HC-One Limited

Oban House

Inspection report

42-46 Bramley Hill, South Croydon, Surrey
Tel:020 8649 8866
Website: www.hc-one.co.uk

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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?	Good

Overall summary

Oban House provides nursing care for up to 61 people over the age of 65, some of whom are living with dementia. There were 41 people using the service at the time of our inspection. The registered manager left the service earlier in the year and the regional manager had been the acting manager in the interim period. At the time of our inspection we were made aware a new manager who had been appointed and was due to start in November 2014 when they would register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our inspection took place on 5 November 2014 and was unannounced. We told the provider we would be returning the next day to continue.

During our last full inspection on 28 April 2014 we found the provider was not meeting Regulations 17, 18 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found the provider did not always assist people to express their views and choices and what was important to them. People were not always given the opportunity to engage in meaningful

Summary of findings

activities. There were not always suitable arrangements for obtaining peoples consent and some people's records were incomplete or incorrect. We asked the provider to tell us what action they were going to take to make improvements in these areas. During this inspection we saw that improvements had been made.

People told us they felt safe and staff were kind, caring and respected their privacy and dignity. They thought that overall the care they received was good and that staffing levels had improved. The recruitment procedures were appropriate and at the time of our inspection staffing levels were based on people's needs.

Most people were positive about the meals and said they had a choice of food. We observed improvements had been made to the dining experience for people on two floors. They were underway on another floor but had not been fully implemented so people did not always receive the same level of attention from staff at mealtimes.

There were lots of different activities for people to be involved in. The service encouraged people to be involved to stop them from feeling lonely or isolated.

People were involved in planning their care. People's records were person centred and informed staff about how they would like to be cared for. People had their healthcare needs and risk assessments regularly reviewed but in a few care records information was not always easily to hand to support staff to manage risks.

Medicines were managed safely and the provider was aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

The service gave people information about how to make a complaint and people told us they knew who to complain to. We saw the provider took peoples complaints seriously and responded and investigated them appropriately. Where issues were identified steps were taken to make things better and stop the same things happening again.

The provider had a quality assurance process in place that allowed them to identify issues and areas they could improve on.

Summary of findings

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

Some aspects of the service were not safe. People's risk assessments were in place but some details on how to manage risk were not readily available. Staffing numbers were adequate but people were concerned about staffing levels and how this influenced their care. We found robust recruitment procedures were in place and saw the service was near to recruiting their full complement of staff.

People told us they felt safe at Oban House. Staff understood what abuse was and knew how to report it. We saw there were systems in place to report and monitor accidents and incidents at the service. Medicines were managed safely.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. People were supported to meet their individual dietary needs but their mealtime experience varied from floor to floor.

The provider met the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

Staff had received relevant training and were supported to meet people's needs appropriately. People's health and support needs were assessed and this was reflected in care records. People were supported to maintain good health and access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. People said staff were kind and caring and treated them with dignity and respect. People's diversity and spiritual needs were identified and respected by staff. Staff knew about people's life histories, interests and preferences.

People and their relatives told us they were involved in the planning of their care and making decisions about the care and support provided at the home. Relative's told us they were able to visit whenever they wanted and there were no restrictions on the times they could visit the home.

Is the service responsive?

Good

The service was responsive. People's care records were person centred and focused on people's individual needs, their likes and dislikes and preferences.

A range of meaningful activities was available and people were supported to follow their interests. Efforts were made to prevent people from feeling isolated or lonely.

Summary of findings

People and their relatives felt able to raise concerns or complaints and knew how they should complain, the service responded to and investigated complaints appropriately.

Is the service well-led?

Good

The service was well-led. People and staff spoke positively about the managers at the service. Regular staff and managers' meetings helped share learning and best practice so staff understood what was expected of them at all levels.

The provider encouraged feedback of the service through surveys, comment cards and internet sites.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Oban 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 checked 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 05 November 2014 and was unannounced.

The inspection team was made up of three inspectors and an expert-by experience, whose expertise included residential, nursing and dementia homes. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke to six people who used the service, 12 relatives, 14 members of staff, the deputy manager and the manager.

We observed the care and support being delivered and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at nine people's care records, four staff records and other documents which related to the management of the service such as training records and policies and procedures.

