my lunch in my room,

they bring it up for me. The food is OK here".

People had access to a range of healthcare professionals such as GPs, opticians, dentists, chiropodists and when required arrangements were made for people to attend outpatients' appointments at the hospital. People also had access to community nurses and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. One person told us, "The doctor visits regularly to make sure we are all fit and well but if I feel unwell at any time I can request a visit and he comes to see me". One health and social care professional told us, "The home have had a difficult period but are trying to engage with other professionals". Another told us, "From my own experience they are good at alerting the relevant services when needed".

Although the home was an older building and appeared 'tired' the provider had tried to ensure people's individual needs were met by the adaptation, design and decoration of the home. The home had both stairs and lifts to support people access to various floors. Some people's bedrooms were decorated with their own personal furniture, photographs and ornaments of importance to ensure the environment was suitable to them.

Is the service caring?

Our findings

At our last inspection in June 2016 we rated this section as Good. At this inspection, we found this section remained Good.

Throughout our inspection people were treated with kindness, respect and compassion. One person told us, "I have only been here a short while but so far it's been good. I have a nice room with my own TV. Yes, I like it here. I go downstairs to join in with activities, we have ball games and other things in the lounge". Another person told us, "I've been in here a long time. I like it here with my friends, I look after the ones who are less able. The carers are lovely they are very kind to me". A third person added, "It was my birthday last week and the carers asked me if they could wheel me out into the garden as it was a nice day for a birthday tea, it was a lovely time". A relative said, "I know I can come in at any time that suits me. We like it here and I can't fault the carers". A health and social care professional told us, "All staff seem to know a lot about patients and have a good personal relationship. All family members I have been involved with have been very happy with the care provided. When issues have been raised in the past the staff have remained easy to talk to and friendly and helpful to our staff. Oaklands have always worked with us not against us and seem very keen to improve".

The service had received many compliments from people who used the service and their relatives via a national website. People visiting the service could leave feedback whilst signing in as visitors to the service. Comments we reviewed included, 'Mum was with Oaklands only for a matter of weeks before she sadly passed away. The staff were brilliant with mum in her final hours and treated her with dignity and care', 'The staff were all lovely and very helpful right from the very first visit to access the place. They sorted out her assessment very efficiently and she was very soon settled there', 'The care staff are fantastic. My dad enjoys living here. He's settled and content. It's like home from home and 'The staff are always very helpful and seem very good with the residents and their varied needs'.

Staff interacted with people in a positive and caring way. There was a light-hearted atmosphere and staff found time to stop to chat with people. For example, we observed a staff member stop and chat with a person who had become anxious and could not find where they liked to sit. The staff member showed compassion and offered reassurance. The person soon settled and was more relaxed and they walked together back to the person's favoured seat.

Staff knew the people well. They were able to tell us people's preferences, background and the help and level of support they needed to retain as much independence as possible. People's privacy and dignity was maintained. For example, when people required support to use the toilet, this was offered and provided discreetly and respectfully. Personal care was provided behind closed doors and people's care needs discussed in private. Information about people's care was kept confidential and only shared appropriately with people's permission. When staff talked with us about people, they did so in a respectful manner and protected their privacy. One person told us, "The staff treat you very well here. If I want some privacy, I go to my room and the staff always come and check I'm okay".

People's care records identified that they had been involved in their care planning and where required, their relatives were involved as well. The care plans included people's usual routines, likes, dislikes, and preferences.

People were treated equally and their different cultural and spiritual beliefs respected. For example, the registered manager was keen to tell us about how the home had met the needs of people with their cultural and religious beliefs. For example, one person who had lived at Oaklands did not celebrate Christmas. The registered manager told us how they had engaged with the family to ensure that at Christmas time presents and cards were not exchanged with them or their family. Another example was the reminding and facilitating of a private area for prayer for one person who followed their faith and beliefs.

Is the service responsive?

Our findings

At our last inspection in June 2016 we rated this section as Good. At this inspection, we found this section remained Good.

People and their relatives told us their care was tailored to their individual needs. People comments included, "They check out with my family if they are getting things right for me", "The staff are always happy to help me", "I make my own decisions here and that's fine by me and them" and "The staff will do anything for you". A relative told us, "They always involve me in my mum's care planning. They always have done". A member of staff told us, "I love this job, it's emotionally stressful sometimes, but it's very satisfying to help someone and maybe make them smile".

Peoples' needs were assessed prior to them moving to the service. Care plans confirmed that an assessment of their needs had been undertaken by a senior member of staff before their admission to the service.

