

Future Care Services (UK) Limited

# Oak Springs Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 27 September and 1 October 2018 and was unannounced.

Oak Springs is a residential 'care home' which provides accommodation and personal care for up to 74 older people, including people living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Care is provided over three floors. The service can provide en-suite accommodation. At the time of the inspection 69 people were living at Oak Springs Care Home.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. During the inspection we found the registered manager to be open, transparent and receptive to the feedback provided.

At the last inspection which took place in August 2017 we identified breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Oak Springs was awarded an overall rating of 'Requires Improvement'. Following the inspection, we asked the registered provider to complete an action plan to tell us what changes they would make and by when. During this inspection, we looked to see if the registered provider had made the necessary improvements.

At the last inspection, we found the registered provider was in breach of regulation in relation to 'safe care and treatment' people received. Medication management systems were not followed and the health and safety of people living in the home was being compromised. During this inspection we found that the registered provider was no longer in breach of this regulation in relation to 'Safe care and treatment'.

At the last inspection, we found the registered provider was in breach of regulation in relation to 'Good Governance'. The systems which were in place did not effectively monitor and assess the quality and safety of care people received. During this inspection we looked at the governance systems, audits and checks which were in place and found that improvements had been made. Although the registered provider was no longer in breach of regulation in relation to 'Good governance' further developments could be made in relation to this area of care.

We have recommended that the registered provider reviews some of the quality assurance systems to further improve the quality and safety of care being provided.

At the last inspection we identified concerns in relation to staffing levels and the deployment of staff. During this inspection the registered manager told us that a monthly dependency assessment tool was completed and analysed. The dependency tool helped to review the dependency support needs of the people who

lived at Oak Springs in relation to the levels of staff. Staffing levels were safely managed and people received the level of care and support that was required.

Recruitment was safely managed. People who were employed had undergone the necessary recruitment checks. Pre-employment and Disclosure Barring System checks (DBS) were carried out and appropriate references were sought prior to employment commencing.

Risk assessments were in place for people who lived at Oak Springs. Risk assessments were tailored around the needs of the person, support measures were in place to mitigate risks and assessments were regularly reviewed and updated. Staff were familiar with people's risks; they received daily updates on people's health and well-being and if their circumstances had changed.

People were protected from harm and abuse. Staff were familiar with safeguarding and whistleblowing procedures and told us what concerns they would report, who they would report their concerns to and the importance of complying with safeguarding and whistleblowing policies the registered provider had in place. Safeguarding referrals were appropriately submitted to the local authorities and CQC as required.

Accidents and incidents were routinely recorded and analysed. There was an accident and incident reporting policy in place and staff routinely completed accident and incident documentation. The registered manager analysed monthly accident and incidents reports and established trends that were emerging as a measure of mitigating risk.

We found the home to be clean, hygienic and odour free. Communal areas, toilets, bathrooms and bedrooms were well maintained. Infection prevention control measures were in place and staff had access to personnel protective equipment (PPE) such as gloves, aprons and sanitizing gels.

We reviewed health and safety audit tools. Weekly, monthly and annual audits and checks were completed to help monitor and assess the quality and safety of the home. Such audits/checks ensured that health and safety standards were maintained and the safety of people living at Oak Springs was not compromised. Regulatory compliance checks were also completed; compliance certificates were checked and in place during the inspection.

The registered provider was complying with the principles of the Mental Capacity Act, (MCA) 2005. Consent to care and treatment was gained in line with the MCA. People's capacity was assessed from the outset and records contained the relevant information in relation to the persons capacity. Appropriate Deprivation of Liberty Safeguards (DoLS) were submitted to the local authority and records contained relevant 'best interest' information and restrictions which were in place.

Staff received regular supervision and told us they received support on a day to day basis. Staff were supported with training, learning and development opportunities. Training statistics were reviewed by the registered manager and there was a commitment to provide training to staff that helped to enhance their skills, competencies and abilities.

People's nutrition and hydration support needs were effectively managed. People were regularly assessed and measures were in place to monitor and mitigate risk. We found that appropriate referrals were made to external healthcare professionals and any guidance which was provided was incorporated within care plans.

Reasonable adaptations and adjustments had been made to the environment to support people who had limited mobility and were living with dementia. There had been noticeable improvements to the

environment and the registered manager was committed to enriching the lives of people who lived at Oak Springs.

People were supported with 'choice' in relation to the food that was offered. We received positive feedback about the quality and standard of food and the registered manager ensured that people were given the opportunity to share their views and thoughts about the food they received. 'Meal time experience' surveys helped the registered manager to create menu's around the suggestions, preferences, likes and dislikes of people living in the home.

We observed people being treated with dignity and respect. Staff provided kind, caring and compassionate support in a genuine and sincere manner. People's independence was promoted and staff were committed to providing care and support that was tailored around their needs.

Confidential information was securely stored and protected in line with General Data Protection Regulation (GDPR). This meant that people's sensitive and personal information was not unnecessarily shared with others.

A person-centred approach to care was evident. Records were tailored around the needs of the person and staff were familiar with the likes, dislikes, preferences and wishes of people they supported.

The registered provider had a complaints policy in place. People and relatives were familiar with the complaints process and told us they would feel comfortable making a complaint if required. A complaints folder had been created; the registered manager regularly reviewed the variety of complaints submitted to establish trends and ensure lessons could be learnt.

People had the opportunity to engage and participate in a range of different activities arranged by the dedicated activities co-ordinators. We received positive feedback about the different activities that were taking place. Activities were stimulating and were tailored around the suggestions and interests of the people who lived at Oak Springs.

People were sensitively supported with end of life wishes and preferences. Records we checked contained end of life documentation (where required) and staff were familiar with any specialist support that was needed

Systems were in place to gather feedback regarding the provision of care that was delivered. People, staff, relatives and external professionals were encouraged to share their views, opinions and thoughts around the quality and safety of care people received. This enabled the registered manager to identify areas of strength but also areas that needed further attention.

The registered manager was aware of their regulatory responsibilities. The registered manager notified CQC of all events and incidents that occurred in the home in accordance with statutory requirements. Ratings from the last inspection were displayed within the home as required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Medicine management processes were safely in place. The medication policy was complied with and trained staff administered medication in a safe manner.

People's level of risk was assessed from the outset. Support measures were in place to mitigate risk.

Staff were safely recruited and appropriate pre-employment checks were completed.

Staff were aware of safeguarding and whistleblowing procedures.

### Is the service effective?

Good ●

The service was effective.

The registered provider was complying with the principles of the Mental Capacity Act, 2005

Staff received regular supervisions and were supported with training and learning opportunities.

People's nutrition and hydration needs were assessed and regularly reviewed.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us that staff were kind, friendly and caring.

Interactions between staff and people living in the home were warm, familiar and sincere.

Confidential information was securely stored and protected in line with General Data Protection Regulation (GDPR).

For people that did not have any friends or family to represent them, details of local advocacy services were available.

### Is the service responsive?

The service was responsive.

Staff were familiar with the needs of the people they supported. Records were person-centred and tailored around the needs of the person.

People and their relatives were familiar with the complaints process. Complaints were recorded and responded to accordingly.

A variety of different activities were provided. Activities were enjoyable, stimulating and engaging.

End of Life Care was supported in a dignified and sensitive way. People received care that was centred around their needs and wishes.

**Good** ●

### Is the service well-led?

The service was not always well-led.

We have recommended that the registered provider reviews their quality assurance systems to further improve the overall provision of care delivered.

Feedback regarding the management of the service was positive. Actions had been taken to improve areas of concern identified at the last inspection.

The registered manager had notified the Care Quality Commission (CQC) of all events and incidents that occurred in the home.

A range of different policies and procedures were in place and staff knew how to access them.

