We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

**Oak Lodge Nursing Home**

45 Freemantle Common Road, Southampton, SO19 7NG  
Tel: 02380425560

Date of Inspections: 12 August 2013  
23 July 2013  
Date of Publication: September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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| Regulated activities         | Accommodation for persons who require nursing or personal care  
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 July 2013 and 12 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

During our visit we spoke with 14 people, four relatives, and 11 staff. To help us to understand people’s experiences of the service we observed the care people were receiving. A person told us the staff looked after them “very well” and they received help and support in a respectful manner. Another person said "on the whole, staff are alright and treat me well". Relatives said they were happy with the care and people were always "nicely dressed ". We saw the staff were courteous and respectful when providing care and support to people.

People were assessed prior to receiving care. The care plans did not always contain adequate information to support people’s needs. They did not show how people’s specific identified needs would be met and were not reviewed regularly. Pressure relieving equipment was provided, however this was not managed safely and may put people at risk of skin breakdown, as staff did not follow the care plans.

The provider carried out some audits to assess the quality of the service provision. Action plan to deal with the outcome of their surveys was not robust as this did not take into account all the issues raised. There was a process in place to deal with any concerns/complaints and staff responded to people as required. The records were not accurate and did not reflect what care and support people had received. The infection control processes were not adequate and may pose infection control risk to people.

You can see our judgements on the front page of this report.
What we have told the provider to do

We have asked the provider to send us a report by 24 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People were offered choices and their views were considered when providing care.
People's privacy and dignity were mostly respected when receiving care.

Reasons for our judgement

People we spoke with who use the service understood the care and treatment choices available to them and they were involved in making decisions about their care and treatment. We observed staff treating people with care and respecting their desire to be independent by assisting them where appropriate. One relative said the staff had involved them in setting up the care package for their relative. We saw in people's records where they were unable to make important decisions for themselves, the service arranged 'best interest' meetings with relatives and professionals. This meant people could be confident that any decisions made had been in their best interests to keep them safe and well.

People who use the service were given appropriate information and support regarding their care or treatment. A relative told us the staff always rang them if there were any changes in their relative's condition and included if a doctor had to be called. The staff told us they always sought people's consent to essential care and support they provided. A staff member said "you get to know them" and this enabled them to be sensitive to people's needs particularly as most were not able to verbally communicate their needs.

Relatives told us they were always made to feel welcome and could talk to staff about their relative's welfare. Visitors commented on how people were "always dressed nicely" and the staff treated them with care and respect. We saw the staff interacted well with people and were attentive to people's needs. We saw the staff were friendly and people seemed relaxed in their company. Staff spoke quietly and calmly to people. They gave reassurance to people if they were becoming upset or restless. Staff sat with people and used verbal and non-verbal communication with a person to make sure they were being listened to. We observed at lunchtime people were offered a choice to sit at a table or to remain in the lounge to have their meals. We noted the staff respected those choices.

We saw staff knocking on people's bedrooms doors before they entered and explained what they were they were going to do. We saw the staff ensured people received personal care in the privacy of their bedrooms and kept the doors closed. The provider may find it useful to note that we saw on two separate occasions where people were exposed in bed...
with their bedrooms doors opened. In these instances their privacy and dignity were compromised. We brought this to the senior staff members' attention during the visit as action was needed.
Care and welfare of people who use services

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Arrangements were not adequate to ensure people were protected against the risks of receiving care or treatment that was inappropriate. There was a lack of care plans when risks were identified to show how these would be managed and reviewed.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at 11 care plans and associated records to assess the arrangements that were in place for care and support in order to meet people's needs. We saw each person had an assessment completed prior to them moving into the service. This was to ensure the home was suitable for them and their needs could be met. Staff told us this information was used in the development of people's care plans.

A person told us they were happy and content with the way services were offered and praised the staff for the attention to personal detail. Another person commented "on the whole staff are alright and treat me well". Relatives told us they were happy with the care and people were always "nicely dressed ". We observed people were dressed appropriately and staff said they took into account people's wishes.

