

# Oak House Homecare Ltd

## Hill View

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

Hill View is a care home providing accommodation for up to 16 older people who require personal care, some of whom live with dementia. It is not registered to provide nursing care. 13 people were living at the service on the day of our inspection.

This unannounced inspection took place on 4 July 2017. At the last inspection on 16 January 2015 the service was rated as 'Good'. At this inspection we found overall the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people using the service and to keep them safe. This included assisting people safely with their mobility and whilst eating.

Medicines were managed safely and people received their medicines as prescribed.

There were enough staff employed to ensure people that people's needs were met. Staff had received training to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people using the service.

The registered manager and staff had an understanding of their responsibility under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible.

People's needs were assessed, so that their care was planned and delivered in a consistent way. There was a variety of activities and interests available for people to take part in so they did not become socially isolated.

The management and care staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices such as to how they spent their day and the meals they wished to eat. These choices were respected and actioned by staff.

People's nutritional needs were met and people were supported to have enough to eat and drink. A range of healthcare professionals visited the home to support people to maintain good health.

People were clear about raising any concerns they had and were confident they would be responded to.

Staff understood the values of the home in relation to providing people. We observed staff supporting people in a respectful and dignified manner during our inspection.

The quality of the care was monitored by a range of audits that were carried out regularly. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the home provided.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Hill View

## 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 4 July 2017 and was unannounced. The inspection was carried out by one inspector.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. We reviewed the information to assist us with our planning of the inspection.

We spoke with seven people to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day.

We also spoke with one visitor and three healthcare professionals to obtain their views about the service provided at Hill View.

We looked at records in relation to two people's care. We spoke with the registered manager, two assistant managers, one care staff, the cook and a house keeper. We looked at records relating to the management of risk, medicine administration, staff recruitment, training and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

We found that people felt safe living at Hill View. They told us they liked the staff and they were very caring. They always responded to the call bells quickly. A visitor said, "They [staff] are all very kind. I have never heard any raised voices. They always speak very nicely to all the residents [people who use the service] and they are so patient."

Staff continued to demonstrate that they would recognise abuse and would not hesitate to report appropriately if they had any concerns. This included reporting to external agencies responsible for safeguarding, such as the local authority and the police. One member of staff said, "Abuse is not acceptable." All staff told us they had undertaken training so that they knew how to protect people from avoidable harm.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence and freedom, yet minimise their assessed risks. For example, when using mobility equipment and ensuring that areas around the service were clear of obstacles.

The provider had developed a brief action plan in case the building had to be evacuated in the event of an emergency. The registered manager told us they will add more detail to ensure that it is clear those people who require additional support when mobilising.

There were enough staff on duty to meet people's needs in a timely way and to keep people safe. One person told us, "There's always somebody around." We saw that staff were busy. However, people were given assistance when they needed it and staff were able to spend time talking to people and joining in with activities. Whenever possible staff covered each other's leave and sick leave so that people had continuity of care from staff they knew. The registered manager told us they would keep staffing levels under review to ensure that people's needs continued to be met, especially when people wish to retire to bed and require two members of staff to support them.

Staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. This included; completing an application form, a criminal records check and previous employment references. A review of the personnel records showed all checks were completed before staff commenced working in the service.

From our observations, medicines were being managed safely and people were given their medicines as prescribed. Staff signed the medicine administration record charts to show that medicines had been given, or used an appropriate code to explain why they had not been given. Staff were aware of medicines that had to be given in a specific way and records showed that special instructions were adhered to. We found that any errors relating to medicines were dealt with promptly and robustly to try to ensure that no further errors occurred.

# Is the service effective?

## Our findings

People and the visitor made positive comments about the staff. One person said, "The girls [Staff] are wonderful. They do a really good job looking after us all." A number of relatives had written to the provider to praise the staff. One wrote, "I express my real gratitude to you and all staff as they would always try their best to make sure [name of person] was comfortable and pain free. I know that [name of person] really enjoyed the friendship they gave [name]." Another wrote, "[There was never a minute we were not confident of the care and attention [name of person] was given at Hill View."

A recently appointed member of staff told us they had undergone an induction, which included training and discussion to make sure they knew what they were doing. They told us they had undertaken some shadowing with experienced staff, including the registered manager, until they felt confident to carry out their role.

Staff told us that they continue to undertake training in a range of topics relevant to their role. These included moving and handling; first aid; food hygiene; safeguarding and fire safety.

Staff told us that the management team and all staff provided support. They told us that the registered manager worked alongside staff, especially if they needed extra support to manage people's needs in an emergency. One member of staff said, "[Name of registered manager] is always out and about with us and we can always ask them to help at any time." Staff received regular supervision from the registered manager so they had opportunities to discuss what was going well and what could be better.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). We checked that the service was working within the principles of the MCA. Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. This told us that people's rights in this area were protected as people had no unlawful restrictions imposed on them.

People's nutritional needs were assessed and people were supported to have enough to eat and drink. Everyone we spoke with and the visitor told us that the food was very good and we saw that people enjoyed their lunch. People were given choices for their meals and offered second helpings. We saw staff encouraging people to eat and drink in ways that were suited to the individual. For example, one person was supported to eat and staff gave them time to respond and explained what was on their plate. One person told us, "There is always plenty to eat, sometimes I get too much. But I do enjoy my food." The visitor told us, "Staff are always checking to make sure people are drinking and have had enough to eat. There are always snacks, fruit and biscuits on offer. It would be too much for me." Records confirmed that people were referred to the dietician when there were concerns about their weight. People were supported to maintain good health by the involvement of a range of external healthcare professionals, such as the GP, community

nurses, chiropodist, dietician and optician. Healthcare professionals told us that staff referred people to them appropriately and followed their advice they gave. They all told us that the care was always kind and supportive.



