

Mr & Mrs J Dunn

Ocean Hill Lodge Residential Care Home

Inspection report

Ocean Hill Lodge Care Home
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Tel: 01637874595

Date of inspection visit:
18 March 2016

Date of publication:
24 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 08 December 2015. At which one breach of the legal requirements was found. This was because the service had made multiple recording errors, when handling people's medicines. Also, management were not carrying out appropriate checks on how medicines were being managed. We also saw that cleanliness and infection control procedures in the kitchen were not satisfactory.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches. We undertook a focused inspection on the 18 March 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to the topics as outlined above. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ocean Hill Lodge' on our website at www.cqc.org.uk

Ocean Hill Lodge Residential Care Home provides accommodation for up to 18 people who require care and support. The service mainly provides support for older people and people living with dementia. There were 15 people living at the service at the time of our inspection.

The registered manager is one of the providers and has worked in this role for many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our focused inspection on the 18 March 2016, we found that the provider had followed their plan which they had told us would be completed by February 2016 and the legal requirements had been met.

Care plans contained risk assessments which identified when people were at risk, for example from falls. Guidance for staff was contained in care plans and provided detailed information on the action staff should take to minimise the risk.

People told us they considered Ocean Hill Lodge to be a safe environment and that staff were skilled and competent. People, relatives, staff and professionals spoke of the service as having a 'family' feel. Terms such as 'homely' and 'friendly' were frequently used. There was a relaxed and friendly atmosphere in the service. People chatted and joked together and with staff.

Medicines management had been risk assessed and certain processes changed to improve the system. For example, staff now wore red tabards to make people aware that they were administering medicines. Medicine audits and appropriate daily checks were now taking place. This meant the management were now more aware of areas where issues could occur and took action promptly to deal with them.

Staff understood how to keep people safe and the processes to follow if they wanted to report a safeguarding concern to the local authority. There were emergency evacuation plans in place to ensure people could be safely evacuated in the event of an emergency. Fire safety systems were in place and were regularly monitored. For example by regular testing of the fire evacuation system.

Management made inspectors aware that the service was seeking to recruit new care staff. There were sufficient numbers of staff to meet people's needs, however, at times agency staff were being used to fill staffing requirements. The registered manager was aware people's needs were increasing and was recruiting additional care workers for both day and night shifts as a result. The new employees would also be able to cover for any staff absence.

Pre-employment checks such as disclosure and barring service (DBS) checks and references were carried out. New employees undertook an induction before starting work to help ensure they had the relevant knowledge and skills to care for people. Training was regularly refreshed so staff had access to the most up to date information. There was a range of training available to help ensure staff were able to meet people's needs. Accidents and incidents were recorded and appropriately investigated by management.

The registered manager had oversight of the service and people, relatives and staff told us they were available and approachable. They were supported by a management consultant, a deputy manager and an administrative worker who also worked shifts delivering care. In addition, there were kitchen staff, cleaning staff and a maintenance worker. The providers were in the process of recruiting a service manager to enable the current registered manager/provider to move towards retirement.

Robust quality assurance processes were in place. These were regularly reviewed to help ensure the management of the service could identify any trends or patterns that would need addressing to improve the service provided to people.

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 was safe. Risk assessments identified when people were at risk. Guidance for staff provided detailed information on the action staff could take to minimise risk.

People told us they considered Ocean Hill Lodge to be a safe environment and that staff were skilled and competent.

Medicines management processes had been improved. Medicine audits and appropriate daily checks were now taking place.

Safe recruitment practices were followed. Pre-employment checks and references were carried out.

Is the service well-led?

Good ●

The service was well led. There was a positive and mutually supportive culture within the staff team.

People told us the management was very approachable. Staff remarked there had been much improvement in how the service was managed.

Quality assurance processes were in place and were regularly audited to ensure trends and patterns were recognised. This meant management was aware of where action was required to maintain standards at the service.

Ocean Hill Lodge Residential 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 18 March 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the inspector reviewed previous inspection reports and the action plan provided by the provider. We also looked at notifications sent to the Care Quality Commission. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at two people's care plans, five people's Medicine Administration Records (MAR), two staff files, staff training records and other records in relation to the running of the service. We spoke with the provider who is also the registered manager and four other members of staff. We spoke with ten people who lived at Ocean Hill Lodge and one professional who visited the service. We reviewed 16 quality assurance returns recently sent to the service from family and professionals who commented on the quality of the service.

Is the service safe?

Our findings

People told us they considered Ocean Hill Lodge to be a safe environment. A person who lived at the service said, "I love it here. It's our home", another person said, "I feel safe here. The staff are very good. They are all really lovely". A professional who was visiting the home told us, "I visit pretty regularly and I have never had a reason not to consider it a safe place."

Care plans included risk assessments which identified what level of risk people were at from various events such as falls and trips, bathing and showering, choking and behaviour that challenges staff and others. Where someone had been identified as being at risk there was a description of the action staff should take to minimise it. This information provided guidance for staff. For example, one person had been assessed by the Speech and Language Service because of a risk of choking. We saw the resulting guidance from this was kept in the kitchen with information about how food should be prepared for this person.

People received their prescribed medicines on time and in a safe way. The service used a monitored dosage system (MDS) which was provided by a local pharmacy on a monthly cycle. When medicines arrived at the service, the medication administration record (MAR) showed they had been counted and signed into stock to confirm the right number had been received. MARs contained photographs and clearly identified allergies and protocols for 'as required' administration of commonly used medicines. Medicine stock levels were maintained to help ensure there were enough stocks for people's use. When a person needed a new prescription, we saw this was telephoned through to the local pharmacy and either delivered on the same day or picked up by a senior staff member.

