

Oakview Care Home Limited

Oakview Care Home

Inspection report

14-20 Overfield Road
Bartley Green
Birmingham
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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 

Overall summary

We inspected this home on 16 and 17 December 2015. This was an unannounced inspection. The home was registered to provide residential care and accommodation for up to 72 older people. At the time of our inspection 66 people were living at the home.

The registered manager was present during our inspection. 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's feedback about this service told us that people felt safe and protected. People confirmed that they were encouraged to raise any concerns they had. Staff had a good understanding of how to recognise potential harm people might be at risk from and knew what action to take should they have any concerns.

Summary of findings

People using the service and their relatives told us there were enough staff on duty to meet their individual needs. People told us that staff knew them well and we saw respectful communication between staff and people.

Staff we spoke with had the knowledge and skills to ensure people were supported with their care and support needs. Staff were recruited in a safe way and had received support through their induction into their roles.

People told us they received their medicines safely. Staff responsible for administering medicines had received relevant training.

Most staff we spoke with understood and could describe the requirements and their responsibilities in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Applications to protect the rights of people had been submitted to the local supervisory body for authorisation.

People had appropriate support to eat and drink when necessary. People told us they had access to a variety of food and drink. People's health was supported by access to a range of health care professionals in order to maintain good health.

People told us that they were happy with the care they were receiving. We saw that people enjoyed a range of activities tailored to their individual interests and hobbies that they enjoyed.

People told us that they were involved in the planning and reviewing of their care. People's needs had been assessed and person-centred care plans were in place to inform staff how to support people in the way they preferred.

People using the service and their relatives told us that they knew how to raise any complaints or concerns and felt confident concerns would be dealt with in a timely manner.

The systems in place to monitor and improve the quality of the service provided were effective in ensuring the home was compliant with the regulations and consistently well led.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were kept safe from avoidable harm by the actions taken by staff and identified risks were being well managed.

There were sufficient and suitable staff to meet people's individual needs. Medicines were safely managed to keep people safe.

Good



Is the service effective?

The service was effective.

People's choices and rights were respected and most staff understood their responsibilities and the requirements of the Mental Capacity Act.

Staff had the knowledge and skills they required to meet the needs of the people and told us they were well supported. People were supported to access healthcare and their nutritional and hydration needs were met.

Good



Is the service caring?

The service was caring.

People were well supported by staff who provided respectful and compassionate care in a dignified manner.

Staff communicated with people well and observations showed that people were happy with the care and privacy they received.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their on-going care and were supported to maintain relationships with people who were important to them.

People told us they were supported to maintain their interests and hobbies within their home and the local communities.

People and their relatives were aware of how to make complaints and how to share any experiences and concerns.

Good



Is the service well-led?

The service was well-led.

People, their relatives and staff told us that the management team were effective, approachable and accessible.

There were effective systems in place to monitor and improve the quality of the service provided that was compliant with the regulations.

Good



Oakview 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 16 and 17 December 2015 and was unannounced. The visits were undertaken by three inspectors on the first day and one inspector on the second.

Prior to the inspection we looked at the information we had about this provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with 12 of the people who lived in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with seven relatives of people and two visiting health and social care professionals during the inspection to get their views. In addition we spoke at length with six members of care staff, one chef, two nurses, 1 senior care staff and the registered manager.

We looked at some records including six people's care plans and medication administration records to see if people were receiving the care as planned. We sampled two staff files including their recruitment process. We sampled records about training plans, resident and staff meetings, and sampled some of the registered provider's quality assurance and audit records to see how the service monitored the quality of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at the home. One person told us, "I feel very safe because when I pull my buzzer you know that there is someone at the end of it." Another person told us, "I feel very safe; there is not a thing I need here." A relative we spoke with told us, "Yes [name of relative] is safe, that's why they are here, they needed to be somewhere safe."

People told us if they did not feel safe they would tell staff members. One person we spoke with told us, "If I was worried about anything, I could go and talk to [Name of manager]." A relative we spoke with told us, "All the staff here are approachable and would listen to any concerns we had."

We spoke with 10 members of staff; all had received safeguarding training and were able to identify the types of abuse people receiving care and support were at risk from. Staff understood their responsibility and told us that if they had concerns they would pass this information on to a senior member of staff and were confident this would be responded to appropriately. In addition the registered provider had a whistle-blowing policy and had set up a confidential telephone number for staff to raise concerns outside of the immediate group. Staff we spoke with told us that they were aware of the number and could describe how to raise concerns very confidently. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe.

