

OakRay Care (Trent House) Limited

Trent House

Inspection report

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Cowes
Isle Of Wight
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Trent House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Trent House accommodates up to 19 older people in one adapted building. At the time of our inspection 16 people were living at the home.

The home was last inspected in July 2017 and we identified improvements were needed as there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems to assess, monitor and improve the service provided. At this inspection we found the provider had taken action to meet the requirements of the regulations. Further work was needed to ensure all the improvements the provider had identified and planned were implemented in practice and sustained over time.

This inspection took place on 30 April 2018 and was unannounced. We returned on 3 May 2018 to complete the inspection.

There was no 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 and associated Regulations about how the service is run. The provider has a condition of their registration that they must have a registered manager at Trent House. A manager was in post and they told us they were going to submit an application for registration to us. We will monitor this to ensure the provider meets the conditions of their registration.

The provider regularly assessed and monitored the quality of care provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service. The manager had a good understanding of improvements that were needed in the service and had plans in place to implement them. Staff were confident in the skills of the manager and their ability to continue to make improvements to the service.

Work was needed to complete work to improve the building, including addressing kitchen fittings, providing safe access to the garden and to complete the programme to replace carpets and floor coverings. The provider had detailed plans in place to complete this work, with contractors booked.

The provider had identified improvements were needed to the home's recruitment practices, to ensure they had a full employment history for staff employed. This information was being collected from existing staff and the recruitment procedures had been changed to ensure it would be collected for new staff.

Although there were still improvements to be made to the service, the directors and manager had a clear understanding of what was needed and a plan to complete the actions.

People who use the service were positive about the care they received and praised the quality of the staff and management. We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance.

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Medicines were stored safely in the home and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines.

There were sufficient staff available to provide safe care. Staff understood the needs of the people they were providing care for and had the knowledge and skills to meet their needs. Staff received a thorough induction when they started working at the home, including time shadowing experienced staff members. Staff demonstrated a good understanding of their role and responsibilities. They had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The staff team were responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People enjoyed the social activities that were arranged.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Further action was needed to ensure the building was safe for people and full recruitment checks were completed for new staff before they started work.

People said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely and medicines were managed safely.

Systems were in place to ensure people were protected from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Further work was needed to ensure the building and gardens were accessible for people.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for. People were supported to eat and drink enough to maintain a balanced diet.

People's health needs were assessed and staff supported people to stay healthy.

Staff understood whether people were able to consent to their care and took appropriate action where people did not have capacity to consent.

Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their

independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and reviewing their care. Staff had clear information about people's needs and how to meet them.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Staff supported people to set out what they wanted at the end of their life.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The service did not have a registered manager in post.

Work was needed to ensure the improvements planned by the management team were implemented in practice and sustained over time.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who used the service, their representatives and staff. They were used to plan improvements to the quality of the service provided.

Trent House

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 30 April 2018 and was unannounced. We returned on 3 May 2018 to complete the inspection.

The inspection was completed by two inspectors. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

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

During the visit we spoke with the manager, six people who use the service, three care staff, the area manager and two directors of Oakray Care. We spent time observing the way staff interacted with people who used the service and looked at the records relating to support and decision making for seven people. We also looked at records about the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection in July 2017 we identified that improvements were needed to the way fire safety was managed in the home. At this inspection we found the service had made the improvements that were needed. There was a comprehensive fire risk assessment and equipment was regularly tested. Each person had an evacuation plan that was specific to them. This set out people's understanding of emergency alarms, their mobility and the support they would need to evacuate the building in an emergency. These documents had been updated as people's needs changed, to ensure they contained current information.

In March 2018 the Isle of Wight Council completed a food hygiene inspection of the service. The inspection identified shortfalls in the food hygiene arrangements and concluded that major improvements were necessary. The manager reported they had put together a comprehensive action plan to address the issues raised in the inspection. Some immediate actions had been taken to minimise the risk of food hygiene shortfalls. For example, at the time of the food hygiene inspection a book for recording actions taken to manage the risks associated with food storage and preparation was missing. The records had been found by the provider following the visit. During this inspection we found food safety records had been fully completed and were up to date. Action had also been taken to install a new extractor fan in the kitchen. Further action was needed to address shortfalls in the kitchen tiling, sealing of surfaces and replacing of some doors. A director of Oakray Care reported that these actions were being prioritised and expected them to be completed within a month. Although further action was needed, the provider had a clear plan to address the issues and ensure food preparation arrangements were safe for people.

People said they felt safe living at Trent House. Comments included, "I feel safe, very safe" and "Oh yes, I'm as safe as houses here."