People and their relatives confirmed they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

There was a dedicated activity worker employed by the service however at the time of our inspection they were on annual leave and activities were being undertaken by care staff. We received mixed feedback from people and visiting health care professionals regarding activities at Oaklands. Two people told us they enjoyed the activities. For example, naming games, board games, bingo, playing cards, puzzles and singing and dancing. However, one person told us, "They do have singing some afternoons and bingo and things like that which is ok for some people, but not for me, but there is nothing else". Another told us, "It's always the same. Singing, singing and more singing. I wish we could do something different". One health and social care professional told us, "I don't seem to see much scheduled activities when I visit". Another told us, "I feel that a range of appropriate and purposeful daily activities to occupy the residents during the day would I think be important to their wellbeing". We recommend that the service seek advice and guidance from a reputable source about engaging people in activities to reduce the risk of social isolation.

People and their relatives knew how to complain and they told us they would inform staff if they were unhappy with their care. People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. Peoples comments included, "If I had a complaint I would go straight to the manager" and "I've no complaints at all; they look after me very well". A relative told us, "Yes, I would go to the manager with any concerns, she's approachable". When complaints had been made they had been investigated and responded to in a timely way and in accordance with the providers complaints policy.

People told us they could receive visitors at any time. Relatives told us they were made to feel welcome at the home when they visited. This helped to ensure people kept in touch with their family and friends and

others that were important to them. Comments included, 'I can visit anytime' and 'I am made very welcome always no matter what time it is'.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, information in large print and picture menus. The registered manager told us, "We use picture menu's so that residents can point or touch the picture to express choice. We also ask relatives as part of our assessment process how their loved ones like to receive information in a way that they can understand". The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Is the service well-led?

Our findings

At the last inspection we found the service was well-led and awarded a rating of good. At this inspection we found that improvements were needed.

During the inspection we found that effective quality assurance processes were not in place to monitor and improve the service. We identified shortfalls which the provider and registered manager had failed to recognise. A Weekly Management Report [WMR] completed by the registered manager evidences that staff recruitment records were 'compliant'. The registered manager had also failed to identify that staff supervision and appraisals were not being carried out regularly and in line with the providers supervision policy. The registered manager had failed to ensure safe recruitment processes were followed and had failed to ensure staff were adequately supported. The registered manager told us the provider visited the service on a regular basis and verbal discussion would take place in relation to any current issues. However, the provider did not conduct any checks to monitor the quality and safety of the service. The registered manager and provider did not have adequate systems in place to assess, monitor and mitigate risks relation to the health, safety and welfare of service users and others who may be at risk which arises from carrying on of the regulated activity. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulation 2014).

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People, relatives, staff and health care professionals were mostly positive about the registered manager and provider. One person said, "We see her [registered manager] and the owner most days. They both come around during the day to ask if we are ok". Another person said, "The manager is always about. She talks to me every day". Staff also felt well supported by the registered manager and the deputy manager. One staff member said, "[Name of registered manager] is good, very fair, trusting and listens to you; they encourage you to speak up and is very hands on". Another told us, "I love it here, talking to the residents. I've never had a problem with anyone. I feel supported, if you had a problem you can talk to your colleagues or go to the Management – they're great". However, one relative told us, "I do feel sometimes that the manager and the top people don't always take action when I do query anything that's not a medical or crucial issue. They listen to me but I don't feel that things always get done. Admittedly it's nothing serious but nevertheless I do feel they could do more". One health and social care professional told us, "I can confirm that with regards to my client, the management and carers are working closely with me to achieve the client's goals. They have needed, on several occasions, prompting and reminding some tasks to be completed by them, but they have completed them well and with good approach". Another health and social care professional added, "The manager has become much better at working in partnership. The home have had a difficult period but are trying to engage with other professionals".

Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we

observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

The registered manager worked in partnership with other organisations to make sure they were following current practice and to improve and ensure sustainability in the service. These included social services, district nurses, GP's and other healthcare professionals. A health and social care professional told us, "The home has now registered for the October cohort of the Six Steps end of life programme at a local hospice. This supports the home to review their current practice and make appropriate changes to ensure they deliver best practice. The manager has also put the home forward to be part of RESTORE2 which includes the National Early Warning Score [NEWS] which supports staff in recognising signs of deteriorating health and recording physical observations. This improves communication between all health professionals".

The registered manager told us relatives had been invited to become involved with regular meetings to effect change in the service. A group called 'friends of Oaklands' had been established however due to work commitments attendance had been disappointing. The registered manager told us, "Going forward we will work towards facilitating further meetings with residents, families and advocates at a more convenient time and will encourage people to become involved with how the home is run".

The service had on display in the reception area of the service their last CQC rating, where people who visited the service could see it. This is a legal requirement from 01 April 2015.

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 17 HSCA RA Regulations 2014 Good governance The registered manager and provider did not have adequate systems in place to assess, monitor and mitigate risks relation to the health, safety and welfare of service users and others who may be at risk which arises from carrying on of the regulated activity.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not take all reasonable steps to ensure the recruitment of staff were of suitable character to care for people. Application forms were not always fully completed and staff employment histories did not evidence written explanations relating to gaps in employment.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive such appropriate support, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform.