Inspection Report

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

Oakwood Residential Home

192 West End Road, Bitterne, Southampton, SO18 6PN

Tel: 02380466143

Date of Inspections: 01 July 2013
27 June 2013
25 June 2013

Date of Publication: August 2013

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

Care and welfare of people who use services	✖ Enforcement action taken
Safeguarding people who use services from abuse	✖ Action needed
Cleanliness and infection control	✖ Enforcement action taken
Management of medicines	✖ Enforcement action taken
Safety and suitability of premises	✖ Action needed
Requirements relating to workers	✖ Action needed
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✖ Action needed

Details about this location

Registered Provider	G & A Investments Projects Limited
Registered Manager	Mrs. Karen Perrin
Overview of the service	Oakwood Residential Home is registered to provide accommodation for up to 28 people who require nursing or personal care. It is for people who are 65 or over and many of the people using the service have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 25 June 2013, 27 June 2013 and 1 July 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 staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

To help us to understand people's experiences of the service we spoke with eight people who use the service and we observed the care people were receiving. A person told us they "liked it very much" and were happy and "looked after very well". They told us they received help and support in a respectful manner. We observed the staff were courteous and respectful when attending and supporting people. People were supported and received adequate diet and fluids that met their needs. A person commented they had "no complaints".

The care plans and records of care were variable and did not always reflect the current needs of people. We found medicines management was not robust and put people at risk of not receiving their medications safely.

The infection control process did not ensure the risk and spread of infection was adequately managed. People were not provided with adequate facilities to meet all their needs. The recruitment process was not followed to ensure all necessary staff checks were completed. The supervision and support for the staff was not embedded in practice ensuring their practices were monitored.

There was a process to assess the quality of the service provision, however this was not robust and not carried out effectively. The health and safety practices and checks were not adequate. The system to assess the health and safety risk and the environment was lacking and may impact on 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 07 September 2013, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Fire Safety Assessor. We will check to make sure that action is taken to meet the essential standards.

We have taken enforcement action against Oakwood Residential Home to protect the health, safety and welfare of people using this service.

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

Care and welfare of people who use services	✖ Enforcement action taken

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

Our judgement

The provider was not meeting this standard.

People did not always experience care, treatment and support that met their needs and protected their rights. Arrangements were inadequate to show how people's assessed risks and care needs would be met consistently. Emergency planning was inadequate and may impact on people's safety and welfare.

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We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

At our last visit in March 2013, we found there were inadequate arrangements to deal with foreseeable emergencies, such as if the service having to evacuate at very short notice. During this visit we found this remained non-compliant.

People's needs were assessed and care and treatment was not always planned and delivered in line with their individual care plan. We spoke with nine people and observed care. People were complimentary about the care. They told us the meals were good and "the girls are very nice". A person told us they were "very comfortable" and was happy to have their spouse at the same home. Another person said they preferred to stay in their rooms were "doing very well" and this was not a problem. A third person said they enjoyed their favourite films and spent their time in their room. We observed staff attending to people in a respectful manner and supporting people at different times of the day to mobilise. We found they were courteous and people were not rushed.

We looked at a sample of eight care plans some of which were in a new format, risk assessments and associated records. For a person who had been admitted a few days prior to our visit; the staff told us their assessment was completed when they visited the home and admitted on the same day. Their assessments contained details of their dietary likes and dislikes, assistance they needed with personal hygiene and need for foot and nail care. The staff told us they had not sought or received a discharge summary. This would

have provided vital information about their health and personal care needs.

Care records contained assessments such as mobility, moving and handling and fall risks. All the records seen contained details of people's dietary likes and dislikes and this information was shared with the chef.

Three care plans which were in the new formats contained information such as moving and handling plans and also recorded people's consent for the staff to manage their medicines. The care plans also contained details of mobility aids and we saw these were available to people. They contained details as to the actions staff should take and support to be given. A senior staff told us they were aware and ensured people had access to external healthcare professionals. We saw the district nursing team was involved and had visited the home to change a person's catheter. Staff were aware and recorded when the next catheter change was due to ensure this was not missed and managed safely .

We found the care plans were variable and did not contain adequate and current information about people's needs and action plans. Other information such as end of life decisions and care were not available as part of care planning. This meant people could not be assured of receiving care in a consistent way and according to their needs and wishes.

A person who was admitted a few days prior to our inspection did not have a care plan in place. This person had been admitted from hospital with a thickening agent to be added to their fluids. The staff told us their relative brought this in on admission. There was no other information such as a speech and language therapist (SALT) assessment report. This is an assessment which is carried out for people who have difficulty swallowing and provides guidance on how people's needs could be met safely and prevent the risk of choking, for example. The staff said they needed this agent added to their fluids but had not developed a care plan to ensure their safe management. The staff agreed an interim care plan should have been developed to show how this need would be met.

We saw the care records contained fall risk assessments; however it was unclear how this risk was assessed. The staff told us they did not have a fall risk assessment tool and were unsure how people were assessed as high or medium risk. This meant that people's risks may not be accurately identified in order for action to be taken as the assessments would vary depending on staff. The care records for two people showed they had a number of falls in the three months prior to our visit. Although this was recorded, their care plans had not been reviewed and updated to reflect this.

Another person's record showed they were "anxious, confused, paranoid and needed calming." We noted they were receiving one to one care which had been started at the weekend. We looked at their care plans which did not have adequate information about what support they needed . Their moving and handling assessments were incomplete, with their mobility and weight not assessed. A staff member told us this person was on respite care and had been at the home for three months. Staff agreed a detailed care plan should have been developed to meet this person's needs.

Another person's record showed they were incontinent and could be at risk to their skin integrity. Their assessment for skin integrity was blank and their care plan did not have details of their continence management to ensure this was carried out appropriately. We observed the staff completing the food and fluids charts at 11.40 am for meals eaten at breakfast. They agreed this may not be accurately recorded.

There were inadequate arrangements in place to deal with foreseeable emergencies. At our last inspection in March 2013, the provider did not have an emergency or business continuity plan in place. During this visit we found there was an emergency contact list for the staff to call to seek help. The people accommodated had varying degrees of dementia and staff confirmed they would require full assistance in the event of an emergency. There were no personal evacuation plans and assessments for these people. They agreed there was no risk assessment and action plan in place to manage this. There was no plan of action that took into account the safety and welfare of people if needed be moved out in an emergency.

Safeguarding people who use services from abuse ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People who use the service were protected from the risk of abuse and training in safeguarding adults was available to the staff. There was inadequate arrangement for staff to ensure people were protected against the risk of control or restraint.

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

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. We spoke with three staff about safeguarding vulnerable adults. They were able to tell us what constituted abuse and the action they would take to protect people.

Training in safeguarding was available to the staff. A senior staff member told us there were regular updates and the next safeguarding adult training had been booked and would include Mental Capacity Act 2005 and the deprivation of liberty safeguards (DoLS). The staff told us they would to report any alleged poor practice or abuse to the manager and action would be taken. One of the staff said they were aware they could report externally.

A person told us the staff were "stopping them from going out". We discussed this with the manager who assured us this person was not safe to mobilise outside. The manager also reiterated this with the service user at the time. Their care records did not show what action had been taken to enable this person to go out. The person told us it would be acceptable to them if arrangement could be made for the staff to take them out in a wheelchair. This raised an issue that this person who had capacity was subject to restrictions to which they had not consented and should be subject to DoLS. This was brought to the attention of the manager and the staff and they assured us it would be looked into.

Information following a review by the local council indicated the provider was to access and put in place the local safeguarding protocol. This was because they had concerns the staff did not have the information and details to contact adult services regarding a (DoLS) application. The provider was required to put in place clear procedures including contact details for the adult safeguarding team to inform the staff's practices. A senior staff member told us training in the Mental Capacity Act 2005 and DoLS had been booked with the local council as recommended by them.

