Mr & Mrs J Dunn

Ocean Hill Lodge Residential Care Home

Inspection report

Ocean Hill Lodge Care Home
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Newquay
Cornwall
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Tel: 01637874595

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This unannounced comprehensive inspection took place on 5 December 2016. The last inspection took place on 18 March 2016. The service was meeting the requirements of the regulations at this time.

Ocean Hill Lodge is a care home which offers care and support for up to 18 predominantly older people. At the time of the inspection there were 16 people living at the service. Some of these people were living with dementia.

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 2008 and associated Regulations about how the service is run. However, a new manager had recently been appointed by the owners in addition to the registered manager and had been in post since October 2016. The registered manager was not present at the time of this inspection.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. There were some incontinence odours experienced by the inspectors on the ground floor of the service. Some people had requested that their bedroom doors were open at all times. The doors were held open by devices that were connected to the fire alarm system. This meant that the device would automatically close in the event of a fire. However, the level of the carpet in some people's rooms was below that which enabled the door device to work correctly. Carpet pieces and tape had been used to raise up the carpet level to address this issue which led to a potential trip hazard. The service was working with the maintenance person to address this issue.

People were treated with kindness, compassion and respect. There were sufficient numbers of staff to meet people's needs.

We looked at how medicines were managed and administered. We found people received their medicines as prescribed. Regular medicines audits were consistently identifying if any errors occurred. These were taken up with the identified member of staff and addressed.

Staff were supported by a system of induction training, supervision and appraisals. Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their role and there were opportunities for on-going training and support and development. Some more specialised training specific to the needs of people using the service had been completed by a few staff. The manager told us that further dementia training was planned for all the care staff.

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were held on a computer. Paper copies of people's care plans were also kept for families to view. The computer held care plans and the paper copies and contained detailed information about people's social and care needs. However, some information held on the computer was not evident on the relevant care plan section. For example, falls recorded on the system were not showing on the falls care plan risk assessment. This was addressed with the IT company at the time of the inspection. This meant that some care plans were not entirely accurate and did not always contain up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

Accidents and incidents were recorded at the service. Such events were held on the computer system in each person's care records. However, the manager was not yet able to pull this information together in one place easily. This meant that the management team did not have an overview of all accidents and incidents and therefore were not easily aware of any patterns or trends to help to reduce future incidents. The computer system support team was helping the staff to learn how to do this.

Activities were provided at the service. A programme of activities was in place. People were seen going out to the local area independently. Others were supported to go for coffee and sit by the sea. People were encouraged to help with domestic tasks around their home such as setting tables for lunch and folding laundry.

The registered manager was supported by a new manager and a deputy manager. There were a number of staff who had worked at the service for many years. Staff were happy working at Ocean Hill Lodge and told us morale was good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely safe. Not all fire door closures were operating effectively. Accidents and incidents which occurred at the service were not being audited to identify any patterns or trends and therefore to help ensure future events were reduced.

People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

People received their prescribed medicines appropriately and safely.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with regular supervision and appraisals.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Good

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

People were asked for their views on the service. Staff were supported by the management team

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 December 2016. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is someone who has experience of the care of older people.

Before the inspection we reviewed the information we held about the home. The provider was sent and completed a Provider Information Return (PIR). This is a document which provides CQC with information about what the service does well and what plans they have to further improve in the future. We also looked at past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people who lived at the service. Not everyone we met who was living at the service was able to give us their verbal views of the care and support they received due to their health needs. We spoke with a visiting healthcare professional, looked around the premises and observed care practices.

We observed people and staff interactions in the lounge and dining areas over lunch. We spoke with five staff including the manager and deputy manager.

We looked at care documentation for three people living at Ocean Hill Lodge, medicines records for 16 people, staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with two further visiting healthcare professionals who were positive

about the caring staff and had no concerns about the care provided by the staff at the service.

Requires Improvement

Is the service safe?

Our findings

During our tour of the premises we noticed that some people had requested their bedroom door be kept open at all times. In order to maintain the effectiveness of the fire safety system the service had fitted door guards to people's bedroom doors that were connected to the fire alarm system and which would close in the event of a fire. However, some people's door guards were not operating effectively due to a variation in the floor level in their rooms. The service had taped small squares of carpet below the door guards to raise up the flooring level to help the door guard to operate effectively. These carpet squares were a trip hazard when doors were closed and in one instance the tape had failed and would not enable the door to close in the event of a fire alarm.

We recommend that the service take professional advice on the best solution to this problem to ensure people's safety in the event of a fire emergency.