Potential risks to people who used the service had been assessed and action had been planned and taken to keep people safe, whilst still promoting people's freedom, choice and independence. One person we spoke with told us, "I receive all my care from [in] my room; everything is safely used in here." A relative we spoke with told us, "There are always staff about in the lounges to support people to keep safe." Staff were aware of risk management plans and ensured they were applied. Staff told us that they were aware of the need to report anything they identified that might affect people's safety and that they had access to information and guidance about risks. One member of staff told us, "Risk assessments are always updated when necessary; it is our responsibility to follow them." During

the inspection we observed moving and handling transfers completed with the use of equipment. We saw that staff communicated well with people and as a result the transfers we saw were undertaken safely.

Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. Records we saw supported this; accident and incident records were clearly recorded and outcomes for people were detailed. Staff could consistently describe plans to respond to different types of emergencies.

There were sufficient numbers of staff on duty to meet the individual needs of people using the service. A person we spoke with told us, "There are always enough staff to help me, there is not one of them I could fault." Another person told us, "I spend all day in my room and if I need staff I never have to wait long for my buzzer to be answered, in fact they always tell me I don't use the buzzer enough." A relative we spoke with told us, "There are always enough staff when I visit and I visit every day." Staff we spoke with told us that staffing levels were good and that there were enough staff to support people on every shift.

Staff were visible in the communal areas and we observed people being responded to in a timely manner. The registered manager told us that they used a specific staffing level assessment tool to establish their current staffing levels based on dependency levels. Staff rotas showed that staffing levels had been consistent over the last four weeks prior to our visit.

A member of staff who had recently been recruited told us, "There was a really good recruitment day here before I had my interview. I had the chance to talk with residents and staff. I had to provide references and complete a check with the Disclosure and Barring Service (formerly Criminal Records Bureau) before I could start work." The recruitment records we saw demonstrated that there was a process in place to ensure that staff recruited were suitable to work at the home. We noted that two references for newly appointed staff were not robust enough to confirm the validity or position of the people providing the information, failing to reduce the risk of unsuitable staff being employed by the service. The registered manager addressed this issue on the day of the inspection.

We saw a member of staff preparing and administering medication to people; this was undertaken safely, and in a dignified and sensitive way. We saw staff explaining to

Is the service safe?

people what medication they were taking and staff asked people if they needed their 'as required' pain relief medication. People were encouraged to assist in their own administration which promoted their independence. One person told us, "They [The staff] give me my tablets and inhalers when I need them." We looked at the systems for managing medicines and found that overall systems were effective in ensuring that medicines had been administered as prescribed. Staff told us they were aware of how medicines should be administered; however we noted that some medicine protocols were not in place for medicines that had been prescribed for "use as needed" (PRN). This

meant some medicines could be at risk of being administered incorrectly or inconsistently. We found some signatures missing in various cream charts. The registered manager addressed some of the issues and made improvements before we left the service.

Staff told us they had received training to administer medication and that competency assessments had been conducted to ensure they were able to administer medicines safely. The home had not had a recent medication audit by their supplying pharmacist. This had been arranged before we left the service.

Is the service effective?

Our findings

We spent time talking with people about how the skills and abilities of staff ensured that their care and support needs were met. A person living at the home told us, "I've really settled here. The staff seem to know what they are doing." A visiting health professional we spoke with told us, "I am completely amazed and I have every confidence in the staff's ability to manage [name of person] condition." A relative we spoke with told us, "Staff are confident and really care here." Staff we spoke with told us that there was a variety of training offered to them that they were expected to complete and some leading to qualifications in care. Staff told us positive comments about the content and quality of the training they had access to.

Staff rotas we saw demonstrated that the registered manager had ensured there was a mix of skills, knowledge and abilities amongst the staff. The registered manager told us that there were plans to introduce observations in the workplace to check staff competency in practice. Some staff we spoke with told us they had received regular supervision and felt well supported.

A new member of staff told us "I did three days of shadowing where I observed [more experienced staff] and got to know the residents before I worked on my own." The registered manager told us that any new staff recruited had to complete the Care Certificate, which was a key part of the provider's induction process for new staff. A recently recruited member of staff told us, "I have had a really good induction; I've not had individual supervision yet, but I'm still working through my induction."

Staff told us that they received handovers from senior staff before they started each shift in the home and said communication was good within the team. Staff told us that the handovers ensured that they were kept up to date with how to meet people's specific care needs.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with were knowledgeable and had received training about their responsibilities to promote people's rights in relation to the MCA. We saw that staff supported people in a way that reflected the principles of the Act. We saw they regularly sought consent from people before attending to their daily living needs. One person we spoke with told us, "Staff always wait for me to call them in before they enter my room." We observed staff asking people where they would prefer to eat their meals and asking people if they had finished their meals before removing their plates." One member of staff told us, "I give people a choice of what clothes they would like to wear, I show the items and if people are unable to communicate verbally I look at their facial expressions." We did note that not all people living at the home had been given the choice of accessing the internal / external door codes. The registered manager told us that he was in the process of addressing this with 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 procedures for this in care homes are 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 were being met.

We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. We did note that some staff had limited knowledge of DoLS and were not always aware of which applications had been made. We discussed this with the registered manager who confirmed that DoLS will be discussed in more detail with all staff.

People told us they had access to a wide range of different food and drinks. We received positive comments about the quality of the food. One person told us, "I've never had any complaints about the food." Another person we spoke with told us, "We get good choices and more than enough to eat. I stay in my room and the staff are always bringing me drinks." A relative we spoke with told us, "The staff always ask [name of relative] what she wants and if it was fine. People always seem to be enjoying their dinners." We saw mealtimes were a pleasant experience and we saw that the

Is the service effective?

interactions between staff and the people they were supporting were positive with lots of chatter and laughter. People seemed to enjoy their meals and could eat the meals at their own pace.

All of the staff we spoke with had a good knowledge of individual people's dietary and hydration needs and were able to consistently describe how to protect and support people.

People's health needs were regularly monitored. One person living at the home told us, "A couple of days ago, I felt a bit rough and the doctor was called for me. A carer said "We all love you here"; it made me feel great." Another person we spoke with told us, "The nurses come in from outside to support me, they are nice as well."

Is the service caring?

Our findings

People told us that staff were kind, caring and helpful and this was confirmed by their relatives. One person told us, "Staff are very kind and always gentle and friendly; you just can't fault them." Another person told us, "Staff are very good here and I'm happy to be living here; if I had the Evening Mail [local newspaper] I would ring them and tell them how good the staff are."

A person living at the home told us that visitors were able to visit anytime. One person told us, "I'm really lucky, I get lots of visitors; all coming at different times."

Interactions we saw between people and staff were positive and respectful. Some people were able to talk to staff and explain what they wanted and how they were feeling. Others needed staff to interpret and understand the person's own communication style. We saw that staff responded to people's needs in a timely, dignified and sensitive manner. We observed examples of staff acting in caring and kind ways. One person told us, "I don't get visitors and the staff here found someone to come and visit me." Another person told us, "The maintenance staff and the cooks all say 'Hello'; I'm 100 % this is one of the best homes you could go in. They [The staff] don't treat me like a child; they would do anything for me." A relative we spoke with told us, "I just can't praise it enough, as a family we can name all the staff and they all know us by our names."

People were routinely involved in planning how their care needs were to be met in line with their own wishes and preferences. The staff we spoke with told us they enjoyed supporting people and they could describe people's health and personal care preferences and preferred routines. Staff we spoke with had a good appreciation of people's human rights and promoted dignity and respect. One person told us, "The girls are lovely, they are more like friends than carers." Another person told us, "I can assure you that you will not find anywhere as good as this one, all the staff and everybody are really good." One member of staff told us, "It's really important that people continue and are encouraged to make their own decisions. You have to respect that you are working in someone's home."

We saw that staff actively engaged with people and communicated in an effective and respectful manner. One person told us, "My name is [name of person] but I prefer to be called [name of person], all the staff know this and they call me my preferred name and I like that." Another person told us, "When staff change my sheets, they are very good and gentle and never hurt me."

One person living at the home told us, "I've sorted all my funeral arrangements, as there is no-one else to do it, the staff helped me and I know they will come to my funeral. I've told them to sing a particular song. It gives me peace of mind."

Is the service responsive?

Our findings

People told us they were happy with the quality of the care provided and that it was provided in the way that they wanted. People confirmed that they had been involved in the planning and reviewing of their care. One person told us, "I've not been here long, my wife and I sat with staff to discuss what I wanted." Visitors we spoke with told us that they were asked to contribute towards their relative's care plans and had participated in their care reviews. A relative we spoke with told us, "Yes, I have supported [relative] during her care plan reviews."