Cleanliness and infection control ✖ Enforcement action taken

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed. People were not always cared for in a clean, hygienic environment.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

We looked at the communal areas such as the lounge, dining area and the kitchen and found these were clean and in a satisfactory decorative order. During the visit we also checked on 15 bedrooms with people's consent, and looked at mattresses, beds and bedding. The manager told us they were responsible for and were the lead person for infection prevention and control at the service. The manager confirmed that they had in place the infection control Code of Practice for health and adult social care on the prevention and control of infection. There was no evidence that this was used to and adequate arrangements were not in place to prevent the spread of infection.

We found there were inadequate arrangements in place to ensure people were provided with a clean and hygienic environment to live in. We found a number of the bedrooms were unclean and unhygienic. For example in nine of the bedrooms we inspected bed bases, mattresses and sheets were dirty and some badly stained. In three of the 15 bedrooms we inspected, carpets were dirty and badly stained. Three bedrooms smelt strongly of urine. We found sheets were also soiled and stained. The staff told us the bedrooms had been cleaned and the beds had been made ready for people to sleep in. There was no effective infection control checks, as the beds were not clean and stained /soiled bedding were left on the bed. In one bedroom we found the sheet had brown dried up stains on them which appeared to be faeces. The manager confirmed that these were faecal matter. The manager was with us when we checked the beds and agreed that it was unacceptable. Staff said they had checked the bedrooms, which meant the staff checks had passed those bedrooms as acceptable.

People were put at risk of infection by using facilities that were not maintained to an acceptable standard of cleanliness and hygiene. We found inadequate infection control measures were in place in the laundry area. The laundry room was in a poor state of repair. The area was cramped, and dirt and rubbish were collected on the floor and behind washing machines. Laundry was hanging on a rail directly over the sluice sink, and it was

not identified whether it was clean or dirty. Dirty laundry was present in red bags on the floor of the laundry room. Due to the laundry facilities being so small, staff were unable to have an effective system in separating clean and dirty laundry. There were no hand washing facilities for staff in the laundry room. This presented further infection control risks as staff were not able to decontaminate their hands after handling soiled and infected laundry.

There was no sluice facility or similar facilities for cleaning of" commode pots" at the home. The manager told us the care staff used the first floor bathroom which was a communal bathing facility to wash the "commode pots". The staff members we spoke with told us they washed the "commode pots" in people's sinks and also in "whichever bedroom is the closest". This practice failed to take into account the impact on people with complete disregard to basic infection control procedures and the prevention of cross infection. There was no policy or procedure to cover cleaning and processing of used commodes. Two staff we spoke with agreed that the system for processing and cleaning commodes was inadequate and inappropriate. The lack of facilities and suitable procedures for the cleaning of used "commodes pots" presented a serious risk of the spread of infection and put people at risks to their health and welfare. This meant there were inadequate arrangements to ensure the equipment used were cleaned following effective procedures to control the risk and spread of infection.

We found overall there were significant concerns in the process and management of infection prevention and control. The provider had not followed appropriate infection control guidance and had not implemented effective practices in order to safeguard people. Bedrooms were unclean and unhygienic. Facilities and processes for laundry and processing contaminated equipment were inadequate and not fit for purpose.

We found there was no quality assurance framework to assess and monitor the cleanliness and ensuring infection control procedures were followed in order that people were not put at risk to their health and safety through poor and inadequate infection control management. We asked to see the audits to ascertain how the provider was ensuring the policy and procedures were adhered to. The manager and staff members told us there was no auditing of infection control in place.

Management of medicines ✖ Enforcement action taken

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

Our judgement

The provider was not meeting this standard.

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. People may be at risk of not receiving their medicines as prescribed.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

We found appropriate arrangements were in place for obtaining medicines. The staff told us there was a designated person who was responsible for the monthly medicines order. This was to ensure medicines were ordered and received on time as prescribed and available to people. The staff told us only senior staff were responsible for people's medicines and they had received training in medicines management.

