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Oak House Care Home

Inspection report

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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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Oak house care home was last inspected on 23 October 2013. The home was found to be meeting all requirements in the areas inspected.

When we visited there a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Oak house care home provides care and support for up to 17 older people. At the time of the inspection there were 16 people living at the home.

Staff lacked the guidance and support to be able to give on a required needs basis. This put people at risk of receiving medicines inappropriately or when other actions may have been just as effective..

The provider had systems in place to ensure the quality of the service was regularly reviewed and improvements were made but this was not being fully used. This meant that some areas of the care and support people received were not regularly audited and areas for improvement not recognised. Whilst the staff knew people's needs well, the records relating to people's care and support were not always up to date.

Summary of findings

People told us that the staff met their care needs well. One person told us “I would rather be at my own home but I can’t. The staff look after me well and I have plenty of friends here. They know what I like and treat me with a great deal of kindness”. We observed this to be the case.

Staff knew people’s routines and respected them. One person told us “I like to spend time on my own after dinner and lie on my bed, the staff know this and only come to make sure I am alright if I use my call bell”. Staff knew how to support people when they became anxious and had effective ways of addressing presenting issues.

The provider was meeting the requirements of the Mental Capacity Act 2005 and assessments of people’s capacity had consistently been made. The staff at the home understood some of the concepts of the Act, such as allowing people to make decisions for themselves.

The staff demonstrated a caring and compassionate approach to people living at the home. People were offered choices at mealtimes such as where to sit and what to eat. The provider had a system to offer choice during mealtimes that was effective.

People told us there were enough staff to meet their needs. People told us they often went to the local shops with staff support although sometimes they had to wait for a short period of time for this support. The provider was able to demonstrate that extra staff were available to support people should their needs change or if extra support was required.

The staff told us they worked well as a team and enjoyed working at the home. They told us there was enough flexibility within their working hours to sit and talk with people and to do things with them that they knew interested them.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to regulations of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the report.

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?

The service was not consistently safe. The medicines administration was not safe at the home. People were put at risk of being given medicines inappropriately as there was insufficient guidance to staff on when to give medicines on a required needs basis.

People had risk assessments and care plans to keep them safe but some of these records required to be updated. This put some people at risk of harm that could be avoided or minimised.

People were supported by sufficient staff to meet their needs.

Requires Improvement



Is the service effective?

The service was effective at meeting people's needs.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs, preferences and choices and respect their rights. Staff training included understanding dementia and positive behaviour approaches. Staff were knowledgeable about the support needs of the people they cared for.

People had access to health and social care professionals when required, Staff were proactive in ensuring emerging needs were acknowledged and acted upon.

Good



Is the service caring?

The service was caring. Staff demonstrated a caring approach was observed by staff. People were respected as individuals. People were treated in a kind and friendly manner.

Staff were aware of people's daily routines and supported them in the way that they wished. People made individual choices about how they spent their time with the guidance of staff. This meant people were treated as individuals and their preferences were recognised.

People were supported to maintain contact with friends and family.

Good



Is the service responsive?

The service was not consistently responsive to people's needs. Care plans were in place, which clearly described the care and support each person needed. People had been consulted about the way they wanted to be supported.

People were encouraged to be actively involved in their care with regular meetings involving family and other health and social care professionals when required.

Requires Improvement



Summary of findings

People knew how to raise concerns. Staff knew how to respond to complaints if they arose.

Is the service well-led?

The service was not consistently well led. The system to ensure the quality of the service was reviewed and improvements made was not fully used. This meant that some areas of the service were not regularly audited and areas for improvement not recognised.

There were systems in place to involve health and social care professionals, relatives, staff and the people they supported to ensure an open and transparent culture to the service offered.

Staff confirmed the registered manager was approachable and they felt listened too. Regular staff meetings took place; staff told us they felt supported by the management.

Requires Improvement



Oak House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 February and 2 March 2015 and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. At the time of the inspection a Provider Information Record (PIR) had not been requested. 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. In order to gain further information about the service we spoke with the 7 people living at the home and two visiting relatives. We also spoke with seven members of staff.

We looked around the home and observed care practices throughout the inspection. We reviewed five people's care records and the care they received. We looked at people's medication administration records, (MAR). We reviewed records relating to the running of the service such as environmental risk assessments, fire officer's reports and quality monitoring audits.

We contacted two health care professionals involved in the care of people living at the home to obtain their views on the service.

Observations, where they took place, were from general observations. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Medication administration and recording were not safe and required improvement. One person's medicine had been received into the home but staff had not recorded how many tablets had been received. We also noted that four people had medicines dispensed as a variable dose (one or two tablets depending on need). Staff were not consistent with regards to recording how many tablets had been given on each occasion. This meant that the medication audit carried out in January 2015 was unreliable as it was not possible to know how many tablets had been administered or how many had been received. We looked at the guidance to staff in relation to giving medicines on a 'when required' basis' (PRN). The guidance was incomplete as although it stated, agitation or for pain, it did not inform staff how the person displayed the agitation or where the pain may be. This meant that people may be given medication when other support may have been just as effective. The above demonstrates a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Infection control practices required improvement. We observed that in two toilets and the laundry area there were no foot operated pedal bins for the used personal aids such as used gloves. This meant that to put soiled items into the bin the person would have to touch the lid, which posed a cross contamination risk. In one communal toilet area the seal between the floor and the wall was incomplete which meant it could not be cleaned adequately. We spoke to staff about infection control within the home. They told us about the procedures they used to prevent cross contamination such as gloves and aprons. The staff identified the registered manager as the infection control lead. We spoke with the registered manager who acknowledged our observations and told us that whilst an infection control audit had been carried out it was not robust. The registered manager did not benefit from having up to date guidance on the Health and Social Care Act 2008 Code of Practice On The Prevention And Control Of Infections And Related Guidance, and agreed to address this without delay.

People told us that they felt safe in the company of the staff. One person told us "there is nothing to worry about

here, I feel as safe living here as I did in my own home". Most of the risks people took were evidenced in their care records but some lacked the detail to inform staff of how to keep people safe. For example, one person had left the home unaccompanied which had placed them at risk of harm due to their dementia. Whilst the staff at the home had quickly realised this and took action to bring them back safely the person's care records in relation to risk had not been updated. There was there a photograph of the person concerned to aid others in searching for this person if they had left again. We spoke with staff about the risks people took and how they supported them to be as independent as possible. They were knowledgeable about the support people required and how to ensure people could take risks. However the lack of up-to-date guidance in people's care records meant that people may be at unnecessary risk of avoidable harm. This is in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with staff about their knowledge and understanding of safeguarding people in their care. All of the staff we spoke with could tell us the provider's policy on reporting suspected abuse and what statutory agencies could be contacted if necessary. The staff could also explain the provider's whistle blowing policy and told us about the circumstances when this might be used and agencies they would contact if they had cause for concern. We looked at the staff training records which confirmed that staff had received training with regards to safeguarding people.

The people told us that there were always enough staff to meet their needs. One person told us "there is always someone to take me to the shops if I want to go, but sometimes I have to wait an hour or so". Staff confirmed that there was always enough staff on duty to support people. One staff member told us about how the home ensured this was the case, explaining one person's condition had recently deteriorated as they reached the end of their life as reaching the end of their life. The management response had been to arrange an extra member of staff on duty in the day to support this individual and to take any extra duties. We looked at the staffing rotas for the preceding three weeks which confirmed what we had been told.

Is the service effective?

Our findings

Mental capacity assessments were meeting the requirements of the Mental Capacity Act (MCA) 2005. For example, one person who had recently taken up residence was expressing the wish to leave the home. The registered manager was aware of this and had begun the process of assessing the person's capacity to make decisions for themselves. They were of the view that it was in the person's best interests to remain at the home. They were aware that once a MCA assessment had been made, an application to deprive them of their liberty may have to be made to safeguard their rights. This demonstrated the registered manager was aware of the process to follow to ensure the person's rights were respected. Staff were aware of the MCA and what that meant for the people living at the home.