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify possible abuse and respond appropriately, if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report suspected abuse and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

The provider had taken action to learn from incidents and safeguarding investigations. Incidents had been promptly reported to the Isle of Wight safeguarding team and CQC. The provider had systems in place to ensure learning was shared across the organisation's care homes. Records were kept of actions required following investigations and when the actions had been completed.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Examples included assessments about how to

support people to minimise the risk of falls, to maintain suitable nutrition, the risks of smoking in the building and the risk of developing pressure ulcers. People had been involved throughout the process to assess and plan the management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. The plans had been regularly reviewed and updated as the risks to people changed.

Safe recruitment procedures were not always followed. Recruitment checks did include a Disclosure and Barring Service (DBS) check and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. However, the provider had not obtained a full employment history for all staff employed. The full employment history, along with the reasons for any gaps in employment is important because it provides assurance about how staff have worked in their previous jobs and what they have been doing when not employed. The provider had identified this gap in employment records for staff as part of their quality assurance checks. They had requested further information from staff already employed and had changed their procedures to ensure these were obtained before new staff started work.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments included, "The staff are very good. They come quickly if I use the call bell" and "Generally there are enough staff, you don't have to wait too long." Staff told us they were able to provide the support people needed, with comments including, "Normally we have a senior and two carers on shift. It is enough and I feel comfortable with that number of staff. If a client needs one-to-one care, for example, because of end of life care, they would bring one extra person in" and "Staffing levels are good when we've got three members of staff on shift. Normally absences are getting covered, so it's OK."

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. Staff followed these protocols and kept a record of how effective the medicine had been, for example whether it had reduced the pain people were experiencing. People told us staff provided good support with their medicines, bringing them what they needed at the right time. We observed staff following safe practices when they were supporting people with their medicines.

All areas of the home were clean and people told us this was how it was usually kept. Clinical waste bins were available for staff and had been emptied before they became over full. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a colour coding system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home smelt fresh and clean.

Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

Is the service effective?

Our findings

At the last inspection in July 2017 we identified improvements were needed to the environment, including safe access to the garden, replacement of carpets and re-decoration of some areas. At this inspection we found work had been completed to make some improvements to the building and further work was planned. Carpets had been replaced in some areas of the home, but further carpets and floor coverings were needed and had been ordered. Work was due to commence on installing a stair lift into the garden two weeks after our visit. This work was booked with a contractor and plans were in place to ensure it happened.

A door from the lounge to a balcony area was defective at the time of this inspection. People told us this was inconvenient for them, especially for people who smoked as it meant they had to use another door. During our visit a contractor visited the home to provide a quote to fix or replace the door. One of the directors of Oakray Care told us work would be completed to resolve the problem as soon as possible. Throughout the inspection we observed staff supporting people to use the other doors, including providing support for people who wanted to have a smoke. Although further work was needed to ensure the building met people's specific needs, the provider had detailed plans in place to complete this work. The manager reported staff were still able to open the door if it was needed to evacuate the building.

People told us staff always gained their consent before providing any care or support. Comments included, "Staff make sure I am happy before they provide any care." We observed staff working in this way, checking with people before providing any care or support.

The Mental Capacity Act 2005 (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. Care plans contained details about the support people needed to make decisions. Examples included information about the way people communicated and the way staff could offer choices to people.

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 are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for some people had been made by the service. Applications were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

People told us staff understood their needs and provided the care and support they needed. Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about people's management of diabetes, pressure care, and for living with dementia and Parkinson's. Staff had worked with health professionals where necessary to develop care plans, for example the community nurses and the memory service for people with dementia.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

Staff told us they received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs. New staff spent time shadowing experienced staff members, learning how the home's systems operated and completing the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of staff.

Training was provided in a variety of formats, including on-line, group learning and observations of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and relevant to their role in the service. Staff were able to complete training on health conditions specific to people they were supporting. The manager had a record of all training staff had completed and when refresher training was due. This was used to plan the training programme. Staff were supported to complete formal national qualifications in social care.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. The manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. The manager reported they had not completed appraisals for all staff, but had plans in place to ensure this feedback and support was provided for all staff.

People told us they enjoyed the food provided and were able to choose meals they liked. Comments included, "The food is really good. I have put on weight since I've been here" and "The food is very good. There is a choice of meals, it's well cooked and there's enough of it." People at risk of malnutrition had food and nutritional care plans in place. Action plans were in place for people who had lost weight, with strategies to support them to increase their nutritional intake. The plans were monitored and reviewed to ensure they were effective.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "The staff are very kind. They're good souls"; "They know what people like. They treat you as an equal, they are very good" and "I'm very happy with the care provided. The staff are very good." We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance. The provider had procedures in place to ensure people were treated with privacy and dignity and were able to express their views. Staff put these procedures into practice in the way they treated people.

Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided. This information was used to ensure people received support in their preferred way.