Before the inspection, we reviewed the information we held about the service, including notifications the provider has a duty to send us and the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This report reflects how the service was being run by the provider, HC-One Limited, at the time of our inspection and is a true and accurate picture of what we found. From 13 November 2014 the service was sold and a new provider who is now responsible for the regulated activities at Oban House.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 29 April 2014 we found the provider was not meeting Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found some records did not protect people against the risk of unsafe or inappropriate care. We asked the provider to tell us what action they were going to take to improve people's records at the service. During this inspection we saw that improvements had been made.

People's care records had risk assessments in place such as moving and handling, falls, nutrition and pressure area care. We saw some good examples where a risk had been identified and a management plan had been put in place. For example, one person's records had detailed guidance for staff on how to assist and reassure them when bathing. However, in three risk assessments it was not immediately clear what action should be taken to reduce people's risk. For example, one person was at risk from urinary infections but we did not see how the service planned to manage this. We saw some associated information was contained in other areas of the care plan or in supplementary folders but we were concerned this information would not be immediately clear for new or agency staff.

People told us they felt safe at Oban House. One person told us, "Yes, I feel safe" and another said, "I feel safe, if I don't like someone I'll have it out with them". Most of the relatives we spoke with told us they thought their relative was safe at the service, however, two relatives told us they were concerned about safety because of the lack of staff. One relative said, "We consider [our relative] is safe but they need checking more." Another said, "I am not confident about the safety at night due to lack of expertise and trained staff."

We had inspected the service in August 2014 after we received information that staffing may be inadequate. The service was found to be compliant at the time. During this inspection two people told us there was not enough staff. Three people told us about recent staff changes, the use of agency staff and the impact this had on their care. For example, they had experienced a delay in staff responding to call bells and two people told us it was sometimes difficult to understand what staff were saying because they were either "too quiet" or had "poor English". Relatives had mixed views about staffing levels. Most relatives told us there had been problems with staffing levels but things had improved. They said, "They used to have a lot of agency staff which means they weren't always trained to know what people needed. It's a lot better now, staff respond well", and "Things seem OK at the moment". However, one relative said, "The home is short staffed, too many agency staff and no staff continuity."

Staff told us there had been problems with staffing levels but felt this had recently improved and there were enough staff to meet people's needs. They said, "Staffing can be erratic but it's okay at the moment", "Staffing has been bad but it has improved" and "There was a staff shortage, we complained and the manager listened. Now we have nice carers a good team and things are improving".

We observed staff for most of the time on all three floors and noted periods in the afternoon where staff were not available. The nurse in charge explained when staff helped people with their personal care they were not always visible. We spoke with the manager about staffing levels, people's concerns and the use of agency staff at the service. We saw staffing rotas for the last month. The manager showed us how the service closely monitored the number of agency staff and explained they were trying to reduce the numbers used. For example, a recent recruitment drive had resulted in 12 care staff vacancies being filled pending relevant checks and two further nursing vacancies to fill. We saw records listing those staff who had been successful and detailing their progression through the recruitment process.

Staffing levels were flexible. The manager explained they had reduced staffing on the dementia unit earlier in the month in accordance with company policy. However, after reviewing the situation the level of people's dependency was too great for staff to care for people effectively. In response staffing levels were increased. We saw the manager had conducted an individual dependency level assessment to arrive at current staffing levels, this incorporated people who required one to one care and those who required more than one member of staff to assist them.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their

Requires Improvement

Is the service safe?

identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

We saw evidence of the new recruitment procedure designed to employ staff based on their caring abilities and knowledge of working in a care home environment. Nurses were asked a series of questions to test their knowledge around conditions that people were more likely to suffer from and asked to detail their actions in certain work based scenarios. All potential employees were introduced to residents and staff on the floor as part of the interview process. The manager told us, "It's important to see how interviewees interact with people, we want caring happy staff that will make a difference to people's lives."

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the CQC. Managers and staff we spoke with knew about the provider's whistle-blowing procedures and we saw they had access to contact details for the local authority's safeguarding adults' team. We looked at records which confirmed staff and managers had received safeguarding training.