Medicines which required refrigeration were stored in a separate medicine fridge at the recommended temperature as per manufacturers' guidelines. The service also had appropriate systems for the management and storage of medicines that required stricter controls.

We checked a sample of Medicine Administration Records (MAR) and saw the majority of these were accurate. We found some instances where medicines which had been hand written into the MARs had not been double signed. This is important as it acts as a check on the details recorded for the administration of this new medicine. The registered manager had recently completed a medicines audit which had highlighted certain recording issues that would be raised with staff at their next supervision.

Staff members responsible for administering medicines wore gloves to prevent any contamination and a tabard indicating they were not to be disturbed to minimise the possibility of errors. When giving people their medicines they explained what the medicine was and ensured it had been swallowed before moving to the next task. All staff with the responsibility for administering medicines had received appropriate training.

Staff received training in safeguarding adults when they joined the service. This was refreshed at regular intervals to help ensure staff had access to the most up to date information. Staff told us they had no concerns about any working practices or people's safety. They were confident to report any worries to the manager and believed they would be dealt with appropriately. If staff felt their concerns were not being taken seriously they knew where to go outside the organisation to report concerns. Staff told us they would

have no hesitation in doing this if they felt it necessary.

When people required assistance from staff to move around the building or transfer from standing to sitting, they were supported safely. Staff carried out the correct handling techniques and used appropriate equipment. Staff were unhurried and focused on the task, offering encouragement to the person while staying alert to any trip hazards or other people moving around. We saw a staff member encourage a person to come into the lounge. They were patient, spoke to the person quietly and with warmth and encouragement. This had the effect of allowing the person to be as independent as possible around their environment.

When any accident or incident occurred it was recorded in people's daily logs. In addition an incident sheet was completed to allow management to carry out audits of these events and identify any patterns or trends.

People were supported by sufficient numbers of suitably qualified staff. As well as care workers the provider employed a maintenance worker, a cook and a cleaner. There was also an administration worker who could provide care as well. People told us they thought there were enough staff on duty and staff always responded promptly to people's needs. However, one person said they did not believe there were enough staff available because staff did not have time to sit and chat. People had a call bell in their rooms to call staff if they required any assistance. We saw people received care and support in a timely manner. Arrangements had been made to use an agency for additional staff when required. The registered manager told us that during this period of staff recruitment they had used the agency on occasion. They commented; "We have been lucky because we have been able to use a small core group of agency staff who work well with the staff here."

Staff told us people's needs were increasing and some people now needed two members of staff to support them when moving around the building. They said this could sometimes put additional pressure on the staff team and they were concerned the staffing levels would become inadequate. We discussed this with the registered manager who told us they had recognised the increase in demand on staff time and were recruiting further care staff for both day and night shifts to address this.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean and hand washing facilities were available throughout the building. There was appropriate Protective Personal Equipment (PPE), such as disposable aprons and gloves available to staff. There was a working stair lift in place.

The kitchen had been updated, worn cupboard doors and chipped tiles had been replaced to provide a clean and suitable environment to prepare food. A new pedal operated bin had been purchased. The standard of cleanliness in the kitchen was much improved since the last inspection. A cleaning schedule was in place and records showed this was being followed.

Is the service well-led?

Our findings

During the last inspection the provider had said they wanted to recruit a new manager for the service. This would allow the provider to step back from the day to day management of the service. We saw the provider was actively working to find a suitable manager for the service. In the interim period the manager had continued to employ a consultant manager who helped ensure efficient management of the service. Improvements noted at the last inspection had been maintained. The office and administration of the service was efficient.

Staff understood the lines of accountability and responsibility within the service. The registered manager was supported by a deputy manager and office administrator who ensured processes such as updating care plans was done efficiently. Staff spoke about their roles confidently, and were aware of who was responsible for the various aspects involved in running the service. The registered manager had oversight of the service and was a visible presence. A person told us, "[Manager's name] is here a lot and always making sure we're ok. She's very thoughtful and does her best for us."

People, relatives, staff and other professionals all described the service in terms associated with family and friendliness. For example, an external professional commented in a quality satisfaction questionnaire that, "I have always found this home warm and friendly. Staff are willing to implement new ideas and welcome improvements.". A relative commented, "The staff go the extra mile to care for all the residents and their relatives. It's very homely, not too clinical." The service was a family run business and this was evident in the atmosphere within the service. One person said, "The carer's are happy, we're happy, it's a happy environment."

The service had begun to offer staff supervision and all staff had received an annual appraisal. Full staff meetings were also held but these were infrequent. Residents meetings were offered although most people were not interested in a formalised meeting structure. People said they were happy and able to share their opinions with staff and with each other freely. A recent full staff meeting had taken place which was facilitated by the management consultant. Staff said this had been a good opportunity to air their feelings about changes which were occurring and working practices at the service. One staff member commented they were disappointed that they had not heard anything more about actions or plans following the meeting.

Staff said they felt supported and were able to speak freely about any issues at any time. The registered manager told us they had an open door policy and encouraged staff to air concerns as they arose. Families were asked for their opinions and experiences of the service on an annual basis and we saw results from the recent survey were positive. One person commented, "I have seen great improvements in the last 3-6 months."

There were systems in place to monitor the quality of the service provided. Audits were carried out on all recording systems for example, medicines, care plans and accident and incident records. Policies and procedures for a wide range of areas were in place.

Checks were completed on a weekly or monthly basis as appropriate for fire doors and alarms, emergency lighting and Legionella checks. Hoists and slings were regularly serviced to ensure they were fit for purpose.