People's care plans were held electronically on a computer system which the service had implemented since the last inspection. The service had only one laptop on which the full electronic care plans were accessible, with a tablet for staff to add daily records of care provided for people. This meant there was a potential risk of the service losing all access to people's care plans should the only laptop fail or be accidentally damaged. A second laptop containing records relating to the running of the service was held by the owner who was away from the service. This meant information on this laptop was not accessible to the manager responsible for the running the service in their absence.

The computerised care planning system was still being learnt by staff and management and was not fully implemented at the time of this inspection. Accidents and incidents were being recorded on to the system in each person's care plan but management were not yet able to access an overview of all the events which had taken place at the service. Where people had fallen, this was clearly recorded in one screen on the computer however, this information was not showing on their falls risk assessments. This meant that the information held on some screens of people's care plans were not always accurate. The service sought support from the provider of the computer system during this inspection and this was rectified.

We recommend that the service considers additional staff training in the effective use of the care planning system and finds robust alternative methods to ensure the staff can access people's care plans in the event of the laptop failing.

People and their families told us they felt safe at Ocean Hill Lodge. Comments included, "I feel safe here because we are not just treated as objects" and "They (staff) look after us very well, that's what makes me feel safe."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Most staff had received recent training updates on Safeguarding Adults. Staff were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were "Say no to

abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council.

The service had changed their medicines management system since the last inspection, from a monitored dosage system (MDS) to a boxed original packaging system. We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from health professionals. These handwritten entries were signed and had been witnessed by a second member of staff.This meant that the risk of potential errors was reduced. One person required to have their medicines given covertly. This means hidden in food or drink. There was a clear agreement from the GP for this to happen in the person's best interests record. Staff ensured the person ate all the food containing the medicines before signing to state it had been given.

Some people had been prescribed creams and these had not always been dated upon opening. This meant staff were not always aware of the expiration of the item when the cream would no longer be safe to use. The manager told us they had recently been focusing on this issue and would remind staff of the importance of dating all creams once in use. The service was storing medicines that required stricter controls by law. We checked the records held for these medicines against the stock held and they tallied. The service was not storing medicines that required cold storage. Staff training records showed all staff who supported people with medicines had received appropriate training.

Regular audits were taking place of all aspects of medicines management and were identifying when any errors occurred. These errors were taken up with the identified member of staff and where necessary additional training provided.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and were used appropriately. All cleaning materials were stored securely when not in use. Colour coded laundry baskets were used to reduce the risks of cross contamination.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was some guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, one person had been assessed as at risk of choking during meals. There was clear guidance for staff on how to position the person before supporting them to eat, and to help reduce their risk of choking. However, some risk assessments lacked clear direction for staff on how to reduce some risks. This was addressed by the manager following the inspection.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, one person's care plan stated, "Use single word instruction, gestures and prompts" and "Sit and hold their hand and use distraction to divert (person's name) to another matter."

Staff assisted people to move in a safe way where necessary. Moving and handling equipment was used by staff appropriately in a calm and relaxed manner.

Ocean Hill Lodge had a maintenance programme and regular premises audits were completed to ensure

any work required was identified and planned. All necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced. Each person had information held at the service which identified the action to be taken to meet their individual needs in the event of an emergency evacuation of the service. A recent fire service inspection had raised some actions that required attention. We were shown some evidence of actions which had been completed in this regard. However, we were told further evidence of actions completed was on the owner's computer which was unavailable on the day of inspection. The owner was contacted after the inspection and confirmed that all actions recommended had been completed.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

One person told us, "I can call on anybody if I need them, they always come quickly." During the inspection we saw people's needs were met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were usually three or four care staff in the morning and three in the afternoon supported by a manager on each shift. There were two staff who worked at night, one awake and one sleeping in. Staff told us they felt they were a good team, morale was good and they worked well together.

Good

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "There has been quite a lot of training recently, its been good."

Training records showed staff were provided with appropriate training for their roles. A few staff had also undertaken some further training related to people's specific care needs such as dementia care and Parkinsons disease care. The manager told us that further dementia care training was planned for staff. People told us they thought the staff had the correct training and knowledge for their personal needs.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and the new manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. This included both training identified as necessary by the service and also familiarisation with the service and the organisation's policies and procedures. However, the Care Certificate, which replaced the Common Induction Standards, was not fully implemented for new care staff at the time of this inspection. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. New staff spent a period of time working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own.

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. We saw the service assessed people's ability to make their own decisions. Where people were not able to make their own decisions, the service consulted with families and friends to help make decisions in people's best interests. If people did not have any family who could support them, advocacy services were sought to support the person.

