

Stephen Geach

Oak View Residential Care Home

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

We carried out an inspection of this service in April 2015 and found the provider was not meeting the legal requirements in relation to standards of care and welfare for people who use the service. Care and treatment had not been designed to meet people's needs or preferences. There was a failure to ensure systems and processes were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people, or to record and investigate incidents and accidents at the home. We carried out an unannounced inspection of this home on 10 August 2016 and found the provider had made improvements in these areas and was now meeting the requirements of these regulations.

The home provides accommodation and personal care for up to 34 older people, some of whom live with dementia and mental health conditions. Accommodation is arranged over two floors with stair lift access to the second floor. At the time of our inspection 34 people lived at the home.

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.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Robust processes to check the suitability of staff to work with people were in place. There were sufficient staff available to meet the needs of people and they received appropriate training and support to ensure people were cared for in line with their needs and preferences.

Medicines were administered, stored and ordered in a safe and effective way.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. External health and social care professionals were involved in the care of people and care plans reflected this.

People were encouraged and supported to make decisions about their care and welfare. Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People received nutritious meals in line with their needs and preferences. Those who required specific dietary requirements for a health need were supported to manage these.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care. The home used closed circuit television and locks on bedroom doors to promote the privacy, dignity and safety of people.

Care plans in place for people reflected their identified needs and the associated risks. Staff were caring and compassionate and knew people in the home very well.

Effective systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

The service had effective leadership which provided good support, guidance and stability for people, staff and their relatives. Relatives and staff spoke highly of the registered manager and their team of staff.

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 were in place to support staff in mitigating the risks associated with people's care.

Staff had been assessed during recruitment as to their suitability to work with people and they knew how to keep people safe. There were sufficient staff available to meet people's needs.

Medicines were managed in a safe and effective manner.

Is the service effective?

Good ●

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care the provider was guided by the Mental Capacity Act 2005.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People received nutritious food in line with their needs and preferences

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. People were valued and respected as individuals and were happy and content in the home.

People and their relatives were involved in the planning of their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs.

People were supported to participate in events and activities of their choice and were encouraged to remain independent.

Systems were in place to allow people to express any concerns they may have and complaints were recorded and responded to in a timely way.

Is the service well-led?

The service was well led.

People spoke highly of the registered manager and their team of staff. Staff felt very well supported in their roles.

Robust audits and systems were in place to ensure the safety and welfare of people in the home.

Good ●

Oak View 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.

One inspector completed this unannounced comprehensive inspection on 10 August 2016. Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. In February 2016, the registered provider completed a Provider Information Return (PIR). 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. We reviewed the PIR for this home.

We spoke with seven people who lived at the home. Some people were not always able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with one visitor and six members of staff, including the registered manager, head of care, clinical lead, administrator and carers.

We looked at the care plans and associated records for four people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, four staff recruitment files and policies and procedures.

We last visited this service in April 2015 and found they were not compliant with all of the Regulations of the Health and Social Care Act 2008. At this inspection we found the provider had taken sufficient actions to address these concerns.

Is the service safe?

Our findings

People were safe in the home and were supported by staff who knew them very well and understood how to support them to maintain their own safety. One person told us, "I am very safe here and trust the staff, they are all lovely." Another said, "I feel very safe and know they [staff] will help me all they can." A relative told us their loved one was safe and supported by staff who understood their needs very well.

At our inspection of this service in April 2015 we found the provider did not have systems and processes in place to assess, monitor and mitigate the risks associated with people's care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found risks associated with people's care needs had been assessed and informed plans of care to ensure the safety of people.

For people who had specific health risks such as Parkinson's Disease and epilepsy, risk assessments and care plans in place reflected the support they required to mitigate these risks. For people who displayed behaviours that might present a risk to the person or others, the behaviours and triggers to these had been identified. Staff knew people very well and demonstrated a good understanding of their needs and how to support them. Care records reflected actions staff had taken to support people should they become distressed or agitated and care plans had been updated when required to reflect changes in people's needs.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. The registered manager had worked with the local authority to address a safeguarding concern which had been raised in the service. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

There were sufficient staff available to meet the needs of people. The registered manager told us since our last inspection they had requested the provider increase the number of staff working in the home to ensure they could meet the needs of people. A dependency tool in place identified people's needs and the appropriate number of staff required to meet these needs. One person required staff to work with them on a one to one basis and several other people required two members of staff for all support. Staff rotas showed consistent numbers of staff were available to meet the needs of people.

At our inspection of this service in April 2015 we found the provider did not have systems and processes in place to record and investigate incidents and accidents in the service and ensure any learning from these

was implemented. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found incidents and accidents were reported, recorded and investigated in a way which ensured any actions or learning from these was completed and shared with staff. A log of incidents and accidents was recorded and the registered manager monitored this for patterns and trends to ensure they were reviewed and addressed. For example, for one person who had fallen on several occasions a request had been made to the mental health team to support a review of medicines. The registered manager attributed the decrease in incidents and accidents at the home since our last inspection to the increased number of staff regularly available to meet the needs of people.

Care staff who had completed appropriate training administered medicines in the home. A robust system of audit was in place to monitor the administration of medicines which were stored and handled safely. People received their medicines in a safe and effective way. There were no gaps in the recordings of medicines given on the medicines administration records. Records showed staff worked closely with appropriate health care professionals to ensure people did not have to take any unnecessary medicines to manage their mental health conditions.

Personal evacuation plans were in place and available in the event of any emergency. Fire safety systems in place had been updated following a review by the fire service. A robust business continuity plan and emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

Is the service effective?

Our findings

Staff knew how to meet people's needs effectively and offered them choice whilst respecting their wishes. They gave people time to make decisions including where they wanted to spend time through the day and when they would like to have a cup of tea. One person told us, "I get to choose what I want to do every day. I go to bed when I want and I get up when I want. Today I am going to the fete, yesterday I went to the pub, it's up to me."

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. Whilst people were not always able to verbally agree to their care, staff had a very good understanding of how people expressed their wishes and consented to their care. For example, staff were aware of the communication skills people used to demonstrate they did not wish to receive the care.

Care records showed staff always respected people's choice when receiving care. For example, for one person who did not always want to have support with personal care staff, would respect this wish and then return to the person later and ask if they needed any support.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. The registered manager and staff had a very good understanding of the processes required to ensure decisions were made in the best interests of people.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. For several people who lived at the home an application had been made to the local authority with regard to them leaving the home unescorted. We found that the manager understood when an application should be made and how to submit one. The home was meeting the requirements of the Deprivation of Liberty Safeguards.

A program of supervision sessions, induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported through these sessions to provide safe and effective care for people. All staff were encouraged to develop their skills through the use of external qualifications such as National Vocational Qualifications (NVQ) and Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

The provider had a comprehensive training programme for all staff which was closely monitored and

updated by the administrator and audited by the registered manager to ensure all staff had the required training to meet the needs of people.

Staff had a good understanding of their role in the home and the management structure which was present in the home to support them and people who lived at the home. A head of care and clinical lead supported the general day to day running and management of the home, delegated duties and led each shift to ensure people received the support they required. The registered manager, head of care and clinical lead provided supervision for all senior carers and care staff in the home. All staff felt there were opportunities within the home to develop their role and skills.

People spoke highly of the quality and quantity of food they received and described a varied menu of meals which they enjoyed. One person told us, "The food is top notch, love it." Another said, "I get just enough food, not too much and it's all lovely." The provider used an external catering company to provide nutritionally balanced meals which were prepared by the cook on the premises, ensuring portion sizes and individual requirements were met. Special diets such as those for people who lived with diabetes, required pureed or soft diet and vegetarians were catered for. Fresh fruit was available throughout the day. People were offered a choice daily as to their preferred meal and daily dietary intake of people was monitored to ensure they had an adequate nutritional intake.

Care plans identified specific dietary needs, likes and dislikes of people and the cook was aware of these. People's weights were monitored regularly and action taken should any significant changes be noted. For people who were at risk of choking, information in care records clearly identified the need for staff to thicken fluids to reduce this risk.

Records showed health and social care professionals visited the service as and when required. The registered manager told us they worked well with community health and social care staff to meet the needs of people. Care records held feedback from GP's, speech and language therapists and community nurses and mental health nurses. Staff identified people's needs and involved health and social care professionals appropriately. For example, for one person who had recently been admitted to the home, staff had identified with them that they wanted to be able to improve their ability to walk independently. A request had been made for this person to access physiotherapy services.

Is the service caring?

Our findings

People were valued and respected as individuals and were happy and content in the home. They were cared for by staff who understood their needs and who provided a calm, caring and happy environment for people to live in. One person told us, "I am so very happy here, the staff are delightful, nothing is too much trouble." A relative told us, "The hardest bit [putting a relative into a care home] was made so much easier as the staff are all so very caring and truly angels."

Staff knew people well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. For example, one person was very nervous when strangers were in the home or their routines changed and they used a doll to comfort themselves. We saw staff interact with this person and support the use of this doll in a very kind, gentle manner to reassure them about our presence in the home.

For another person who was newly admitted to the home following a very stressful personal time, staff had taken time to get to know them and gently increase their confidence in their abilities. The registered manager described to us how they had supported the person to sit outside in the sun which they had been unable to do previously due to their reluctance to wear sun protection. Staff clearly demonstrated an awareness of this person's vulnerability and need to increase their confidence with daily activities.

Throughout the day staff spent time with people chatting and laughing whilst supporting them with their needs. The atmosphere in the home was calm and very friendly with staff supporting people to interact with each other. Communal spaces inside and outside the home were well utilised to allow people the opportunity to remain independent around the home with staff available to support them should they require this.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed to people's rooms at all times through the day and staff knocked and waited for a response before entering people's rooms. Staff had a good understanding of how to ensure people's dignity was maintained. Bedroom doors in the home were locked with a key pad entry system to ensure the security of people's belongings. All staff and people were made aware of the codes to enter these rooms; however some people who were not able to remember the codes to these rooms required support from staff. We saw staff were always available to support people with access to their rooms and some people had been given visual prompts to allow them to remember these codes without requiring support from staff. People were able to access their rooms when they chose.

Closed circuit television cameras (CCTV) were used in the home in communal areas to ensure the safety and security of people. Information was available for people who lived at the home and visitors to the home about the use of CCTV in the home and the locks on bedroom doors. Whilst people were aware of these cameras and had agreed to their use on admission, care records did not always reflect people had agreed to the use of these and locked doors in the home. We discussed this with the registered manager at the time of our inspection who agreed to implement clearer documentation on this consent.

People were able to express their views and be actively involved in making decisions about their care. The registered manager had introduced a new system of keyworkers. A keyworker was a member of staff who took a lead responsibility in the planning and monthly monitoring of care for a person. Staff told us of their responsibilities in being keyworker for a named person included ensuring they had adequate supplies of toiletries and clothes, cleanliness of their room and review and updating of care plans and records to ensure they reflected people's needs.

The registered manager told us meetings for people in the home were well supported by people but whilst relatives were invited, they did not often attend. These meetings showed people were offered opportunities to discuss any changes at the home. Recent meetings had explored the new decoration of the home and also plans for further development at the home and additional bedrooms.

The registered manager used many different ideas to share information with people and relatives including; a monthly newsletter, displays of information including feedback through the annual survey at the home, collections of compliments and letters of thanks in an entrance area and also a folder of information in an entrance area which displayed the home's 'Statement of Purpose' and 'Resident's Charter'.

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. They were encouraged to be active and healthy in the home and were supported by staff who knew them very well.

At our inspection in April 2015 we found the provider had not ensured care planned for people was in line with their individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was now meeting the requirements of this regulation.

People were assessed prior to their admission to the home and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs they may have were well documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes, hobbies, and the personal abilities of people to manage their own care. It also noted people who were important to them and who needed to be involved in their lives and in helping them to make decisions.

Whilst people told us they were involved in planning their care, care records did not always reflect this. We saw this concern had been identified during an external consultant's audit of the home and the registered manager had a plan of action in place to address this.

Staff had a very good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans in place gave clear information for staff to meet the needs of people with specific health conditions such as diabetes, epilepsy and mental health conditions.

An activities coordinator visited the home on four days per week to support the coordination and management of activities for people. A program of activities included ball games, art and craft, bingo and walks in the garden. Regular social activities such as parties to celebrate birthdays and special events (recently the Queen's birthday), garden parties and visiting musicians were held. People and their relatives told us of a recent 'Race Day' held at the home which was enjoyable and all staff joined in. The garden had been recently renovated and provided an area which people could enjoy outside.

A small convenience shop had been opened at the home to support people in buying small items and encourage a feeling of independence for people. Another area of the home was covered in pictures as a 'Memory Lane' to encourage reminiscence for people and one area was being prepared to make a 'Bus Stop' where people could stop and chatter.

The complaints policy was displayed in the home. The registered manager told us they worked closely with people to enable concerns to be addressed promptly and effectively. The home had received no formal written complaints since our last inspection. The registered provider had effective systems in place to

monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these.

They encouraged staff to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Staff met visitors in a warm and friendly way and encouraged them to express any views about the service their relatives received. Relatives were able to express their views or concerns and knew that these would be dealt with effectively.

Is the service well-led?

Our findings

People spoke very highly of the registered manager and their team of staff. One person told us, "They are all wonderful, I can't thank them enough for what they do for me." Another said, "Don't know what I would do without them, lovely." Staff felt they were well supported and encouraged by the registered manager and senior staff to develop in their roles. Health and social care professionals had provided feedback to the service about the good response they received from all staff who knew people very well.

A staffing structure in place at the home provided a strong support network for staff. The registered manager, head of care and clinical lead provided a stable senior management team in the home. An administrator in the home supported with all clerical duties and the registered manager told us this meant they had more time to deal with the running of the home and not become weighed down with administrative duties. The registered manager was very visible in the service and they told us they were supported by the provider with systems and processes in place to ensure the safety and welfare of people. Staff felt able to speak with the registered manager about any concerns they may have and these would be addressed promptly and effectively. Staff felt supported through supervision and team meetings. Although these did not happen frequently, they were used to encourage the sharing of information such as learning from incidents and new training and development opportunities. Staff felt the registered manager promoted an open and honest culture for working which was fair and supportive to all staff.

Staff worked cohesively as a team and supported each other to meet the needs of people. They shared common values and visions in the service to provide excellent person centred care for each person with the resources available to them. The registered manager and all staff we spoke with were very proud of the home and the care people received there. Staff spoke highly of the way in which the registered manager promoted an ethos of high standards of person centred care in all that they did. One member of staff told us, "They [the manager] are really positive and encourage us all to work as one big team. I love it here." Another said, "The care here is fabulous and it's all down to us being a really good team who work well together."

At our inspection in April 2015 we found systems and processes were not in place to audit plans of care for people and the risks associated with this care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was now meeting the requirements of this regulation.

A program of audits in the home had been implemented since our last inspection, including a quarterly audit of the service by an external consultant. From this quarterly audit actions had been identified for the registered manager to address. We saw these were being completed. The registered manager had begun a schedule of audits under the five key domains of safe, effective, caring, responsive and well-led care. This practice was being embedded in the service.

Audits were in place to review and monitor the effectiveness of care plans and records. Care records were reviewed monthly or more frequently as required. Audits were in place to ensure the safety and welfare of people including health and safety, infection control, medicines, maintenance and equipment.

Incidents and accidents were recorded and monitored for trends or patterns. The registered manager reviewed all incidents and accidents and ensured appropriate actions were taken to investigate these and share any learning outcomes from these.

People, their relatives and external health and social care professionals were asked for their views of the service and the quality of the care delivered at the home. A survey of people's views was carried out in December 2015 and showed people were very happy with the care delivery at the home. All of the results from the surveys had been collated and displayed in the home.