People received their prescribed medicines at the right times, these were stored securely and only administered by registered nurses. Procedures were being followed in line with the Mental Capacity Act 2005. For example, records for people receiving covert medicine had appropriate risk assessments, capacity assessments and evidence of decisions being made in their best interest. We saw protocols for 'as required' medicine giving guidance to staff on the type of medicines to give and when people needed to receive them. We found no recording errors on any of the medication administration record sheets we looked at and we saw medicine audits were carried out daily on a rotation system.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 29 April 2014 we found the provider was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found there were not suitable arrangements in place for obtaining consent from people. Where people did not have the capacity to consent we found the provider did not always act in accordance with legal requirements. We asked the provider to tell us what action they were going to take to improve people's records at the service. During this inspection we saw that improvements had been made.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Depravation of Liberty Safeguards (DoLS). The provider was aware of the changes in DoLS practice and they had identified those people who may be affected. The service was in liaison with the local authority to ensure the appropriate assessments were undertaken so people who used the service were not unlawfully restricted. An application had been made in respect of one person who lived at the service and it was evident from records and the manager's comments that the proper procedures were being followed. We also saw another application that had recently been made and was awaiting a decision from the local authority.

Staff we spoke with told us they had received training in the MCA. One staff member told us "We have had the training in DoLS, we need to always keep it in our minds." We saw where people had capacity their wishes, likes and dislikes were recorded in their care records. When people lacked the capacity to make some decisions we saw best interest meetings and capacity assessments had been recorded. For example, bed rail assessments, end of life decisions and covert medicines.

People were supported by staff who had the knowledge and skills they needed to carry out their role. New staff completed an induction when they started working for the service. This covered subjects such as the service's aims and objectives, safeguarding adults, food safety, health and safety awareness, fire safety and emergency first aid. We spoke with the deputy manager who was responsible for training all staff in safer people handling, they told us without this training staff were unable to work on the floor unsupervised.

Staff said they had access to enough training to enable them to effectively carry out their roles and responsibilities. Staff told us, "The induction was really useful, I am getting more and more confident", "I have had a lot of training but if I asked the managers would give me more" and "I have had enough training to do my job properly".

Records of training undertaken by staff were kept centrally by the provider. We were shown how the system was monitored to ensure all staff completed their mandatory training, including fire safety, safer people handling, infection control, food and safety in care and emergency procedures. Most staff had received additional training such as person centred approach to dementia care, therapeutic relationships in dementia and promoting health skin. Staff told us they had close links with the local authority's care home support team who had provided additional training including the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and were running a course on understanding depression on the day of our inspection.

Care staff we spoke with confirmed they had received one to one supervision with their manager. One staff member told us, "Our supervision is useful it covers training and any improvements we need to make." We saw records of staff supervision and noted these were held through the year and covered issues such as motivation, team working and managing sickness.

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People's comments included, "The food is alright", "It's fine" and "It's not like home cooking." One relative we spoke with was complimentary about the food and choice given. They told us "The food is very good, [my relative] likes to have an omelette for tea and they make this for them." However, another relative told us that special diets, for example for people requiring soft food, were not always appropriate or were unappetising.

Throughout our visit people were regularly offered hot and cold drinks by staff. We looked at the food menu for the week, which was available in the dining room. We observed lunchtimes on all three floors and noted staff were kind and attentive, supported people when they needed assistance and the atmosphere was relaxed. People who had special dietary requirements were catered for Some people were served soft or pureed food and we noted that the food was well presented and looked appetising.

Requires Improvement

Is the service effective?

On two floors people were offered a choice of food and drink and offered second helpings. Staff told us, "People can change their mind, we prepare extra portions." However, on the first floor people were not offered a choice of food or offered second helpings during lunchtime. Staff explained how the service had recently introduced new guidance and training for staff to help enhance mealtimes for people. It had not yet been cascaded to all floors which explained the different outcomes of our observations.

People were involved in decisions about their mealtimes. Details of people's mealtime experience had been discussed during a resident and relative meeting in September 2014 and results from a resident's survey asking about mealtimes and what could be done better in October 2014. The results of both had been incorporated into the most recent menu plan. For example one person had requested more "green stuff" and staff had liaised with the chef to provide more green vegetables for people.

Care records included information about people's food preferences and nutritional risk assessments. We saw details of people's food and fluid intake were recorded over 24 hour periods.

People told us the GP visited the service twice a week and several people and their relatives reported that health issues were dealt with by staff and the GP's when required. One relative told us "If [my relative] is agitated the staff always do their best to calm them down. They try and identify the triggers and if they need further help they refer them to the psychiatrist or GP." Appointments with the optician, dentist, physiotherapist and chiropodist were clearly recorded in people's care records.

Good

Is the service caring?