We spoke to people about the food and drink on offer at the home. One person told us, "the food here is good; I am offered a choice late in the morning just before dinner. The food here is all home cooked". Another person told us that food is available by way of snacks and biscuits at regular times throughout the day. One person told us "if you want a drink you just ask, staff will get it for you". We spoke with a person who had just returned to the home from an appointment and missed lunch. They told us "I thought I had missed my lunch but the staff have kept some back for me. I have been told that if I don't fancy what's been kept for me they will make me some sandwiches, that's what it's

like here, nothing is too much trouble". We looked at the menus for the last two weeks. These evidenced that a choice was offered and when required further alternatives had been made available.

We spoke with senior staff about people's nutritional needs. They told us that currently no one was at risk of unplanned weight loss. They told us about the systems that they had in place to monitor people's weight to ensure people's care plans could be altered to support their needs as required.

People told us that if they needed to see a doctor or specialist the staff made arrangements on their behalf. People gave many examples of when they had felt unwell and staff had called the GP 'just in case'. We looked at people's care records which evidenced that when a person's needs had changed a range of services had been considered.

Staff told us about the training they had undertaken and how they accessed training. They told us the training was mainly available was through distance learning materials with some face to face training. Staff told us they had received training in areas such as dementia care, control of substances hazardous to health, health and safety and moving and handling. One staff member told us that they wished to know more about palliative care and following discussions with senior staff a course had been identified. They told us that if you identify an area of care practice you would like to know more about, either the registered manager or senior staff would support you to find a suitable course or information.

Is the service caring?

Our findings

People told us they were well cared for at the home. One person told us “I would rather be at my own home but I can’t. The staff look after me well and I have plenty of friends here. They know what I like and treat me with a great deal of kindness”. Another person told us “Staff really care for us here, we all get on well and look out for one another.”

The staff told us that they work well together to provide for people’s support needs. One member of staff explained, “the work we do each day is organised by the senior on duty. We are told what we need to do and who needs support. However, we (staff) work as a team, if a person needs more time we cover for each other. We work well together which leads to people receiving a good service.” We carried out a short SOFI during the inspection and observed that staff worked well as a team.. For example staff were unhurried in their approach to supporting people. We observed staff sit and talk with people when they served them a snack. Staff were sitting and talking with people about things that interested each other. The staff were aware of people’s emotional needs and gave reassurance as and when required. The atmosphere was relaxed where people and staff were at ease in each other’s company.

People told us about how staff gained their views about their care needs. One person told us, “staff sit and talk with

me about what I like and what help I need. I need some help dressing in the mornings and like to go out as much as possible. The staff support me when I go out which I do often.” We observed that another person, who could not tell us how they experienced the care they received, was anxious about their wife. The staff responded quickly and asked if the person would like to speak with their wife on the telephone. They arranged for this to happen and within 10 minutes the person had been reassured. Staff told us that a simple call to their wife was enough to alleviate their anxiety. This demonstrated that people were listened to and where people could not tell staff how to help them, the staff could meet their needs effectively.

People told us that staff knew their routines and respected them. One person told us, “I like to spend time on my own after dinner and lie on my bed; the staff know this and only come to make sure I am alright if I use my call bell.” We observed a person, who could not tell us how they experienced care, was sat in the main lounge with their back to the television facing into the room. The staff told us the person liked to sit and draw, be in the same room as others watching television but did not like to watch the television. They also told us that they had offered the person to sit in the alternative lounge, without a television, but the person did not like it. Through discussions with the people living at the home, the observed actions of the staff and their understanding of people’s individual needs, this demonstrated that people were treated with respect and dignity.

Is the service responsive?

