

# Oak House Homecare Ltd

## Hill View

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Hill View is a residential care home providing personal care to 14 people aged 65 and over, some of who were living with dementia at the time of the inspection.

Hill View accommodates up to 16 people in one adapted single storey building.

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

The service was not well managed, and the provider and registered manager lacked oversight of staff performance, quality standards and the care that was being delivered. Audits were not effective and had not identified the issues found during the inspection.

Risks had not all been identified and minimised to ensure people were kept safe. There were not enough staff available to ensure people's assessed needs were met at all times. Staff had little time to support people with interests and activities and people were unoccupied for long periods.

Staff received regular training, however, this was not always effective, and staff did not have enough knowledge in key areas to meet people's needs.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice

Staff did not have clear guidance in place that detailed what medicines people were prescribed and to ensure they were administered in line with the prescriber's instructions. There were no systems in place that ensured lessons were learned.

Care plans did not provide enough guidance to ensure staff had the detail on how to provide care and support to people in line with their needs and choices. We have made a recommendation to seek further guidance from National Institute of Clinical Excellence on best practice.

There was limited signage to help people find their way around the home. We have made a recommendation that the provider looks at best practice guidance for developing an environment for people living with dementia.

Staff felt well supported through supervisions and had support with staff meetings.

Staff were caring in the way they supported people with their needs.

Staff and people felt they could approach the registered manager who acted on concerns raised to make improvements to people's care.

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 (published 3 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified three breaches in relation to staffing, consent and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Hill View

## 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

One inspector undertook this inspection.

#### Service and service type

Hill View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 reviewed information we had received about the service since the last 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 used all of this information to plan our inspection.

#### During the inspection-

We saw how the staff interacted with people who lived at Hill View. We spoke with four people who lived there, and two visitors. We spoke with the registered manager and four members of care staff

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including complaints and audits.

# 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 and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing

- There were not enough staff deployed, with sufficient skills, experience and knowledge, to meet people's needs and keep them safe. People and staff had mixed views about whether there were enough staff on duty. One person said, "Sometimes staff are so busy they aren't always quick to come." One member of staff said, "It can be difficult meeting people's needs when there is only two [staff] on [duty]."
- At the time of the inspection there were three care staff on duty in the mornings, two care staff from 4pm to 9pm and one care staff at night. Four people living in the service required two staff for personal care. In the evening, when two staff were needed to assist one person to bed, there were no other staff to supervise everyone else. This left people unattended and at risk by staff not being available in case of emergency.
- If a person required two staff to assist them to move during the night, the staff member on duty had to ring the on-call member of staff, who did not live on the premises. The personal emergency evacuation plan (PEEPs) identified that should an emergency occur four people would require two members of staff to assist them to evacuate. We contacted the fire safety officer with our concerns.

We found no evidence that people had been harmed however, there was a serious risk in the event of a fire as fire safety arrangements were not robust enough this placed people's health, welfare and safety at risk. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- The staff team had not identified all the potential risks to people, which meant action had not been taken to minimise the risks. For example, there was no risk assessment or guidance in place for one person with limited mobility who sometimes chose not to use their equipment.
- Staff supported people to transfer safely, such as from their chair to their bed. The transfers were not rushed, and staff talked with people throughout, encouraging and checking they were comfortable.
- People had PEEPs in place so that their needs would be known in the event of a fire or other emergency.

### Using medicines safely

- Staff supported people well with their medicines. A person said, "[Staff] give me my medicines and stay with me to make sure I take them." Staff spoke calmly and waited patiently while people took their medicines.
- Staff did not always have sufficient guidance to enable them to administer creams. For example, for one person staff told us the prescribed cream was for use on their shoulders but the prescription label states it was for their knees. The registered manager told us they would speak to the GP and the pharmacist to

ensure that the correct information is recorded.

- Records of medicines did not include information about what each medicine was for or about any side effects. This meant staff did not know what to look for or what action to take to prevent people becoming unwell.
- Staff received, stored, and disposed of medicines safely. Staff involved in handling medicines received training, and had their competence checked regularly by the registered manager.

Learning lessons when things go wrong

- The registered manager had not demonstrated there were systems in place to ensure lessons were learnt. For example, updating risk assessments after incidents and ensuring guidance was in place for staff who supported them.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I'm safe here because the staff are looking after you here." A relative told us, "I feel that [my family member] is safe and being well looked after."
- Staff understood and followed effective procedures to protect people from harm and abuse. Staff were aware of, and appropriately reported, safeguarding concerns to the registered manager. Staff had referred safeguarding concerns to the appropriate external agencies, such as the local authority. This ensured action could be taken to safeguard people if needed.

Preventing and controlling infection

- The service was clean and smelled fresh throughout.
- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection. They wore gloves and aprons when providing personal care to people.

Recruitment

- The provider had a recruitment procedure in place, which staff told us had been followed when they had been appointed. They said pre-employment checks including references and a criminal records check, through the Disclosure and Barring Service (DBS), had been in place before they started working with people.

# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- For people that lacked capacity there had been no appropriate applications made for DoLS which had followed the requirements of the MCA. The registered manager had failed to identify the use of restraint. Equipment such as a wheelchair that reclines, was being used for which a person had not been able to give their consent and a best interest decision, involving people's relatives or friends, had not been taken.
- Staff had received training in MCA and DoLS, their knowledge of the MCA was mixed. Some staff knew about people's individual capacity to make day to day decisions whilst others didn't.

We found no evidence that people had been harmed however, the provider had failed to ensure that people's capacity to make particular decisions had been assessed and recorded. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw staff offer people choices for example as to where they wanted to sit, whether they wanted to join an activity or what they wanted to eat.

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

- People had their needs assessed prior to moving into the service to ensure their needs could be met. Any plans and equipment needed were in place when people arrived.
- People's needs were reviewed to ensure care plans reflected the care and support required. Although it

was unclear when the reviews had taken place as the information covering areas such as mobility and skin integrity had not been signed and dated by the author. The registered manager was unable to confirm when these had been undertaken.

- The provider had not ensured that staff were kept up to date with current good practice guidance so that the care they delivered to people achieved effective outcomes.

We recommended that the registered manager access up to date guidance and best practice to support people. For example, the NICE guidance for oral healthcare.

Staff support: induction, training, skills and experience

- Staff had received training in various subjects. They told us they felt training allowed them to carry out their role. One staff member said, "Yes we have a lot of training." Another staff member told us, "The training is good. We undertake updates regularly via the on-line training portal." However, the training had not always been effective such as MCA & DoLS as staff did not fully understand capacity and best interest decisions.
- Staff had ongoing support through supervision and appraisals. Staff told us they felt well supported by the registered manager and their peers. One member of staff said, "All the staff get on well together, we help each other."

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

- There were signs identifying bathrooms and toilets. However, there were no signs to support people to identify how to get to areas of interest for them. For example, there were no signs to support people to get to the lounges or garden patio areas.

We recommend the registered manager reviews best practice guidance and introduces further development to the environment to meet the needs of people living with dementia.

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

- Staff monitored people's weight and encouraged people to eat and drink enough to promote their wellbeing. One person said, "Staff are always making sure that we have had enough to eat and drink."
- Staff supported people who required extra assistance to eat their meals in a patient and kind way. People's dietary needs were catered for. For example, staff prepared food of varying consistencies, such as fork-mashable and soft foods, depending on people's needs.
- People were complimentary about the food. One person told us, "The food here is good. We can always ask for something else." Another person said, "I very much enjoy my meals."

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

- Staff referred people to health care professionals for advice and treatment to promote their wellbeing. These included healthcare professionals such as GP's and district nurses. A person said, "if I am unwell the staff would call out the doctor."
- Staff had guidance and information within people's care records to support people to meet their healthcare needs.

# 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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always treated with respect by the provider as systems to keep people safe from harm and protect them from risk were not always in place. Risk assessments and care plans were not reviewed and did not protect people from harm, and the service was not well managed.
- People told us staff were caring towards them and they were happy with the support staff provided.
- Interactions between people and staff were kind and caring. Staff complimented people on their appearance and people responded by smiling.
- People told us that their relatives and friends were made to feel welcome by the staff and could visit at any time.

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

- People were encouraged to make decisions. For example, choosing their preferred meals, and where they would like to spend their time.
- Staff gave people opportunities to express their views about the quality and safety of the service through meetings and one to one discussions.
- Staff signposted people and their relatives to sources of advice and support or advocacy; they provided advisors or advocates with information after getting permission from people. An advocate is independent and supports the person to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity by knocking on people's doors before entering. Staff showed respect by not discussing people's support and care needs in front of other people. Staff spoke quietly to a person before taking them to their room to have their personal care needs met.
- Staff supported people to remain as independent as possible. One person confirmed, "I like to try and do things for myself. The staff then help with what I can't do."

# 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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care plans did not always provide clear, consistent information about their needs and risks. This meant staff may not have access to accurate information to support people effectively and consistently. For example, guidance for supporting people who showed signs of distressed behaviour had not been included in the care plan. This meant there was a risk of people's needs not being fully, and consistently, met.
- Despite the lack of detailed information in some people's care records, people were happy with the care provided and felt staff knew them well. One person told us, "Staff are great, and I am well looked after."

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

- Staff were responsible for activities but were not always able to provide this support due to responding to people's other care needs.
- Staff sat with a person who was enjoying doing some colouring, another person was enjoying reading their newspaper. However, staff told us they had little time to spend with people in the afternoon and evening due to only two staff being on shift. We saw people asleep where they were unoccupied.

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.

- Care plans provided information about people's sensory or hearing impairment. For example, whether they needed a hearing aid or glasses to improve communication.
- People were given information they could understand, staff supported people with any questions they might have.

End of life care and support

- The ethos of the service is to provide end of life care for people if this was their wish. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people and relatives were asked to think about their wishes in relation to end of life care.
- Staff had not had training in end of life care. However, the registered manager told us they would seek further help and advice from other health professionals, such as district nurse and GP if someone was on the end of life pathway.

#### Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place for receiving and dealing with complaints and concerns. The policies described what action the service would take to investigate and respond to complaints and concerns.
- People and their relatives told us they felt able to talk to the staff at any time and were confident their concerns would be addressed. One person said, "I love it here. There is nothing that I would want to change at the moment." A visitor said, "I have no complaints, [name] is very happy here. If I had to complain I could speak to any of the staff, I am sure they would deal with my concerns."

# 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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was not well managed, and the provider and registered manager lacked oversight of staff performance, quality standards and the care that was being delivered. The registered manager was an active member of staff on the floor providing both care and supporting staff this meant there was less time for managing their own responsibilities.
- The registered manager told us they were in contact on a daily basis with the provider. However, they provided no evidence that demonstrated that the provider had undertaken any quality checks or monitored the quality of the service provided.
- The registered manager completed quality audits. However, these were not effective and failures we found during the inspection had not been identified. For example, risk assessments not being completed, care plans did not have relevant information on managing and supporting people, unauthorised restraints, and there were insufficient staff to meet people's needs. This showed us the registered manager did not have an overview of the service.
- Staff had not always signed and dated records, such as risk assessments and care plans. This meant staff could not tell us when people's care was last reviewed.

We found no evidence that people had been harmed however, the provider had failed to monitor and improve the quality and safety of the services provided. The provider had failed to maintain accurate and complete records. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that in the future if they identify any learning from accidents and incidents that could improve the service, they would discuss this staff at the team meeting and at the daily handover.

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

- People and visitors spoke positively about the registered manager and the staff. One person said, "The staff are all wonderful, we couldn't ask for better." A visitor told us, "The staff are so friendly and are always offer me a drink when I arrive. I had looked at other care homes and this one stood out for us as a family."

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 had fulfilled their legal obligations by notifying the CQC of important events. Notifications of these incidents showed that people and their relatives were informed in line with the duty of candour.

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

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. One visitor said, "I am asked by staff how things are going, and I can say if there were any improvements that could be made. I am very happy with the care provided here."

Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals.

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 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to ensure that care and treatment was provided to people with their consent and in accordance with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to monitor and improve the quality and safety of the services provided.  Regulation 17 (1) (2) (a) (b) (c) (f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to deploy a sufficient number of staff to support people with their assessed care needs.  Regulation 18 (1)