**Requires Improvement** ●

# Oak Springs Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 September and 1 October, 2018 and was unannounced.

The inspection team consisted of one adult social care inspector, one inspection manager, an 'Expert by Experience' and a 'Specialist Advisor'. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service and a Specialist Advisor is a person who has professional experience and knowledge of the care which is being provided.

Prior to the inspection we reviewed the information we held in relation to Oak Springs. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the Local Authority and the local Clinical Commissioning Group to get their opinions of the service.

A Provider Information Return (PIR) was also reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We used this information to formulate a planning tool, this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, four members of staff, two people who lived at the home, six visiting relatives, one activities co-ordinator, the head chef and one external professional.

We looked at the care files of five people receiving support from Oak Springs, four staff recruitment files, policies and procedures, medicine administration processes, compliments and complaints, and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the two days, including the general environment, décor and furnishings, bedrooms and bathrooms of some of the people who lived at Oak Springs, lounge and dining areas.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

# Is the service safe?

## Our findings

At the last inspection which took place in August 2017, we found that the registered provider was in breach of regulation in relation to the provision of 'safe care and treatment' people received. The safe domain was rated as 'Requires Improvement.' During this inspection we looked to see if improvements had been made.

Medication was administered safely by staff who were trained and regularly had their competency assessed. We observed part of a medication round which was undertaken by a trained member of staff. Medication was administered in safe manner and the member of staff complied with the medication administration policy.

We checked medication administration records (MARs) to ensure the balance of medication correlated with the balance of stock which was stored. This included the stock balance for controlled medication as well as prescription and 'over the counter' medications. Controlled drugs (CDs) are prescription medicines that have controls in place under the Misuse of Drugs legislation. Medication stock balances were correct although we did find a number of missing signatures; we raised this with the registered manager at the time of the inspection.

We reviewed MARs to track whether people had been administered topical preparations (creams) as required. We found that staff were completing 'body maps' and MARs however records were not consistently used across the three units. We raised our concerns with the registered manager on the first day of the inspection. On the second day of the inspection, we found that new guidance and protocols had been implemented and the staff team were provided with relevant information in relation to processes which needed to be complied with.

Some people were prescribed PRN medicines (medicines to be given 'as and when' needed). However, the protocols in place did not contain sufficient detail in relation to why PRN medication was administered. The registered manager was responsive to our feedback and ensured that all protocols were reviewed and updated by the second day of the inspection.

There was a medication policy available which included information about how medication needed to be stored, administered and disposed of. Medication was stored securely in locked trolleys and the temperatures were monitored and recorded. If medicines are not stored at the right temperature, this can adversely affect how they work.

At the previous inspection we found that people's safety was compromised and there was unnecessary exposure to risk. The fire doors leading to the ground floor kitchen was not safely operating which meant there was risk to people living in the home especially in the event of a fire. During this inspection we saw that the fire doors were operatively effectively and people were not exposed to any unnecessary risk.

The registered provider was no longer in breach of regulation 12 in relation to safe care and treatment.

During this inspection we reviewed people's risk assessments. Risk assessments help to identify whether or not people's care and support needs had been suitably assessed and risks were safely managed. The level of risk was established from the outset, risk assessments were tailored around the person and were regularly reviewed. Risk assessments included, eating and drinking, falls, choking, manual handling, continence, oral health and skin integrity. Risk assessments contained information for staff to follow in order to keep people safe. For example, we reviewed one person's mobility risk assessment. There had been a change in circumstances and the person required two staff members to support with all personal care, an urgent referral had been made to physiotherapists, a moving and handling risk assessment had been completed and the necessary equipment had been ordered and was in place. This meant that the level of risk people presented was routinely assessed and support measures were put in place to keep people safe.

Accidents and incidents were reviewed during the inspection. There was an up to date accident and incident reporting procedure in place, all accidents and incident reports were organised into a folder and were analysed on a monthly basis by the registered manager. The monthly analysis enabled the registered manager to establish any emerging trends, if the level of risk needed to be reviewed and if further support measures needed to be implemented.