Care plans contained a variety of risk assessments concerning falls, moving and handling, diets and skin integrity. For the moving and handling risk the care plans contained details of the equipment to be used. This included hoists and the sling sizes to enable the staff to carry out this task safely including staff's training.

We looked at the records for four people who had been identified as high risk to skin breakdown and pressure injury. These people were bedbound and spent most of their times nursed in bed and required regular positions changes. The staff told us people had their positions changed every couple of hours as part of pressure relief and to minimise the risk of skin breakdown. We saw pressure relieving equipment was in place for these people when we checked. The staff told us the pressure levels on the mattresses were set according to people's weight. We saw a record was available in people's rooms equipment checks were recorded daily. We saw the mattress pressure levels were set incorrectly for all four people, and did not match their care plans. However the staff had signed these records confirming the equipment was set correctly on that day. This meant people may be put at risk of skin breakdown due to incorrect setting of this equipment. We brought this to
the attention of the manager during the visit.

Care plans were in place for the management of people with diabetes. The chef told us they were aware of people who required diabetic diets. We saw detailed care plans had been developed about the management of a person's diabetes. This included the monitoring of their blood sugar levels and actions needed if this reading was outside the set range. We saw staff had recorded the action they took when this person's blood sugar level was out of the normal range. This meant staff were aware and ensured the care plans were followed in order to meet this person's needs.

The care plans showed they had been assessed by the speech and language therapist (SALT) team. These were for people who had swallowing difficulties. Their care plans contained information about the type of fluids they needed and to what consistency. Other information included how to support with their food and fluids including the correct positioning. The staff we spoke with were aware of these people's care needs as reflected in their care plans. We saw people were supported and received their fluids as prescribed.

We found the care plans were variable and did not always contain adequate information in order to meet the specific needs of people. The care plans for a person showed they were receiving their diets via a tube. We saw in their records their tube feeds regime had been altered by the dietician following a hospital admission. Their care records did not contain a care plan about the tube feeds and the changes to inform staff's practices. A nursing staff member told us their care plans had recently been updated and this vital information had been missed and a care plan had not been developed and staff told us this would be addressed.

Another person's care assessment stated they had a history of depression and anxiety which had a high impact on their daily living. Although this information was in their assessment, there was no care plan to show how this would be managed and to support this person. Following a review by Southampton Council team in June 2013 they had identified similar issues about the lack of adequate care plans and reviews to ensure people's needs were met in a consistent manner.

We saw the records for two people which identified they were at risk of weight loss and they needed to be weighed weekly. Their records showed they had lost weight and had been refusing their meals. We found their care plans did not contain information about what action was needed to monitor these people. Their food and fluid charts contained gaps and did not show what support they had received to maintain an adequate food and fluids intake.

Another person's care record showed they were nursed in bed and requiring support with their continence management. Staff told us they carried out regular checks on these people and these included checking and changing their incontinence pads. We saw a person's record showed they had their last pad change at 5.25 am when we looked at their record at 12.40pm. There were similar concerns raised by the local authority team when they visited the service. We brought this to the attention of the manager at the time of our visit.

We found there was a lack of reviews to reflect changes in people's needs and to ensure appropriate actions were taken. A person's care record showed they had incidents of challenging behaviour in June and July 2013. Their care record was last reviewed in April 2013. Their behaviour recording form was blank. There was no care plan to show how their behavioural needs were managed in order to support this person.
Meeting nutritional needs

Food and drink should meet people’s individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration. People were provided with a varied diet that they said met their needs.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. We observed the lunchtime meals in all four areas and found the meals were nicely presented. The meals looked appetising and well balanced. People were offered choices for main meals and desserts. We spoke with the chef who confirmed different meals were available such as soft, pureed and diabetic diets to meet people’s needs. The pureed meals were all served individually which ensured they looked appealing and retained the different textures. People who were receiving "finger food" were provided with a choice of varied and nutritious meals that met their needs.