There was a process in place for medicines that should be stored as controlled drugs (CD). At the time of our visit there was one medicine that should be stored as a controlled drug. We found the staff were following the procedure and this was maintained safely. There was an internal procedure where this medicine was checked and administered by two people and records were maintained. We noted the recording for controlled drugs was maintained as loose records and not in a bound book. There was risk that these records may be lost or mislaid. The Royal Pharmaceutical Society (Handling Medicines in Social Care) recommends that records must be kept in a bound book with numbered pages.

We observed on arrival at the service that not all medicines were maintained securely. There was a large box that contained a large quantity of medicines, including prescribed creams and ointments. These were left in a room that was unlocked and could be accessed by people using the service and others. The manager agreed these should be locked in that room. Staff told us these were medicines which had been delivered a couple of days prior to our inspection and were waiting to be booked in. The staff member told us the room could not be locked as there was no key which meant these medicines were not stored securely. The box was later moved to another area that could be locked after we had brought this to the staff's and the manager's attention. The cupboard in the office where creams and ointments were stored did not have a lock to ensure these were kept securely. We found the medicine trolley and another cabinet that was used to store controlled medicines were locked.

There were some arrangements in relation to the recording of medicines. We looked at a random sample of nine Medication Administration Record (MAR) charts. For one person their record showed they were prescribed Warfarin, a medicine to thin their blood. Their record showed they had not received this medicine on two separate occasions. The omission of this medicine can have serious effect on a person's coagulation (blood clotting). A staff member later told us they had given this medicine on one of the days and had not signed for it as it was "manic" on that day. No one could account for the omission on the other day. This put the person at risk of not receiving their medicine as prescribed and this may impact of their welfare and wellbeing.

This person had to have a regular blood test to determine what dose of the Warfarin they should receive. The dosage was adjusted according to their blood result. Following the blood test, the staff told us they would be informed of the dose of medicine to be administered by the district nurse or GP. The dosage should be recorded on the anticoagulant treatment record to inform the staff's practices. This also ensured the person received the correct dose of their medicine at all times. The anticoagulant treatment record seen did not contain the dosage that should be given. Staff confirmed they were administering 3 milligrams of this medicine to this person. The staff could not tell us who had taken the decision to administer that dosage. They were also unable to tell us whether this was the correct dose, as the person's blood reading had changed. We found there was a risk the person received the incorrect dose of their medicine, as the dose of that medicine was not constant but depended on the results of blood tests.

There were no clear management process for "as required" medicines. Staff confirmed not all people would be able to express their needs for pain control, for example, due to their cognitive difficulties. For people who were prescribed "as required" medicines there was inadequate information to ensure people received their medicines as prescribed and when they needed them. "As required" care plans to inform the staff's practices and ensure people received their medicines consistently were not in place and used by staff.

The MAR charts did not contain details of variable dosages administered. This meant staff could not safely assess if an extra tablet could be given within the recommended timescale if needed. Other discrepancies related to the amount of stock for "as required" medicines. Staff were failing to record the amount which was carried forward from the previous month. This meant the staff could not carry out an audit to ensure people had adequate medicines in stock and demonstrate people received their medicines as prescribed.

We found stock levels did not match the MAR sheets in three records checked. There were extra or missing medications that could not be accounted for. Although the MAR records showed people had received their medicines, this may not have been accurate. This put people at risk of not receiving their medicines as prescribed.

We saw the hand written recording on the MAR charts did not contain two staff signatures. The Royal Pharmaceutical Society (Handling Medicines in Social Care) recommends any medicines transcribed onto MAR charts should contain two staff signatures. This would reduce the risks of errors when entries were made of dosage, route and frequency of administration on to the MAR charts.

Medicines were disposed of appropriately. The staff told us they completed the returned medication records and all unused medicines were returned to the pharmacy.

Safety and suitability of premises ✖ Action needed

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

The main part of the building was in satisfactory state of repair and accessible to people including those with limited mobility. There was inadequate maintenance of other facilities such as bathrooms and shower facilities to meet people's needs.

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 most of the bedrooms, the communal areas, the kitchen and laundry room. We found the kitchen was in good decorative order, clean and spacious. We observed the staff observed their internal process of access to the kitchen and used appropriate protective equipment when they entered the kitchen. A senior staff member told us they had received a visit from the environmental health officer a week prior to our visit and were waiting for their report. We were told they had not expressed any concerns at the time of their visit.