## Is the service caring?

### Our findings

We saw that the relationships between staff and people who lived at Hill View was warm and friendly. People made positive comments about the staff. Their comments included, "I love it here," "It's wonderful here," "The staff are very good" and, "They [staff] are very kind and patient."

A visitor said, "The staff are always polite, helpful and welcoming. They always make sure I get a drink." The healthcare professionals all said that the staff were always very helpful, patient and kind. They also said that they [staff] knew the people very well and therefore knew when someone was unwell.

Staff showed us that they knew people's individual likes and dislikes well. For example, when offering drinks and snacks they would say, "Would you like crisps, I know you really enjoy them." The person smiled and took the crisps offered. People told us they were given choices in all aspects of their lives. For example, we saw that people chose to stay in their bedroom if they wanted to or to sit in any of the communal lounges. Choices were offered at all mealtimes.

Staff respected people's privacy and dignity. For example staff always knocked on bedroom doors before entering and personal care was offered discreetly. Staff told us they continued to support people to maintain their independence. Care plans guided staff on what people could do for themselves.

Resident and relative meetings took place and minutes of these were taken and available to view. One person told us, "I can go to the residents meeting, I can raise issues."

Visitors were welcomed at any time and encouraged to be as involved as they and their family member wanted them to be in the person's life. The visitor said, "I am able to visit at any time and feel very welcomed. They keep me up to date with [name of person]'s care and support. They [staff] are so caring."

There was information and contact details about advocacy services that were available should people wish to use this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

The registered manager told us that an assessment of the person's needs was undertaken before the person was offered a place at the service. They are also encouraged to visit the service and look around to make sure it suits them. This was to ensure that the service had the facilities and staff to fully meet the person's needs.

All care plans were being reviewed and some had recently been updated to ensure they are person centred. Those we looked at were all written in the first person and were personalised to each individual. They were up to date, reflected the person's needs and gave staff detailed guidance on how the person preferred their care needs to be met. They also showed that relatives had been involved where appropriate.

Some people's life story were included in the care records where staff had been able to obtain information from either the person or their families. Staff told us that they were given time to read the care plans. When care plans were changed staff told us this was discussed at handovers at the beginning of each shift. This ensured that they provided the correct support for each person.

Whilst there was no individual member of staff responsible for activities, all staff were expected to organise activities and interests for people. There were various activities available in the service and examples included, baking, pampering, a film afternoon, bingo as well as coffee mornings and afternoon tea events. One person goes to a local day centre twice a week. The day centre are able to offer some other places and contact the service daily to say how many people they are able to offer a place to. On the day of the inspection they had seven places available. The staff went and asked people if they would like to go. No-one on the day chose to go. The staff in the service had access to a mini bus so that people were able to have days out. People had visited the local garden centre, local church and shops. People we spoke with told us they enjoyed activities that were offered and could decline to join in or sit and watch. One person said, "I love joining in the quizzes and I love a good sing along." Another person said, "I enjoy just watching what's going on. Staff spend time chatting with me about my time as a young girl."

The provider had a complaints policy and procedure that was displayed on notice boards around the service. People and the visitor all told us they knew how and to whom they would complain if they needed to. However, they said they had not had to. One person said, "I haven't had to complain. It is such a lovely home." Another person said, "I'd know who to talk to if it wasn't right." The visitor told us, "I can't fault the place but I would speak with [name of registered manager] or any of the staff if anything wasn't right." The registered manager told us, "I like to talk with relatives when they visit and ask them if everything is good. It prevents complaints."

## Is the service well-led?

### Our findings

Everyone we spoke with praised the service provided at Hill View. Comments from relatives, visitors and health care professionals included: "[Name of registered manager] is always very helpful. People are very happy here and love the food and get good care"; "Staff are happy in their work"; and "They do their best for the resident [person living in the service]."

Staff told us they enjoyed working at Hill View and felt well supported by the registered manager. One member of staff told us, "I love my job it is my second home. I don't think I would want to work anywhere else. I have been here [number of years]." Another said, "I love being here. I would certainly let a member of my family come [and live] here."

A registered manager was 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.

The registered manager was aware of their responsibility to send notifications to the CQC as required by the regulations.

The registered manager told us they were very keen to improve the service and wanted to provide the best care possible to people who live at Hill View. They told us they like to encourage people, relatives, staff and visiting professionals to have an input into developing the service. This is done through daily contact, relative/resident meetings and an annual questionnaire.

The registered manager and provider continued to carry out a regular programme of audits to assess and monitor the quality of audits of medicines, staff training, care planning and financial audits. Where shortfalls were identified; records demonstrated that these were acted upon promptly such as any changes to people's care or mobility needs. Incidents and accidents were recorded and investigations were carried out to try to ensure that the same incident did not happen again.

Staff knew about the provider's whistle-blowing policy and felt they could safely raise any issues about poor practice if they needed to. The registered manager was confident that staff would report any concerns.