Our findings

People told us about how staff gained their views about their support needs. One person told us, “staff sit and talk with me about what I like and what help I need. I need some help dressing in the mornings and like to go out as much as possible. The staff support me when I go out which I do often”.

As people’s needs changed the provider responded. For example, one person had been for a short stay in hospital and was diagnosed with a terminal illness. As the person wished to return to the home the provider made the necessary arrangements to be able to care for them. This included arranging specialist equipment and increasing the staffing levels to ensure they could meet the person’s needs.

We looked at people’s care records, some showed that people had been consulted others had not. The words used in people’s care records demonstrated that people were treated with respect. However, whilst it was clear that staff knew people’s individual support needs well, the records themselves did not consistently reflect what we had been told. For example, one person’s records did not give staff guidance on the person’s daily routine, yet by talking with staff and the person concerned it was clear that the person was being supported as they wished.

People’s care records did not fully record people’s daily routines. Two of these four people were unable to tell staff what their preferences were due to enduring mental health

issues. Care records were not accurate and people may not have their needs met in a consistent manner as staff did not have the guidance. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff described how they ensured people could choose how they were supported. They told us about people’s right to have choice in respect of who should care for them and how to ensure people had choices about what to wear and how the person wished to look.

Staff told us about how people chose to spend their time and what activities they enjoyed. An activities coordinator was employed by the provider to help meet some of the wishes of the people living at the home. The people we spoke with told us about the activities available; some joined in, some did not, although all agreed there were things to do if they wanted to.

People knew how to make a complaint if they wished to. One person told us that, “if I don’t like something staff sort it out without fuss, I have never had to talk with the (registered) manager about concerns but I would if I needed to.” Another person told us, “there is nothing to complain about here and if there were staff would sort it out”. The provider had a complaints procedure which informed people what they needed to do to make a complaint and the time scales for the complaint to be rectified.

Is the service well-led?

Our findings

The quality audits and quality systems at the home were not consistently applied. We spoke with the registered manager about the systems in place to audit the service's performance and ensure ongoing improvements were implemented. They showed us a number of audits that had been carried out such as medication audits and infection control audits but these were not being used to produce an overall plan of improvement. The registered manager acknowledged that audits and scrutiny of care records had not been carried out and that a number of the operational policies were out of date. They further acknowledged that more work needed to be done on these issues. This meant the provider had identified some of the issues at the home but not all, and had failed to produce an action plan to improve the service. Care records had not been audited which would have identified that staff did not have sufficient guidance to support people in the way they wished. This is in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a management structure in place at the home. The people living at the home could identify who the registered manager was. One person told us about how approachable the registered manager was and how they often sit and have a chat when on duty. This was also mentioned by one visiting relative. Staff were aware of the roles of the management team and they told us the registered manager was approachable and available to discuss issues most of the time however if not the deputy manager was there to provide advice and guidance.

Staff told us that the organisation's values were clearly explained to them through their induction programme and training. Staff were given handbooks which described the aims and philosophy of the service. There was a positive culture where people felt included and their views were sought. There was evidence of regular meetings taking place between the people who used the service, their relatives and other professionals involved in their care. Staff meetings were organised and there were minutes of the discussions and actions agreed.

Staff confirmed they understood how they could share their concerns about the care and support people received. Staff also told us the registered manager and senior staff were responsive to suggestions about improvements to the service.

Staff told us of the value of regular team meetings where they could share their experiences and talk about how they had approached emerging situations. Staff also told us about the positive team approach to caring for people where they would cover each other in order to meet people's needs.

Records showed that staff had recorded accidents and incidents. Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause, the injuries and the immediate actions or treatment that had been delivered. These accident / incident records were checked by the registered manager, who assessed whether an investigation was required and who needed to be notified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risks associated with medicines because the provider had not made appropriate arrangements to provide staff with appropriate guidance to manage medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not consistently maintained.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had a system to regularly assess and monitor the quality of service that people received but this was not fully effective.