The manager told us some of the bedrooms had new carpets and two bedrooms seen, had what appeared to be new carpets and they were clean. A person told us" nothing to worry about" and they were satisfied with their bedroom. Staff told us the layout of the premises was suitable for the people accommodated and they were able to walk around the home freely. A stair lift was in place that allowed people with limited mobility to access their rooms.

We found mobility equipment such as walking frames and wheelchairs were stored in the corridor in the entrance hall, and that may pose a risk to people. The service is registered to accommodate 28 people and there were 22 people in residence at the time of our visits. There was one communal bathroom shared between all the people. Staff told us the first floor bathroom was not used as it did not have an assisted bathing facility. Staff told us there was a shower facility that was not appropriate and had not been used for about five years. This area on the ground floor was in a poor state of repair and not fit for purpose.

A staff member told us the "safety arm" on the toilet in the ground floor communal toilet had been reported as requiring repair in March 2013. This was again highlighted in April 2013. We found during this visit this was still missing and no action had been taken. The "safety arm" was used to ensure people were supported on the toilet and provided security and safety for people with poor balance and mobility problems. On 25 June 2013 we also found a toilet on the first floor did not have a seat which people were unable to use and

reduced the number of facilities available to people using the service. The staff told us the shower room had been identified to the provider in October 2012 as in need of refurbishment so that this could be available to people. Staff also told us this shower facility had been out of order for five years.

The manager told us there was an average of 10 people who would prefer to have a shower. The provider had failed to provide bathroom and bathing facilities that took into account people's diverse needs and promoted their privacy, dignity and independence. Although this had been an on-going issue for a number of years, there was no action plan to show this was being addressed within the foreseeable future. This meant arrangement was not in place and facilities at the premises do not always protect people's rights to dignity, choice and autonomy. Following a recent review by the local council, the issues about bathing facilities were also highlighted in their report with a timescale of July 2013 for these to be remedied.

Requirements relating to workers ✖ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

People were cared for, or supported by experienced staff. The recruitment process was not always followed and all necessary checks were not completed which may put people at risk of poor care.

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

There was a recruitment procedure in place which included instruction that appropriate checks were to be undertaken before staff began work. The recruitment and selection processes were not robust as we found the procedure was not followed.

We looked at a sample of three care staff records to assess their recruitment process. One of the staff's record showed they had completed an application form and a Disclosure Barring service (DBS) check was completed in November 2012. The home had a procedure where they completed a "start form" that would contain information about references, checks to ensure these were completed prior to staff starting work. This could not be found at the time of our visit. The references were also not in the records. A senior staff member told us this had been completed but could not locate them at the time of the inspection.

Another care staff's record showed the necessary checks had been completed and two references were in place. According to the records there were some concerns about their conduct in previous employment that had been shared with the home. There was no assessment in place to indicate any monitoring and support the manager had in place to ensure this staff member was supervised and their practice monitored. There was no record to show this was identified and discussed with the person.

The third staff record showed they had been previously employed by the service. We spoke with the staff member and they told us they had left the service in December 2012 and had been abroad for about six months. There was no record in place regarding their recruitment following their return and a senior member of staff confirmed a DBS check had not been completed on their return. The provider had failed to ensure adequate checks including references were sought when employing staff to assure their fitness.

We looked at the induction process in place. This included an introduction to the service and tour of the location, and new staff were shown the health and safety procedures. This

was not adequate and a senior staff told us they were developing an induction process to meet with the Skills for Care's common induction standards.

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 enough qualified, skilled and experienced staff to meet people's needs and to support people. The lack of domestic staff at the weekend may impact on care delivery.

Reasons for our judgement

At our inspection of 7 March 2013 we found there were not always enough qualified, skilled and experienced staff to meet people's care and support needs. The provider wrote to us on 9 May 2013 and told us action they were taking to address this and become compliant.