People told us they liked the meals and commented that the food was "always very good". We were told there were "lots of choices" and they could ask for something different from the set menu and this was provided. Two visitors commented that they thought the food was good and their relatives enjoyed the meals. Another relative said "the food is very good". The staff we spoke with told us they had a planned menu and they went round to assist people to choose from the menu. They said some people did not remember what they had ordered due to their varying degree of dementia. For people who were unable to make choices, staff told us people’s relatives were consulted. This ensured information about people’s dietary likes and dislikes were known and they could be supported appropriately. The staff said they also observed how people responded to different foods to ensure they could choose the foods they liked.

We observed staff were available to offer people support with their meals. This was carried out in a respectful manner and meals were not rushed. We saw adapted cutlery was available to people on the first floor to enable them to eat independently. The staff told us they used visual prompts to assist people with cognitive difficulties in order to make their meal choices. This was not carried out during the visit although there were a number of people who would have benefited from this way of making a choice. We saw two people, who were sat at the table in one area of the home, waited up to 30 minutes to have their meal served. This may have caused distress, though the people we were observing fell asleep instead.

The staff told us they assisted people in the dining room first and then moved on to support people who were bedbound. They told us sometimes it took longer to assist people in the dining room. This varied daily and was dependent on people’s needs and
moods. This meant people in their bedrooms had to wait until 1.30 pm before being served their lunch on the day of our visit. The staff said they did not operate two sittings at lunch times. They said this may help such as supporting people in their bedrooms first. This meant they would have more staff available in the dining room areas where most people took their meals and cut the waiting times for people to be assisted with their meals.
Safeguarding people who use services from abuse

Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff had completed safeguarding training as part of their induction and records of these were maintained. We spoke with five staff who all told us what types of abuse they were aware of. They all said they would report to management any concerns around abuse they were aware of. One staff member said they were aware they could approach the local authority agency. The staff were aware of the whistle-blowing procedure and felt confident in using it. They said they would report any poor practices to management.

The provider responded appropriately to any allegation of abuse. They followed their internal process to report any allegation of abuse and worked collaboratively with the local authority safeguarding team.

The Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. The staff we spoke with were aware of people's rights to make choices. The manager was aware of their responsibilities and the involvement of a multidisciplinary approach to evoke (DoLS) and safeguard people. We saw there was one person where this safeguard had been evoked. Their records showed the home had followed the process and involved the appropriate agencies. This safeguard was granted for a set period of time and was subject for review. This showed the provider had followed the due process ensuring any restriction was appropriately managed and in the best interest of this person.

We were told by staff that the majority of people using the service were suffering from varying degrees of dementia. We saw in records differing types of dementia had been diagnosed by professionals. We found statements in people’s notes referring to their lack of cognition or limited capacity. We were unable to see any mental capacity assessments that had been completed. The provider may find it useful to note the staff had told us that access to training in Mental capacity assessment and deprivation of liberty safeguards was an issue. It was not clear what action was being taken to address this.
### Cleanliness and infection control

**Action needed**

**People should be cared for in a clean environment and protected from the risk of infection**

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#### Our judgement

The provider was not meeting this standard.

People were overall cared for in a clean, hygienic environment. People were not always protected from the risk of infection due to a lack of clear infection control processes for staff to follow.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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#### Reasons for our judgement

There were systems in place to reduce the risk and spread of infection. We looked at 15 bedrooms, communal lounges, dining rooms, bathrooms and toilets as part of our visit. We found overall the service was clean and staff told us they had a cleaning schedule that they followed and records were maintained.

The manager, who was new in post, told us they thought they would be the nominated lead for infection control at the service. A random sample of the staff's records showed they had completed training in infection control. We saw appropriate personal protective equipment (PPE) was available and we observed the staff using them. There were systems in place that staff followed for the management of soiled and contaminated laundry. For example they used designated red bags for all soiled laundry that went into the washing machines and reduced handling of soiled and infected clothing.

We saw a number of the chairs covers were stained and a senior staff member agreed they were not fit for purpose. Staff told us the night staff cleaned the chairs and they did not know whether records of these were kept. We did not see any infection control audits, although a senior staff member said there may be some but did not know where to find them. Staff members told us they were, until recently, sharing slide sheets, which were used for turning people in bed. This posed a high infection control risk. This had been addressed and slide sheets had been purchased and allocated to individual people who required them.