We reviewed the registered providers recruitment systems during the inspection to ensure recruitment processes were safely in place. All staff files contained appropriate references, photographic identification, application forms with detailed employment history as well as a Disclosure and Barring Service (DBS) check. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments. Such checks assist employers to make safer decisions about the recruitment of staff.

Oak Springs is divided into three separate units over three separate floors. We reviewed staffing levels during the inspection to ensure people received a safe level of care. Following the last inspection, a dependency assessment tool was implemented. The assessment tool was used to review and analyse the level of dependency in relation to the levels of staff who were deployed across the three units on a monthly basis. We received positive comments about the levels of staff and were also informed that the use of agency staff was at a minimum. This meant that people were receiving care and support from consistent and regular staff.

People had the relevant personal emergency evacuation plans (PEEPs) in place. PEEPs identify the level of support and assistance people need in the event of an emergency. PEEP information was reviewed on a six-monthly basis or when a change in support need had been identified. This meant that all staff had the most up to date and relevant information in the event of an emergency.

Accidents and incidents were reviewed during the inspection. We found that all necessary care plans and risk assessments were updated, an accident/incident folder had been created to monitor and assess all incidents and the registered provider ensured that a monthly review took which established trends and mitigated risk.

People and relatives told us that safe care was provided. Relative's told us, "The home is very good" and "[Relative] is definitely receiving the correct care." Staff clearly explained their understanding of safeguarding and whistleblowing procedures and the importance of reporting any concerns. There was an up to date safeguarding and whistleblowing policy in place and staff had received the necessary safeguarding training. Safeguarding incidents were routinely sent to the local authority and CQC as required. This meant that people were protected from avoidable harm and abuse.

During our inspection we found the home to be clean, tidy and free from odours. There was dedicated domestic staff employed at the home who were responsible for ensuring people lived in a safe and well-maintained environment. Personal protective equipment (PPE) was available for all staff; gloves, aprons and hand sanitizing gels were available throughout the home and there was an up to date infection control policy in place. The registered manager ensured an annual 'House Keeping' survey was circulated to people who lived at Oak Springs. The survey captured the thoughts and opinions of people in relation to the cleanliness of the home and any improvements that were needed.

Health and safety processes and systems were regularly reviewed. Checks and audits were completed which helped to maintain the quality and standard of the home. Checks and audits included, portable appliance testing (PAT) water temperatures, window restrictors, nurse call systems as well as the relevant regulatory checks which needed to be in place for gas and electric compliance. Fire procedures and risk assessments were carried out and equipment for safely evacuating people in the event of an emergency were found on the stairwells of the home.

## Is the service effective?

### Our findings

We received positive feedback about the level of effective care people received. Comments included, "It's excellent, I cannot fault them [staff] they're on top of everything", "They're familiar with all support needs", "Staff all seem extremely competent and willing" and "Staff know [relative] really well."

During the inspection we checked to see if the registered provider was complying with the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found that people's capacity was determined at the assessment stage. Newly revised assessment tools were effectively in place; the assessment tools assessed people's capacity to make specific decisions in relation to different areas of care and support such as the use of bed rails, care and treatment, medication and personal care. Records clearly indicated were people had provided their consent to receive care and support at Oak Springs and in other instances 'decisions were appropriately made in the persons 'best interest' and in the least restrictive way as possible.

The registered provider had submitted the relevant Deprivation of Liberty Safeguard (DoLS) applications to the local authority and Information regarding DoLS were clearly recorded within the necessary care plans. Staff received the appropriate training in relation to MCA and DoLS and understood the importance of complying with the principles which needed to be followed.

During this inspection we checked to see if the registered provider supported staff with supervision, training and learning opportunities. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have.