During this visit we looked at the staff complement and spoke to people about staffing. We found improvements had been made to address the issues identified. There were enough qualified, skilled and experienced staff to meet people's needs. We discussed staffing with a senior member of staff, and they told us the service had successfully recruited a number of staff since our previous inspection visit. They said the service operated a bank system, whereby staff from the provider's other service could be made available if required. This meant they were now able to ensure sufficient staff were working at all times.

We looked at the service's staffing records for the seven weeks prior and up to our inspection. The records showed that four care staff and a senior member of staff had been present throughout each morning and afternoon shift. The staffing roster indicated a staff member started work at six in the morning to assist and support people if they wished to get up. The roster showed here were two night staff and the senior staff confirmed these were "awake" staff to support people at night.

We spoke with eight people using the service. They told us they were happy with the care and support they received from staff, and they thought there were sufficient staff to meet their needs. One person told us "staff come quite quickly if needed". Another person told us if they had to wait for staff to respond to them "it's not usually very long". All people spoken with told us they were happy with the care and support they received from staff.

We spoke with seven members of staff, who told us they felt there were sufficient staff on duty to enable them to meet the needs of people living there. One told us "it's a lot better now", and that the staffing level had been much better in the four months since our previous inspection. They told us that because there were now sufficient people working, staff were much happier and felt better able to meet people's care and welfare needs. Two senior staff members said they were "always very busy" as their roles involved supporting the care staff and also administering medicines.

We observed interactions between staff and people using the service. We observed this in the lounge at different times throughout our inspection and in the dining room during lunchtime. The staff were courteous and respectful when assisting people. We found they supported people and were available in the lounge and dining area throughout the day. We observed there were sufficient numbers of staff to meet the immediate care and welfare needs of people who lived at the home. Staff responded quickly and appropriately to people's requests for assistance, and people were provided with assistance when they needed it.

The provider may find it useful to note the reduced staffing, with the cook and domestic supports not working at the weekend, may have had a negative effect on staff and the people at the service. Staff told us this could be difficult as they were tasked with maintaining a clean environment and also preparing food in addition to their on-going care duties. A staff member commented that it was "manic at the weekend". They confirmed they had the same number of people to support and care for at the weekend. The care needs of people did not change and this was managed with less staff. This meant that care hours were eroded by non- care duties and may impact on the delivery of safe and effective care.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff to deliver care and treatment to an appropriate standard. There was a training programme to enable staff to receive training for their role. The staff's supervision process was not embedded in practice.

Reasons for our judgement

Staff received appropriate professional development. A senior staff member confirmed there was a training programme in place to support the staff. The three staff member's records showed they had completed training in health and safety, safeguarding adult, first aid, medicines management and infection control. The induction training was not robust in particular for staff who did not have any previous experience in the care setting. A senior staff member confirmed this was being developed as per Skills for Care and three staff had been booked to start this. The three staff we spoke with told us training was good and felt they were supported to attend training.

Staff told us new staff members were "shadowed" which meant working with an experienced staff member. The process would enable the new staff to be supported and monitored and any shortfall could then be addressed. It was unclear how this worked in practice as no records were kept of the "shadow" shifts and their outcomes.

A senior staff member told us they had developed and introduced a staff supervision programme for the care staff. The records showed this had been started in the last few months. There were 22 staff on the list and the records showed eight staff had received one supervision session each from December 2012. The supervision did not include whether people's practices were monitored, and staff told us this did not happen. The provider may find it useful to note there was no system in place to assess the competency of staff to provide care, treatment and support in light of their learning and development. Although a supervision programme had commenced, this was not embedded in practice and so did not ensure all staff receive supervision and support on a regular basis.

Assessing and monitoring the quality of service provision ✖ Action needed

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.

There was inadequate arrangement to operate an effective system to regularly assess and monitor the quality of service that people receive. A system to identify, assess and manage risks to the health, safety and welfare of people using the service and others was not effective.

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 and their representatives were not regularly asked for their views about their care and treatment. Staff told us they spoke with people and dealt with any issues raised. Staff told us there had been no recent formal audit of people's views or those of their relatives. This would have enabled the provider to look at the service delivery and whether this met with their statement of purpose.