Our findings

People and their relatives said the staff were caring and respectful. Relatives told us, "The staff do a fantastic job, they are very compassionate", "The staff are fantastic, they really are. They couldn't be more helpful" and "They seem to care for [my relative] really well". Some relatives reported that the use of agency staff and staff changes prevented caring relationships being developed with their relatives and meant staff did not know the way their relative like to be cared for or their preferences. They told us, "The agency staff don't know us" and "Lots of changes in staff makes it difficult".

We saw people's diversity was respected. For example people's spiritual needs were understood and supported. Staff told us, "Church services are held in the lounge", "We recently supported one resident to celebrate Diwali" and "One person doesn't eat beef so we make sure they are offered alternatives." People's cultural and spiritual preferences were recorded in their care records.

We observed staff were friendly, caring and kind when they spoke to people and they took the time to ask people how they felt and took time while supporting them. One person appeared a little confused, a member of care staff asked how the person was and calmed and reassured them. They helped the person to a seat and asked them if they wanted tea, when they returned with the tea they made sure the person was calm and had everything they needed before moving on. We heard staff have conversations with people while working and it was clear that many staff had a detailed knowledge of people and their preferences. We observed another staff member reassure a relative of a person who had demonstrated behaviour that challenged, they told them, "Give them some time, they will be OK."

People and their relatives told us they were involved in the planning of their care. One person said, "My daughter and I discuss my care with staff once or twice a year." Five relatives told us they were fully involved in support planning and decision making for their relatives. Their comments included, "I like to be here to do things, to be involved", "I'm kept informed of any changes" and "I would not change anything, the staff know [my relative] well and their moods."

Staff treated people with respect and dignity. We saw staff knock on people's doors before entering and ask people if they could carry out certain tasks. One staff member asked a resident, "Hello, [name] how are you today? Do you mind if I come in to hoover your room?" The staff member then continued to chat and involve the person while they carried out their tasks.

The service had three dignity in care champions who had received training to help promote dignity and respect at the service. Individual staff had been nominated by people using the service for a kindness in care award. We noted details of their actions and a photograph was clearly displayed on the notice board near the main entrance.

Some people at the service were living with dementia. We saw memory boxes were by each person's room with photographs and objects that may help them recall their memories. We saw staff engage with people in a meaningful way and when we spoke with staff it was clear they had a detailed knowledge of people's likes and dislikes.

All the staff we spoke with said they thought people were well cared for but would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior person in the service.

Relatives told us they were able to visit whenever they wanted. One relative told us, "I appreciate the open door policy and I can come in at any time."

People were supported to be as independent as possible. We saw them being encouraged to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

Good

Is the service responsive?

Our findings

At our last inspection on 29 April 2014 we found the provider was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found the provider did not always assist people to express their views as to what was important to them in relation to their care, nor did it always accommodate those views for example in relation to food choices. We also found there were not always appropriate opportunities, encouragement and support to promote people's autonomy, independence and community involvements, particularly in relation to those living with dementia. We asked the provider to tell us what action they were going to take to improve in these areas. During this inspection we saw that improvements had been made. We saw, for example, that most people were offered a choice at mealtimes.

People and their relatives told us about the two activity co-ordinators They said they were, "very good" and encouraged people to talk and to be involved. On the first floor where most people were living with dementia we saw memory boxes by people's doors to help them identify their room. We found reminiscence areas had been created with items such as hats and bags from different eras that people could pick up and interact with. Clear pictorial signage was used for communal areas and toilets.

One of the activities co-ordinators told us about the things they had done to improve people's experience. This included having library books delivered regularly and we saw books on sculptures and fishing had just arrived for people who had interest in that area. There were talking books and newspapers available for those who wanted them and board games, dominoes and puzzles in the activity room on the first floor. We heard how the activities co-ordinator would ask people what they preferred to do. They also looked at care records to find out about people's history and interests and made contact with family and friends to see how they could better involve people. For example, following a recent survey people discussed their favourite music that lead to the purchase of new CDs. One person liked puzzles and we saw staff sat with them and spent some time talking about a new puzzle book they had brought in.

The activities co-ordinators told us they attempted to see everyone at least two mornings a week to stop people from feeling isolated. One person who was bed bound told us how they had received a hand massage from the activities lady and received books from the library. During the afternoon of our inspection there was singing and entertainment on the ground floor and we observed residents were supported to join in from other floors.