A random check of nine beds and mattresses was undertaken as part of assessing the infection control processes the home had in place. These showed seven of these were clean and mattresses were impermeable and in satisfactory condition. Two of the beds checked had brown or yellow stains on them and smell of urine. A staff member confirmed that these beds were made up and were ready after these people got up that morning. This meant people were not always provided with clean beds. We found two of the bedrooms had offensive odours and the carpets were stained with brown patches, when
we looked at them in the morning. We brought this to the attention of management. We went back to check later on these rooms in the afternoon and found the carpets were still not adequately clean and an offensive odour remained.

The staff told us they had six slings that were used with the hoists for 22 people. We were told the blue slings were washed after single use. The others were only washed when they became stained. There was no procedure for cleaning these shared slings. This meant people may be at risk of cross infection through the shared slings as the process for cleaning these was not robust.
Management of medicines

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

There were arrangements in place to manage people's medicines and people were receiving their medicines as prescribed. All medicines were stored safely.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining, recording and storage of medicines. The home used the monitored dosage system (MDS) and we were told by the staff that this worked well. The MDS ran over a 28 day cycle and there were designated staff responsible for the monthly medicines order. Staff said this was to ensure medicines were ordered and received on time as prescribed.

We saw there was a process for the management of controlled drugs (CD). We saw the staff followed the procedure for CD administration. These were checked by two staff members of staff and appropriate records were maintained in the CD register.

We looked at a random sample of 16 medication administration record (MAR) charts. These showed the staff were recording the medicines once administered on the MAR charts as required. The sample we looked at included medicines from the MDS and "as required" medicines and those supplied in individual packages. We found the records matched the stock level as maintained at the home. A staff member told us they carried out an audit of their medicines, some of these were recorded daily and any discrepancies were reported for action to be taken.

There were some concerns raised about care staff administering medicines by an external provider who placed people at the service. The manager told us two staff member had received training in the administration of medicines as an "extended role". The manager confirmed that a competency assessment was completed and the staff carried out this role under the responsibility of the registered nurse. Following a meeting on 16 July 2013, one of the actions for the area director to follow up was to ensure care staff members were no longer administering medication in Southampton homes. We found during our visit this practice had continued and team leaders who were not qualified nurses were administering people's medicines. They told us they administered all medicines except for Insulin.

There was a procedure that staff followed for the disposal of medicines. The staff told us all discarded medicines were checked by two staff and a record of medicines disposed was maintained. We saw there were two large boxes which contained creams and ointments for disposal. A staff member said they discarded all prescribed creams and
ointments on a monthly basis as per company policy. This was contrary to current
guidance that allowed these to be used for up to three months from the date of opening.
This meant unnecessary wastage of medicines that had not reached their use by date.

We found people who were on Insulin for the management of their diabetes had their
blood sugar monitored. Staff told us they carried out their blood sugar testing prior to
administering their Insulin. This ensured people received the correct dosage of their
medicines as prescribed and according to their blood sugar levels.

Medicines were kept safely in the designated room on each floor. Staff confirmed only
designated staff had access to people’s medicines. Controlled drugs were kept in an
appropriate cupboard as required. Training in the management of medicines was
completed by the staff and the nurses kept their skills updated as part of the continuous
professional development.
People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

The provider operated effective recruitment procedures in order to ensure all the necessary staff's checks were completed. There was an induction process that the staff followed when they joined the service.

Reasons for our judgement

Our previous inspection in July 2011 found the provider did not have a robust recruitment procedure which was followed. All the necessary checks were not completed prior to staff starting work. We received an action plan from the provider and they told us of the action they had taken to become compliant.

Appropriate checks were undertaken before staff began work. We looked at the files for seven staff who had most recently joined the service in order to assess the recruitment process. These showed all the appropriate and necessary checks had been undertaken before the staff started work. The records included records of Disclosure Barring Service (DBS), references from last employers and evidence of their identifications. A staff member told us they also followed up any gaps in employment as part of their recruitment process.