We found that staff received regular supervision and they expressed that they felt supported in their roles on a daily basis. Staff were provided with regular training, learning and developmental opportunities. Staff received mandatory training in relation to fire safety, moving and handling, fire evacuation awareness, infection control and food hygiene. Following the last inspection, the registered manager ensured that specific areas of training and development were concentrated upon. For example, staff received training in relation to dementia care and were enrolled on to 'Skills Network'. 'Skills network' was aligned to the principles of the Care Certificate. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. This meant that staff were expected to develop their skills, levels and competencies in relation

to the quality and safety of care people should receive. One member of staff said, "We are provided with every training course that comes along, there's plenty of training for us here."

We identified that a number of improvements had been made to the environment since the last inspection. Each unit we visited throughout the course of the inspection had been adapted according to the support needs of the people who lived on that unit. For example, we saw improved signage and décor throughout the home, age-appropriate memorabilia and photographs, sensory equipment and the availability of support items such as dolls and prams. The registered manager also informed us that they had introduced an 'Amazon Alexa' to each of the units. This is a small device that reacts to voice commands and could play a range of different music from across the generations. This meant that people could request their own style of music, whenever they wanted to.

Records showed that people were supported by external health care professionals as and when needed. People were supported by GPs, mental health teams, optician, dieticians and district nurses. Records contained any necessary guidance and information that staff needed to be aware of and it was clear that staff were familiar with guidance that needed to be followed. This meant that people received holistic level of care and support and their health and well-being needs remained a priority.

People's nutritional and hydration support needs were assessed and routinely monitored. The registered provider ensured that different clinical tools were completed by staff and people received the necessary support required. Weight charts were completed accordingly, diet and fluid intake was effectively monitored and appropriate referrals were made to healthcare professionals when needed. For example, in one record we checked we could see that a referral to the speech and language therapist team (SALT) had taken place when a change in a person's support needs had been identified.

During the inspection we observed the quality and standard of food people received. Meals were well-presented and people were offered a choice of food during each of the meal times. Kitchen staff we spoke with during the inspection were familiar with all specialist diets and the likes and dislikes of people who lived at Oak Springs. During our observations, we noticed that there was no availability of pictorial menus for people to choose their food from. We were informed that this was something that was going to be reviewed and introduced.

Regular meal-time experience surveys were circulated to people living at Oak Springs. The survey explored people's views and thoughts around the quality and variety of food, menu option as well as likes and dislikes. The most recent survey indicated that people were happy with the quality and standard of food and satisfied with the menu options that were available. Comments we reviewed included, 'Menu is varied and we get lots of nice food', 'I really enjoy the food here' and 'The food has improved over the past month, it is a pleasure to eat the food.'

## Is the service caring?

### Our findings

We received positive comments about the level of care people received. Comments included, "They're [staff] are excellent", "We're so glad we found this place", "[Relative] definitely receives good care" and "Staff are extremely competent and willing to help."

People and relatives told us that staff provided dignified and respectful care. Staff told us the different measures they would take to ensure that people received dignified and respectful care in a way that promoted independence and encouraged choice. We observed staff asking people if they wished for their food to be cut up in to smaller pieces, staff held the hands of people who required support with their mobility and people's personal care requests were responded to in a manner that maintained and protected their dignity. The registered manager also ensured that dignity champions were in place throughout the home. Dignity champions helped to promote the importance of providing dignified care in a way that was person-centred and tailored around the needs of the individual.

During the inspection a SOFI tool was completed to observe interactions between staff and people who were living at the home. We observed kind, caring and sincere interactions. The atmosphere was calm, warm and inviting. Age specific music was playing in the lounge/dining area and staff were seen to be singing and dancing with one person they had evidently developed a good relationship with. People were addressed by their preferred names and staff were responsive to people's support needs in a timely manner.

It was clear that staff knew the people they were caring for well. Staff were familiar with people's needs as well as their likes, dislikes and preferences. Care records contained 'This is me' information which provided staff with tailored information about the care and support needs of the people who lived at Oak Springs. People received support from consistent and regular staff which meant that positive relationships could also be developed over time.