People's care records were person centred and focused on people's individual needs, their likes, dislikes and preferences. For example, one care record stated 'watch out when I walk as my leg can sometimes give way and I may fall.' Another noted, 'I like to go to bed at 7.30pm and not get up before 9am.' One record contained guidance for staff on what to do when that person presented behaviour that may challenge. This included speaking quietly, giving reassurance and providing that person with space, contacting their relative for a familiar voice and liaising with healthcare professionals. When we spoke with staff it was clear they were aware of how these people preferred to be supported. One staff member said, "I have spent time getting to know what each person likes, for example one person likes their tea quite strong and another likes theirs milky."

Staff told us they were provided with a summary of people's needs at each daily handover. We were given examples such as how many staff were required to transfer a person, or how often a person should be repositioned. Staff told us this was useful as they could be sure they were meeting people's needs. One staff member told us, "We are given written information each day on handover which helps us to quickly identify what each person's support needs are."

People and their relatives felt able to raise concerns or complaints and knew how they should complain. We noted there were details of how to make a complaint in the resident guide which were given to people when they first started to live at the service. They were also displayed on notice boards around the building. We looked at the complaints the service had received in the last year and noted they had all been responded to in the appropriate timeframe.

All complaints were logged at provider level and were monitored by weekly updates. We saw a detailed report written to one relative in response to complaints made which had been fully investigated and included details of changes put in place and the outcomes. For example, one

Good

Is the service responsive?

complaint had been made about staff giving medication during protected mealtimes. We noted the action taken by the manager to rectify the situation that included staff supervision and continued monitoring.

Staff told us they had introduced 'reflective practice' as a result of complaints received. For example, during team meetings lessons learnt from people's concerns and complaints would be discussed. This was confirmed by minutes from a staff meeting held in October 2014 were staff discussed the importance of positioning items within easy reach of people and within their range of sight.

Good

Is the service well-led?

Our findings

People were positive about the manager and deputy manager, they told us both managers were accessible and had a "good attitudes". One person spoke about the deputy manager and said, "That's what we need, ten of her." Staff said how they were encouraged to report any concerns or question practice within the service. They told us, "I have reported concerns to the manager in the past, they took action and have made things better" and "The manager is always accessible. She gives a listening ear to everyone and leads by example", "The managers are supportive and approachable, it's very helpful for me" and "The managers listen to you and you can talk to them about anything".

Staff explained things had improved at the service and they worked together as a team. They said, "The atmosphere is quite good now, things are really improving, it's a good team", "This is a nice atmosphere and environment to work in. It's a beautiful home", "Before some staff did not make new staff feel welcome but they have all left now" and "Things are so much better now". We saw the new management structure at the service was nearly complete. This consisted of a manager, a deputy manager and two team leaders. The manager explained this together with the changes they had made in how they recruited people had made a difference to the culture of the service and the values and behaviour of staff.

People were encouraged to have their say through regular meetings and surveys. The manager said, "We have resident and relative meetings and conduct surveys but we talk to people every day to get their feedback sometimes it's the small things that can make all the difference to people."

We looked at the results of a recent survey completed in October 2014 which covered issues such as food, staff, standards of care and asked how things could be done to make peoples stay at the service better. We noted most responses were positive and where suggestions had been made saw the actions that had been taken in response. For example, one person asked staff to stop filling the water jug as it was too heavy to lift. As a result smaller jugs had been purchased for people.

The registered manager left the service earlier in the year and the regional manager had taken on the manager's role. At the time of our inspection we were aware of a new manager who had been appointed and was due to start in November 2014. In the absence of a registered manager the service has continued to submit notifications to the CQC in line with legal requirements.

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels. We saw minutes from staff and managers meetings and noted they included people's views and feedback and guidance to staff for the day to day running of the service. For example, staff were reminded to spend time with people and involve them in whatever they were doing to minimise feelings of isolation and loneliness.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. For example, one person was now receiving one to one care following a fall and another person had been referred to the falls clinic for advice on how to manage their stability. We saw records from staff meetings where lessons learnt from incidents were noted and disseminated. One example discussed the need for people to have the correct paperwork in place when transferring to hospital.

Quality assurance systems were in place and we saw how these had been used to drive improvement. We saw daily, monthly and quarterly audits took place. Daily 'cornerstone' audits on each floor covered health checks such as food and fluid charts, equipment checks and a tick list to ensure staff made people's experiences as safe and comfortable as possible. The provider carried out regular quality audits and where issues had been identified, recommendations were made and improvements monitored.