The latest health and safety risk assessment recorded was dated for 2007. A senior staff member told us they were aware of the gaps in audits and this had been identified as part of their new role. We saw a health and safety audit had been completed in March 2013.This had scored the shower room as a two, meaning needing attention. The shower room we saw was in a poor state of repair, out of use and not fit for purpose. The upstairs bathroom had scored a three which indicated it was satisfactory, however this was not in use and available to people. This audit did not look at the laundry / sluice area which we found was not fit for purpose. One of the bedrooms had scored a two plus in the outcome for 'fire door free from obstruction'. There was no action plan in place to show what actions were planned to address any of the issues identified as part of this audit.

Effective systems were not in place to reduce the risk and spread of infection. The provider did not carry out regular infection control audits. Senior staff carried out daily checks of the condition of bedrooms. We saw recent records of daily checks, including for the days of our inspection. The records for daily checks did not highlight any of the issues we found when we inspected people's rooms. Basic daily monitoring had taken place, but this had not been effective in ensuring practices safeguarded the welfare of people living at the home.

During the visit we had been aware the fire safety officer from the local fire and rescue service had visited the home in October 2012. There were a number of concerns and the

provider was required to develop an action plan and take remedial actions. This was to be achieved by November 2012. We contacted the fire safety officer following our visit because it was not clear whether actions had been taken to ensure fire safety procedures were robust to safeguard people using the service. The fire safety officer subsequently informed us they no longer had any serious concerns

There was evidence that incidents and accidents were recorded, for example, records of falls. However there was no system to demonstrate that learning from incidents took place and appropriate changes were implemented. We saw records were kept of the number of falls people had, but this information was not used to review risks and their care plans to ensure any necessary changes were implemented.

There was no process in place to analyse risks and use the information gathered to identify non-compliance, or any risk of non-compliance, with the regulations. There was no continuous quality improvement system that was used to protect people who use services and others who may be at risk.

There was a complaints procedure and people we spoke with told us they would talk to the staff and the manager if they wished to complain about the service. A person told us they had "no complaints" and "everything is working all right". Staff told us they would report to management any concerns raised with them. They were not aware of any process of recording their concerns. Staff said there was a complaints log maintained. We did not see the log as the manager was not at the service when we requested to see this in the afternoon.

This section is primarily information for the provider

Action we have told the provider to take

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010** **Safeguarding people who use services from abuse**
	How the regulation was not being met: There were inadequate suitable arrangements in place to protect service users against the risk of restraint or control whilst providing care and support to people. Regulation 11(2).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**
	How the regulation was not being met: People were not always protected against the risks associated with unsafe or unsuitable premises, by means of adequate maintenance and the proper operation of the premises to meet their needs. Regulation (1) (c) (i) .
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: There was a lack of effective recruitment procedures in place to

This section is primarily information for the provider

	ensure that no person was employed for the purposes of carrying the regulated activities without all the necessary checks completed. There was a failure to ensure that appropriate information specified in Schedule 3 was available in respect of a person employed. Regulation 21 (a) (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider did not regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set in the regulations. There was a lack of effective processes to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk. Regulation 10(1) (a) (b).

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 07 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.

This section is primarily information for the provider

✖ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 13 August 2013 This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: There were inadequate steps to ensure people were protected against the risks of receiving care or treatment that was inappropriate. The planning and delivery of care did not always meet the service users individual needs. Regulation 9 (1) (a) (b).
We have served a warning notice to be met by 13 August 2013 This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: There was a lack of effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection. There was a failure in the maintenance of appropriate standards of cleanliness and hygiene

This section is primarily information for the provider

	in relation to premises occupied for the purpose of carrying on the regulated activity. Regulation 12 (1) (2).
We have served a warning notice to be met by 13 August 2013 This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not always protected against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for recording, handling, safe keeping, dispensing and safe administration of medicines. Regulation 13.

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

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.

✓ **Met this standard**	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.
✖ **Action needed**	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.
✖ **Enforcement action taken**	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.

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:

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

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.

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