The provider had arrangements in place to check staff were registered with the relevant professional body where such registration was required. We saw checks were carried out for all registered nurses with the Nurses and Midwifery Council (NMC) to ensure they were on the register in order to practice. Staff told us they carried out regular checks on the NMC website to ensure staff's registrations were current and we saw records of these were maintained.

There was an induction in place as per skills for care programme. Staff told us they found the induction was "very thorough" and they had completed an induction when they joined the service. The manager monitored the staff who were on the skills for care induction programme to ensure this was completed and signed off. A senior staff told us, the new staff completed a number of "shadowing "shifts which meant working with a senior staff for support. The manager was aware of their responsibilities to report staff who were no longer fit to work in health or social care and to ensure they were referred to the appropriate bodies.
Staffing

Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were sufficient numbers of staff. There was a lack adequately qualified, skilled and experienced staff to meet people’s needs and provide consistency in their care. A recruitment drive is taken place to address this.

Reasons for our judgement

We spoke to the staff about the staffing arrangements and we were told the staffing levels had recently been increased. There were 6 care staff on the morning shifts and five in the afternoon/evening to support 21 people on the first floor. There were five care staff and a registered nurse on the ground floor. The lower ground floor was accommodating eight people and there were two care staff a registered nurse supported them from another floor. Night duty consisted of three registered nurses and eight to nine staff. A senior staff member told us they had recruited two team leaders to support the nurses.

Staff told us the provider had created another tier of staff (team leaders) who did not provide “hands on care”. Although they wrote the care plans, they did not provide care to people and may not have up to date information about people’s needs. Staff commented there had been a lack of support due to the lack of continuity in management.

We looked at the duty roster for the month of 26 June to 25 July 2013. These showed the home had used agency staff to provide cover and supplement the staffing. This was particularly on night duty where the agency staff were left in charge of the home. A senior staff member told us they should have three registered nurses on night duty to provide support to people on four floors. The records showed there were occasions where there were only two nurses. This impacted on people as it took longer for people to receive their care as needed. The duty roster showed there were two agency staff on most nights with one regular staff from the home. There was no process to assess the competency of the agency staff and to support them. A senior staff told us they were aware of this issue and they were taking actions to address this.

On the day of our inspection the staff told us they should have six staff, they only had five staff as one staff member had gone as an escort with a person to hospital. We were told this was a planned appointment and no cover had been arranged which meant they were left short of staff. We saw there were a number of people who were left in bed till late morning and the staff said it took them all morning to assist people with personal care and getting them up. We observed people were waiting at the tables in order to receive support with their meals as the staff were helping other people.
A senior staff member told us there had been a recent recruitment drive and they had been using "a lot of agency staff" to cover the shortage. There were concerns from healthcare professionals that although the home advertised itself as a specialist dementia home, they had not recruited any staff with mental health experience/qualification in their most recent recruitment. There had been a lot of changes, including at management level, which the staff told us had caused some instability. Although the staff told us this had improved with some new staff recruited.

A new manager had been recruited and started work two days prior to our inspection. A senior staff member told us the provider had recruited three staff who would be responsible for the clinical care management and provide some continuity of care. Concerns had been raised by healthcare professionals about the lack of staff knowledge of people's needs due to the inconsistency in staff. This meant information they needed during their visits were not always available to them as required. This could impact on people using the service and the ability to maintain consistency in their care.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider had a system to seek the views of people using the service. There was a lack of an effective audit system to assess and manage risks to the health, safety and welfare of people using the service.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about the care and treatment they received. The last annual survey was completed in the summer of 2012. This included seeking the views of relatives, the staff and other professionals. A senior staff told us an action plan would have been developed though this could not be found at the time of the inspection. We received an action plan with a target completion date of December 2012.

We looked at a sample of the responses and found people were positive about the care their relatives received. Comments from people relating to the staff included "they are always polite and helpful". A person said "they love my mother, they respond to her needs". Another comment was "I could not ask for more, everybody is so kind to my husband and kind to me". Other comments were "care had been poor with my aunt being dehydrated.". Another person had raised concerns about their relative's weight loss. We could not see from the action plan what actions had been taken to address these individual concerns.