There was equality of opportunity at Oak Springs and people were treated equally regardless of age, gender, disability, religion/belief or race. People's protected characteristics (such as age, gender, religion and disabilities) were established from the outset and support measures were in appropriately in place.

For people who did not have any friends or family to represent them, details of local advocacy services were made available. Advocates represent people when specific choices and decisions need to be made in relation to their health and support needs. The registered manager told us they would support people to access these services should it be required.

All confidential and sensitive information was securely stored and protected in line with General Data Protection Regulation (GDPR). Records were secured in a locked office on each unit and confidential information was not unnecessarily shared with others.

## Is the service responsive?

### Our findings

At the last inspection, we found that the registered provider was in breach of regulation in relation to 'Good Governance'. We found that the pre-admission paperwork and assessments were not adequately completed and people were not receiving a responsive level of support from the outset. The responsive domain was rated 'Requires Improvement.'

During this inspection we found improvements had been made to pre-admission paperwork and assessment records. Documentation was thoroughly completed and the level of support and areas of risk were assessed from the outset. The necessary care plans and risk assessments were formulated and staff were able to provide a responsive level of care tailored to each person. Records we checked were up to date and demonstrated a person-centred approach to care. 'Person centred' means the care and support which is delivered is in line with people's individual needs, and not the needs of the registered provider.

Care records contained 'This is me' information and provided staff with detailed information in relation to people's lifestyle, enjoyments, relationships, family, hobbies and interests and things that were important to the person. For example, records contained information such as, 'I still enjoy reading and I like to go to bed at 9pm', 'I watch what I eat and I like to get up around 8am' and 'I enjoy most foods, I enjoy tea and coffee and can eat and drink independently.' The level of Information provided staff with a good level of detail in relation to the care and support people required and in a way that was tailored around their needs.

The registered provider was no longer in breach of regulation 17 in relation to 'Good Governance'.

During the last inspection we identified some concerns in relation to the response times of the call bells. The registered manager told us that individual pagers had been purchased and had been given to staff located on the different units. Although the call bells would still sound the pagers would also alert staff when a person pressed their call bell for support across the home. During this inspection, we were informed that the pagers had significantly reduced the amount of time it was taking to provide support to people when they needed it. Call bell times were also reviewed on a monthly basis as to ensure people's needs were effectively responded to.

During the inspection we noted how the registered manager was responsive to the preferences of two people who lived at Oak Springs. Their needs and wishes had been appropriately assessed, risks were effectively established and risk management plans were in place. A number of adaptations and accommodations were made which ultimately meant that two people's wishes, choices and preferences were supported as much as they could have been. Another example included the support a person received when they were unable to attend a special family event. The person's relative asked if the home could arrange a themed party to make the person feel as though they were actually attending the special event. Oak Springs accommodated the request and ensured a surprise party was arranged.

The registered provider had an up to date complaints policy in place. The complaints procedure was displayed throughout the home and people and relatives were provided with the policy from the outset. At

the time of the inspection, there were no complaints being responded to. The registered manager ensured that all verbal and written complaints were responded to in accordance with the policy and there was evidence of the actions that had been taken in response of the complaints received.

We received positive comments about the variety of different activities that were scheduled at Oak Springs. There were two dedicated activities co-ordinators in post and people were encouraged to engage in activities that were fun, interesting and stimulating. Activities were arranged around the likes, dislikes and preferences of people who lived at the home and relatives were often invited in to the home when activities were taking place. At the time of the inspection, a 'virtual cruise' had been arranged. A large map was placed in one of the dining rooms and the first virtual 'stop off' point was Spain. A Spanish night had been arranged, Spanish entertainment was scheduled, themed food and drink had been purchased and relatives were encouraged to attend. Other activities people participated in included, music and dance sessions, memory lane activities, colouring therapy, dog therapy, yoga and a Sunday football league team.