Staff communicated with people in accessible ways, which took into account any sensory impairment that affected their communication. There was clear information in people's care plans about any specific communication needs they had, including the support they needed from staff to ensure they understood. Examples included details of how hearing loss affected a person's communication and how a person's medical condition could affect their speech. We observed staff putting the guidance into practice, giving people time to communicate and using visual prompts to assist with decision making, such as showing people choices of plated meals.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their representatives had regular meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People told us staff consulted them about their care plans and their preferences. There were also regular residents' meetings, which were used to receive feedback about the service and make decisions about the organisation of the home.

People were supported to maintain their independence. They were encouraged and supported to do as much as possible for themselves. Staff made sure they were not intrusive and assisted people whenever help was actually required.

People's privacy and dignity were respected. Staff called people by their preferred names and supported people to move to a private area when they required support with their personal care. Staff explained to us how they maintained people's privacy and dignity, including knocking on the doors and making sure people received personal care in private. Information held about people was kept confidential and records were stored securely.

Staff received training to ensure they understood the values of the service and how to respect people's privacy, dignity and rights. In addition, the management team completed observations of staff practice to ensure these values were being reflected in the care provided.

Is the service responsive?

Our findings

People had care plans which contained detailed information about their needs. The plans included information on maintaining health, treatment plans for wounds and pressure ulcers and people's preferences regarding their personal care. There was specific information about people's health conditions; for example, details about support a person needed to manage Parkinson's and details of support another person needed to help manage their anxiety. Care plans set out how people wanted their needs to be met. The plans were regularly reviewed with people and we saw changes had been made following their feedback.

People told us they were able to keep in contact with friends and relatives and take part in group activities they enjoyed. There was a list of planned activities displayed in the home, which included arts and crafts activities, games, exercise sessions, visiting entertainers and religious services. We observed staff discussing the activities that were planned with people, giving people the opportunity to decide what they wanted to take part in. Comments from people included, "I do not feel bored. They organise activities for people who live here. One lady is organising bingo for us" and "We have bingo, music and entertainers once a while. It is nice."

There were regular resident meetings organised by the service. An action plan had been developed to address the issues people raised. As a result of the meetings, towel rails had been ordered for every room and the service had liaised with an external organisation to arrange activities with animals.

There were a number of thank you cards written by people's relatives expressing their gratitude for the care provided to people. One person's relative wrote, "The residents are very well cared for and staff take a great deal of trouble to accommodate all requests from the residents and their families."

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issues. People said they knew how to complain and would speak to staff or the manager if there was anything they were not happy about. The service had a complaints procedure, which was provided to people when they moved in and was displayed in the home.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been investigated and a response provided to the complainant. There was a record of dialogue with people who had raised complaints, with meetings arranged to plan, discuss and review actions. Records demonstrated the complainants were happy with the action taken to resolve their complaint.

People's preferences and choices for their end of life care were discussed with them and recorded in their care plans. This included people's spiritual and cultural needs and contact details of relevant people who the person wanted to be involved. A person whose relative received end of life care at the service said staff had provided very good care.

Is the service well-led?

Our findings

The home did not have a registered manager in post. A manager had been appointed and they told us they were in the process of obtaining the required documents before they were able to submit an application for registration. This is necessary as it is a condition of the provider's registration that a registered manager must be in post.

At the last inspection in July 2017 we identified there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have an effective system to assess, monitor and improve the service. At this inspection we found the provider had taken action to meet the requirements of this regulation. Following the last inspection the provider had developed a comprehensive system to audit and review the service and to plan improvements. Although there were still improvements to be made to the service, the directors and manager had a clear understanding of what was needed and a plan to complete the actions.

The manager's reviews of the service included observations of staff practice. This was used to ensure staff were putting their training into practice in the way they were working. There were systems in place to track incidents and accidents and plan actions to minimise the risk of them happening again. The manager reviewed incidents in a systematic way, analysing events and assessing whether taking other actions would have resulted in better outcomes for people. Where learning points were identified, action was taken to ensure these were implemented in practice.

The directors had established systems to record outcomes of audits and reviews electronically, which they could review remotely and make changes to the actions required if necessary. The directors felt this had given them a greater oversight of the service and actions being taken to drive improvements.

Staff said the manager had made significant improvements to the service since they had been in post. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the manager and directors gave them good support and direction. Comments from staff included, "I think it's going up with [the new] manager. If anything needs to be done, I can knock on her door and ask her", "The service has improved and it is well-managed" and "The directors have a good understanding of the service. I had mentioned a few things to them and they were done the next day."

The directors told us they were in the process of completing work to "create our values". They were working with the staff team to establish those values and how they could be implemented in their day to day work with people. The directors felt it would be more meaningful to involve staff throughout this process, to help ensure they "bought in" to the values. The directors expected this work to be completed by July 2018.

Personal confidential information was securely stored in locked offices and cabinets. Staff were aware of the need to ensure information remained secure. We observed staff following the home's procedures and ensuring confidential information was not left unattended or unsecured.

Satisfaction questionnaires were used to ask people and their visitors their views of the service. The results of the surveys were collated and actions were included in the manager's development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce how the manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions.