

Mr & Mrs J Dunn

# Ocean Hill Lodge Residential Care Home

## Inspection report

Ocean Hill Lodge Care Home  
4-6, Trelawney Road  
Newquay  
Cornwall  
TR7 2DW

Tel: 01637874595

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

Ocean Hill Lodge is a residential care home which was providing personal care to 17 people on the day of the inspection. The service can support up to 18 people. Accommodation is spread across two floors.

### People's experience of using this service and what we found

Action to report safeguarding concerns were not made in a timely manner. This meant it could have been difficult for external agencies to complete investigations.

Records were not always in place to clearly indicate how often people should be receiving care and support. Although there was no indication anyone had sustained harm as a result, this failure put people at increased risk. The registered manager took immediate action to address this shortcoming.

The ethos of the service was to provide an environment that was welcoming and homely. Staff were identifiable by their clothing but this was not a traditional uniform. Seating was arranged in small groups and people sat together chatting, watching TV and completing puzzles. Staff stopped to talk to people frequently and the atmosphere was relaxed and friendly. A member of staff told us; "It's not 'them and us', it's just 'us'."

People were supported to maintain their independence. Some people chose to self administer medicines and this was supported. Some people had bus passes and frequently went out to use local facilities and keep up their interests.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager was known by people and staff and was highly visible. People came into the office to chat and this was clearly something they were used to doing. Staff told us they were well supported and able to raise any concerns or suggestions. The registered manager responded immediately to any issues identified during the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (report published 5 January 2017)

## Why we inspected

This was a planned inspection based on the previous rating.

## Enforcement

We have identified a breach of regulations in relation to the failure to raise a safeguarding in a timely manner. Please see the action we have told the provider to take at the end of this report.

## Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ocean Hill Lodge Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ocean Hill Lodge 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection and the previous report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, a senior care worker, care workers and the cook.

We reviewed a range of records. This included four people's care records and a sample of medicine records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at monitoring forms and audit forms developed in response to the inspection findings. We contacted external professionals from the local health centre for their views of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Action to protect people was not always taken in a timely fashion.
- One person had made an allegation in mid June about a possible crime. The registered manager told us they were in the process of gathering information about this and would then contact the community police. It is important allegations of this nature are reported in a timely manner to local safeguarding agencies and the police to enable them to take the appropriate action.

The delay in reporting a potential safeguarding concern could have effected any subsequent investigation and potentially put other people at risk. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager contacted the relevant agencies on the day of the inspection. Following the inspection they submitted a notification to CQC. They have given assurances any potential safeguarding concerns will be reported immediately in the future.

- People were relaxed and at ease with staff. Comments included; "I had three strokes before I came into the home, so I feel safe that I am here now" and "They look after us well here and I feel safe. The 'head one' is very good to us."

Assessing risk, safety monitoring and management

- Assessments had been completed to record if people were at increased risk. Systems in place were not consistently applied to protect people from an identified risk
- One person was being cared for in bed and required repositioning at regular intervals to protect the integrity of their skin. Care plans and monitoring records did not clearly state how often this should occur.
- Staff told us the person should be repositioned every 'two to three hours' although they could not tell us how they knew this. The monitoring charts indicated the person was not always being repositioned as frequently as this.
- The provider responded immediately during and after the inspection. They provided us with copies of newly developed monitoring charts which clearly indicated how often the person should be repositioned. There was no evidence to suggest the person's health had been harmed.

At our last inspection we recommended the provider sought advice and guidance on ensuring people's

safety in the event of an emergency. The provider had made improvements.

- Regular fire checks were completed. A fire report carried out since the previous inspection had not highlighted any concerns.
- The premises, utilities and equipment were regularly checked and serviced to make sure they were safe to use.

At our last inspection we recommended the provider developed systems for the use of the computerised care planning system. The provider had made improvements.

- Staff told us they were confident using the system and were kept up to date about people's changing needs.

#### Staffing and recruitment

- There were enough staff to support people's needs. Staff spent time chatting with people and completing puzzles.
- People told us staff were quick to respond when they used their call bells. Comments included; "I have used it and they come up to me in a couple of minutes", "I do use it sometimes; they come to see me quickly" and "I have used it on occasion and the carers respond immediately, unless they are attending to someone else. Whenever I have used it they have always come quickly, but the carers come in to my room at night anyway to make sure I'm ok."
- Before any new staff started work the service completed various checks to help ensure their suitability for the role. This included background criminal checks and following up references.

#### Using medicines safely

- Systems for the management of medicines were robust.
- Some people did not need support with their medicines, preferring to self administer. There were systems in place to support people's independence in this respect while ensuring they were safe.
- People told us they were supported to take their medicines as prescribed. Comments included; "The carers give me my tablets and I'm happy with all of that", "The carers give me my tablets at 10.00 a.m. each morning" and "I take tablets all the time and the carers do it all for me."
- Medicine Administration Records were consistently completed to show people had received their medicines as prescribed.
- At our previous inspection creams were not consistently dated on opening and we noted this in the report. At this inspection we found this was still the case. This meant staff might not have been aware when these medicines had become ineffective or were at increased risk of becoming contaminated.

We recommend the provider seek guidance on the safe storage of topical medicines and update their practice accordingly.

#### Preventing and controlling infection

- The premises were clean and smelled fresh. Care workers were allocated cleaning duties each day.
- Staff had access to gloves and aprons to use when supporting people with personal care.

#### Learning lessons when things go wrong

- Following an error, systems for auditing medicines had been improved. No errors had occurred since the changes.
- Accidents and incidents were recorded so any areas for improvement could be identified.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
- Staff received training in Dementia Awareness to help enable them to deliver care in line with best practice guidance.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction process before starting work. This included training and a period of shadowing experienced staff.
- There was a programme for refresher training in place and staff were up to date in most areas. Half the staff team required updates in safeguarding and fire safety. Following the inspection the registered manager contacted us to let us know this had been booked to be delivered by an external training company before the end of the month.
- Staff received supervision and told us they were well supported and could ask for additional support and guidance at any time. Yearly appraisals were due to be completed soon after the inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a choice of meals. On the day of the inspection we observed one person requesting a meal which was not on the menu. This was provided for them.
- Most people told us they enjoyed the meals provided although some commented there was limited choice. Comments included; "The food is lovely. I have a special diet as there are certain things that I can't eat and they accommodate that completely. We have a choice of two or three meals and have plenty of drinks; and cake and biscuits in the morning and afternoon", "We have a good cook with a small choice of meals; the food is good" and "It's nice, but there is no choice and if you don't like it, they don't make you anything else."
- Some people needed their food and drinks intake monitored to ensure staff would be aware of any decline in their diet. This was completed with sufficient detail to highlight any concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people were supported to access external healthcare professionals when needed.
- During the inspection we heard staff contacting GP's to obtain advice about one person's needs.
- People told us staff helped arrange appointments for them. Comments included; "The carers arrange GP

appointments and they take me; if I'm really poorly the GP comes to see me here", "You can ask them to make an appointment for you and they know what to do. Some residents can't ask, but the staff still know what to do" and "The home arrange the appointments for me and take me to see them. The chiroprapist, optician and the dentist all visit here."

Adapting service, design, decoration to meet people's needs

- There was a shared living and dining area. In addition, there was a small sun lounge where people could meet with visitors or sit quietly. This was well used and people were enjoying a quiet time in the sun on the day of the inspection.
- Seating was organised in small groupings. This encouraged people to socialise together and we saw this was effective.

Ensuring consent to care and treatment in line with law and guidance

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. When they lack mental capacity to take 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments had been completed to indicate when people were unable to consent to their plan of care. DoLS applications had been made appropriately.
- Staff told us they would update the local DoLS team if anyone needed to have further restrictive practices in place in order to keep them safe.
- One person had a DoLS authorisation in place, there were no conditions in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Managers and staff clearly considered people's individual needs and valued people's differences and individuality.
- People told us they were treated well and with kindness. Comments included; "I love it here, I couldn't wish for a nicer home; and we have a very loving and caring boss" and "They are all very kind and look after us well. They're all very good."
- Staff spoke about people with affection and empathy. They knew people well and understood what mattered to them. We heard one person ask how many days it was until their birthday. A member of staff laughed; "Sixteen, we're on a countdown!"
- Care plans had information about people's backgrounds. This helped staff understand people and provided a basis on which to build meaningful relationships.
- External healthcare professionals told us the service was; "Genuinely caring."

Supporting people to express their views and be involved in making decisions about their care

- Residents meetings were held. Minutes showed people's suggestions were listened to and action taken to implement any ideas or suggestions.
- One person told us; "Yes we have a meeting about once a month, we had one yesterday and we talked about the food, how we are getting on and all general things about living here."
- People had control over their daily routines. They were able to choose when to get up and go to bed and where they spent their time.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect at all times. One person said; "They are exceedingly respectful. I can have a bath or a shower whenever I like and one of the carers comes in with me to make sure that I'm ok. The carers are very caring indeed."
- People's friendships and family relationships were respected and valued. People told us they could have visitors at any time and they were made to feel welcome.
- Some people had bus passes to enable them to access the local community independently.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had been developed to reflect people's needs and preferences. These covered a range of areas including mobility, personal care and emotional well-being.
- There were systems to make sure staff were aware of any changes to people's needs. Handovers took place between shifts. Handover records provided brief information about any concerns or changes to care plans.
- Daily records documented the care and support people had received and information about their emotional well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information required by the AIS was included in people's communication care plans. For example, there was information on any aids required, how people liked to be given information and their preferred language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their interests and hobbies. Some people were independent and were encouraged and supported to continue attending clubs and societies in the local community.
- Care plans contained details of people's interests so staff had information about how people might like to spend their time. Some people enjoyed sport and people were watching Wimbledon on the day of the inspection. We heard staff discuss the tournament with people.
- One person told us; "We have some activities, they come in and sing to us and do crafts and quizzes. We go out on trips sometimes; I think we are going on one soon to the Owl Sanctuary. I love to read and I still do that; and also like to watch the TV. I can do anything in here that I used to do."

Improving care quality in response to complaints or concerns

- No-one we spoke with had needed to raise a complaint about the service they received.
- There were systems in place to help ensure people had opportunities to raise concerns. This included

regular meetings, questionnaires, care plan reviews and allocated key workers with oversight of named individuals care plans.

- People told us; "They discuss everything with us. We get [questionnaires] quite often. There's a suggestion box in the lounge too" and "I completed a questionnaire with [care workers name]; I think they are usually annually."

End of life care and support

- People's wishes for their end of life care were captured where possible. This included preferences linked to people's spiritual beliefs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Systems were not sufficiently embedded to consistently support the delivery of high-quality, care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- As reported in the safe section of this report the registered manager had failed to raise a safeguarding concern with the local authority or CQC in a timely manner.
- At our previous inspection we had noted that creams were not dated on opening. Action had not been taken to address this shortcoming, however other recommendations had been addressed.
- The audit process did not include a system for checking monitoring charts and irregular interventions, noted in the safe section of this report had gone unnoticed.
- Falls audits were completed to help the management team to identify any trends or patterns and take action to mitigate risk. These highlighted any patterns or trends.
- The ratings and report from our previous inspection were displayed near the entrance.
- The registered manager was supported by a deputy manager and senior care workers. Staff told us the management was supportive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an emphasis on providing a homely environment for people. Staff commented; "Very family orientated" and "It's not 'them and us', it's just 'us'."
- Staff wore clothing which, while distinguishing them from visitors, was not an obvious 'uniform'. The registered manager told us they found this helped to create a homelike atmosphere.
- People and staff all commented on the openness and 'hands on' approach of the registered manager. Comments included; "[Registered manager] is really good, on the ball" and "She's very approachable and I can talk to her if ever I want; she's the owner."
- Staff were valued, monthly awards were given out in recognition of staff contribution to the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and deputy manager told us if mistakes were made they would meet with people to discuss and try and improve care delivery.
- Records showed that, where appropriate, the service communicated with relatives to keep them informed of any developments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were regularly held and staff told us they felt listened to and valued.
- No-one reported any examples of discrimination. Staff told us the registered manager was flexible and supportive.
- Residents meetings were an opportunity for people to offer suggestions on how their experience of the service could be improved. For example, changes to the menu had been made following a meeting.

Continuous learning and improving care

- The registered manager was open and keen to make improvements to the service. Following the inspection they contacted us to inform us of improvements they had implemented in response to the inspection findings.
- The registered manager was a member of a local providers organisation. This helped them to keep up to date with any changes in the sector.

Working in partnership with others

- Following the inspection the registered manager contacted relevant external agencies to liaise with them on how to drive improvements.
- Records showed the service worked alongside other agencies to help provide care and support in line with people's needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, an allegation of abuse. Regulation 13 (3)