We asked the registered manager if 'End of life' care was provided to people who had been assessed as being at the end stages of their life. End of life care was provided in a dignified and sensitive manner. Records contained advanced end of life decisions and the wishes and choices of the person was documented and supported by staff. Staff also received end of life training and expressed their understanding of supporting people's end of life wishes.

# Is the service well-led?

## Our findings

At the last inspection, we found that the registered provider was in breach of regulation in relation to 'Good Governance'. We found that the systems to monitor the quality and safety of the service were not effective and risk was not effectively monitored or managed. The well-led domain was rated as 'Requires Improvement.'

During this inspection we looked to see if improvements had been made. Audits and checks were completed by the management team. Audits and checks were completed in areas such as infection control, health and safety, medication management, maintenance management, accident and incidents, care records, house-keeping and recruitment. Although we identified that improvements had been made since the last inspection, we also recognised that further developments could be made in this area of care. For example, we identified that medication administration processes in relation to topical creams and thickened fluids were not always identified in the medication audits that were conducted.

The registered provider was no longer in breach of regulation 17 in relation to 'Good Governance'. We do recommend that a further review of quality assurance systems is carried out to ensure the quality and safety of care people receive is regularly monitored and assessed.

We looked to see how the registered provider maintained oversight of the provision of care people received. We saw that people had the opportunity to express their thoughts, views and opinions of the care that was provided in a number of different ways. Surveys were circulated to people (and their relatives) in relation to the quality and standard of food, the range of activities and cleanliness of the home. Annual surveys were also sent to external healthcare professionals who supported people living at the home, the staff team and people who received support. This meant that the quality, standards and safety of care were regularly assessed and improvements were made based on the feedback that was received.

The registered manager had recently implemented 'Resident of the day' checks. This meant that each day, a member of staff was given the name of the person who needed to have checks conducted in relation to different aspects of the care and support they received. A 'Resident of the day' rolling rota had been devised, which meant that each person living at Oak Springs were having thorough checks conducted approximately every three months. Resident of the day checks focused on areas such as, medication, care plans and risk assessment, bedroom environment, accidents, dietary requirements and activities.

Communication processes were reviewed during the inspection. Staff told us that they received regular updates in relation to people's support needs and level of risk. A daily communication book was in place; this contained information in relation to any significant events that had occurred in relation to people living at Oak Springs. Regular staff handovers took place when there was a change in staff throughout the course of the day. The communication book contained information such as visits people received, pressure relief provided, medication information, dietary and fluid intake, care plan/risk assessment updates and general support provided. One member of staff told us, "We're updated on residents every day."

We also saw evidence of staff meetings and resident/relative meetings as well as professional, staff and 'resident/relatives' surveys which were circulated on an annual basis. The meetings that occurred and surveys that were returned enabled the registered manager to review how people felt about the quality and safety of care people received and if improvements and developments were needed.

We received positive feedback about the level of leadership and management at Oak Springs. Comments we received included, "It's absolutely amazing-beyond excellent", "The staff team are so supportive", "We can go to management with anything, if there is a problem we go to them", "I feel valued" and "They're [management] are very approachable and listen to our concerns." One external professional we spoke with told us, "It's really good here, staff are great, they're lovely, everyone does what they can."

We reviewed the range of different policies the registered provider had in place. All policies contained the most up to date and relevant guidance and information staff needed. Staff were familiar with different policies such as infection control, safeguarding of adults, whistleblowing, medication administration and equality and diversity.

At the time of the inspection there was a registered manager in post. They had been registered with CQC since February 2018. The registered manager was aware of their regulatory responsibilities and the statutory notifications that needed to be submitted to CQC in relation to significant events and incidents. This meant that CQC were able to accurately monitor, assess and review information we received in relation to the safety of people who were living at Oak Springs.

Ratings from the last inspection were displayed in the foyer of the home. From April 2015 it is a legal requirement for registered providers to display their CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.