Relatives and visitors we spoke with said there had not been any service users and relatives meetings since last year. We were told this was due to the change in management and not having consistent staff in place. A staff meeting was held in June 2013 and we were told this would be a monthly occurrence. We saw a Health and safety Meeting had been held in November 2012. The minutes were unclear as to what the outcomes were and whether an action plan was needed and had been developed to address any of the issues raised from the meeting.

The provider had not carried out audits to monitor the service provision and to meet with their statement of purpose. There was no infection control audit when we asked a senior staff member about this. The care plans were not audited and we found the lack of care plans reviews had not identified as part of their internal auditing. This meant appropriate
actions could not be taken in order to meet people’s needs. The audit of care records did not show what checks were carried out on food and fluid diaries, as these were not completed fully and could impact on people’s welfare.

The provider took account of complaints and comments to improve the service. A record of concerns and complaints was maintained as part of the complaints log. There were six complaints recorded from January 2013. A senior staff member told us they had an internal process of investigating any concerns and provided feedback or escalated to the provider level as appropriate. We saw concerns were investigated and responded to as per their internal process.
Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment. The records of care were not maintained accurately as required to ensure people receive their care in a consistent way.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Records of care were kept securely and care records could be located promptly when we asked to see them at the time of the visit. The care staff told us the care plans and assessments were kept safely and they were aware of maintaining records and confidentiality of care.

We found people's personal records including food and fluid records were not accurate and were not fit for purpose. We looked at the records for people who were having their food and fluids monitored. We found these records were variable and the records contained gaps, as the staff were failing to maintain accurate records of care and support they had provided.

Fluid records showed people were assessed and had a fluid target, which meant they should be supported to receive a certain amount of fluids. The records were, at times, about half of their target input and staff could not tell us what people had actually received. Other fluid records showed staff were not always completing the volume of fluids given, which meant they could not be assured people had received the required amount of fluids, as per their care plans. We saw one person had commenced on a fluid record chart on the day of the visit. The staff in charge said they were not on a fluid chart and did not know why this had been started. A senior staff member said the staff were not completing the records accurately and it was not clear what actions were taken.

There was a lack of adequate care plan and records to demonstrate people were receiving appropriate care in order to meet their needs. A person's food record showed they had not received any diet from lunchtime one day until the following day. The staff told us they were supported to have alternative diets when they refused their main meal; however the records we saw did not support this.

Records relating to the management of the service could not always be located. This was due to the changes in staffing in the past few months and the manager being new to the
service.
Compliance actions

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>How the regulation was not being met:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Arrangements were not adequate to ensure people were protected against the risks of receiving care or treatment that was inappropriate and the planning and delivery of care. Regulation 9 (1) (b).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Arrangements were inadequate for the maintenance of appropriate standards of cleanliness and hygiene in relation to some bedrooms. The systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection relating to equipment was not robust. Regulation 12 (2) (a) (c) (ii).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Assessing and monitoring the quality of service provision</td>
</tr>
</tbody>
</table>
This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us by 24 September 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>How the regulation was met:</th>
</tr>
</thead>
<tbody>
<tr>
<td>care</td>
<td>Systems to identify, assess and manage risks relating to the health, welfare and safety of people were inadequate to ensure they were protected from the risks of unsafe or inappropriate care and treatment. Regulation 10 (1) (b).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>How the regulation was met:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records</td>
<td>Accurate records relating to the care and treatment provided to each service user were not maintained to ensure people were protected against the risks of unsafe or inappropriate care and treatment. Regulation 20 (1).</td>
</tr>
</tbody>
</table>
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
</tr>
</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>Regulation 17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>Regulation 18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>Regulation 9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>Regulation 13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>Regulation 15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>Regulation 16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>Regulation 21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>Regulation 22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>Regulation 23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision -</td>
<td>Regulation 10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>Regulation 19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>Regulation 20</td>
</tr>
</tbody>
</table>

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.