People who lived at the home told us staff knew them well. People had care and support from staff who had information to provide appropriate and personalised care. Care plans included people's personal history, individual preferences and interests. We saw these had been regularly reviewed and any changes had been updated when necessary. One person we spoke with told us, "I don't get many visitors and can't get out anymore, so the staff will go to the local supermarket and fetch me little things if I want them." Staff, who were named workers assigned to support people, were able to describe people's life histories, things that were of importance to individual people or what had mattered to people throughout their lives.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. One person told us, "I'm still able to do a bit of gardening and we do some keep fit with the staff." Another person told us, "The children came yesterday to sing some carols; it was

lovely to hear them." One person living at the home told us, "I love to read and spend time on my own, I prefer my own company." A relative we spoke with told us, "There is always something going on. My [name of relative] played football last week." We observed people and staff participating together in activities in a positive and relaxing manner.

People were supported to maintain relationships with people that mattered to them. One person told us, "My relatives come and see me all the while; I really look forward to their visits." A relative we spoke with told us, "My children visit their grandmother a lot; it's what they did before she came to live here."

People knew how to complain and were confident that if concerns were raised they would be addressed. A person we spoke with told us, "I know [name of manager], he has always been pleasant and I could tell him if I had a problem. He wouldn't want things to go wrong." Another person told us, "Yes I think staff would listen if had to complain but I don't because there is nothing to complain about." A relative we spoke with told us, "We can always tell [name of manager] if we are worried about anything."

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was available in different formats to meet the communication needs of people living in the home. Records identified that any concerns or complaints had been dealt with appropriately and in a timely manner.

Is the service well-led?

Our findings

A person living at the home told us, “[name of the manager] is the manager here. I can talk to him whenever I need to.”

People who lived at the home and their relatives spoke positively and compassionately about the registered manager. One relative told us, “We hunted to find the right place for [name of relative] and we did. We really appreciate all that [name of manager] has done for us all.”

The registered manager told us that people and their relatives were supported and encouraged to give feedback about the service and we saw that some people had completed questionnaires. The questionnaires were available in different formats which met individual communication needs. A person living at the home told us, “Yes, I have been asked for my views about how this home is run and I’ve completed surveys.” A relative we spoke with told us, “I have completed surveys regularly.” Staff told us that they had been asked to complete staff surveys. One member of staff we spoke with told us, “I have completed surveys, our opinions matter.” People and their relatives told us that the service held regular meetings providing opportunities for people to express their views and experiences of life at the home. One person told us, “I do attend quarterly meetings and we are asked how we feel about the home.”

The culture of the service supported people and staff to speak up if they wanted to. Information about raising concerns was clearly displayed around the home which was accessible in different formats to meet people’s individual communication needs. We saw in the reception area that questionnaires were freely available for people, their visitors and staff to raise any comments or concerns they had. Staff we spoke with were knowledgeable about how to raise concerns. They were able to describe their roles and responsibilities and knew what was expected from them.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective

notification systems were in place and staff had the knowledge and resources to do this. Our discussions with the registered manager showed that they were aware of changes to regulations and were clear about what these meant for the service.

Staff told us that staff meetings were held regularly. We saw staff meetings took place. They identified that concerns received were shared with the staff to ensure improvements could be made and were used as a way of ensuring communication within the home was effective. Records of accidents and incidents demonstrated that the registered manager analysed the data to identify any trends or issues.

The registered provider had an overt surveillance CCTV system fitted within the establishment. The registered manager told us it was primarily used to enhance the security and safety of premises and property and to protect the safety of people. The surveillance was fitted overlooking the front reception area and surrounding external areas within the property. We further explored the purpose and the initial assessment for the system. We saw signage at the entrance of the property to advise people, staff and visitors of CCTV. The registered manager told us consultation meetings had not been held with people and staff to ensure consent was sought for the use of the surveillance. The registered manager told us there were plans to revisit policies and procedures to ensure the organisation followed guidelines for legal use of surveillance.

The systems in place to monitor the quality of the home had been used to ensure the home maintained robust records and a focus on continuous improvements. The registered manager had systems in place to review trends and themes in order to measure the quality of care. We did note that the audits in place for medication had not identified what we had during the inspection, which meant the audits undertaken were ineffective. The registered manager told us the audits would be reviewed following our inspection.