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 and hospitals 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. The service had applied for authorisations but none had been assessed or authorised at this time.

The manager was aware of this legislation and was clear about how to ensure people's rights were protected. The service had not updated their Mental Capacity Act 2005 policy to take account of the changes in this legislation which changed the criteria for when a person should be considered for a DoLS application. Most staff had attended training on the MCA and associated DoLS. Staff were confident about how to ensure people's choices would be respected. During the inspection a healthcare professional visited to see one person. The person wished to eat their lunch first and this decision was respected by the staff. This showed people's decisions were respected.

The service was waiting to have the Food Standards Agency inspector return to review a one star rating given earlier in the year. The service had made improvements to the kitchen fittings, recording of food temperature and cleaning procedures. Staff who carried out food preparation had attended food hygiene training.

We observed the lunch time period in the dining area. Staff passed clothing protectors over people's heads to cover their clothing without first asking the person if they wished to have one or not. This was not respectful of people. The food looked appetizing and people were offered a choice of meals. Staff were available to support people with their food if needed. One person did not wish to have either of the choices and so an alternative was provided. The manager told us they had suggested to people living at the service that they may like to have a 'take away evening'. We were told people had declined this offer as the food at the service was so good. People told us, "The staff always make sure I have a drink of water on hand," "You get ample food with a good choice of meals" and "I did not fancy what was on the menu so they made me a spaghetti bolognaise."In the afternoon the cook asked people what they would like for their tea, with a good choice of either a sandwich, scrambled egg on toast or soup.

Some staff who worked in the kitchen also worked on shifts providing care. We spoke with the person who was cooking the lunch on the day of this inspection, who also at other times provided care. They were knowledgeable about people's individual needs, likes and dislikes. They made a point of talking with people in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed. Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. For example, one person who had been losing weight was having their intake monitored daily by care staff. These records were completed each time the person was supported to eat their meals. The GP had advised staff on how to address this concern. Staff had noted another person was eating less than before and so they were tempting them with desserts and sweetened foods as they had a sweet tooth.

On arrival at the service the inspectors experienced incontinence odours in the entrance area. This odour was not found in people's bedrooms or upstairs. The manager assured us they regularly cleaned the carpets in the entrance area. The service had replaced some carpets and furniture since the last inspection.

The service appeared clean. One visiting healthcare professional told us they felt the building was 'tired' and in need of renovation in some areas. However, they told us they would recommend the service to families looking for a care home as the staff were kind and cared for people well.

People were able to decorate their rooms to their taste, and some bedrooms were filled with people's

favourite possessions giving them a familiar feel. Handrails were seen throughout the service to support people. There were two food freezers in the conservatory lounge. These were not able to be accommodated in the kitchen due to lack of space.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Good

Is the service caring?

Our findings

People told us, "Staff are interested in our welfare," "The staff are very kind and look after us well" and "It's like a family home living here."

During the day of the inspection we spent time in the communal areas of the service. People were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. Staff sang along with people to songs they knew.

People's dignity and privacy was respected. Doors and curtains were closed when personal care was being provided. People were able to have keys to lock their bedrooms if they wished. People had a choice about when they went to bed and when they got up. One person told us they had not gone to bed till gone midnight and another person was seen just getting up at 10.30 in the morning.

People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

Bedrooms were decorated and furnished to reflect people's personal tastes. Staff felt it was particularly important for people to have things around them which were reminiscent of their past.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted.

People and their families were involved in decisions about the running of the home as well as their care. There were regular meetings for people living at the service to voice their views and experiences. We saw the service sought the views and experiences of people who used the service, their families and friends and also visiting healthcare professionals.

We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the service as they wished.

Good

Is the service responsive?

Our findings

People told us, "I've been here eleven years so that shows you how good the care is" and "The girls are very pleasant and they genuinely want to speak to you."

Visiting healthcare professionals told us they felt that the service had improved greatly recently. The working relationship between them, the care staff and management of the service was good. Staff were always knowledgeable about people living at the service when they visited. Staff took advice and guidance well and reported any concerns appropriately and in a timely manner.

People who wished to move into the home had their needs assessed to ensure the service was able to meet their needs and expectations. The manager and staff were knowledgeable about people's needs.

Care plans were held on a computerised system which had been implemented since the last inspection. Not all functions of this system were being used by management, with further training support being accessed by the service from the provider of the computer system. Staff were positive about using this new system. Their comments included, "I like paper, but this system is better."

Paper copies of people's care plans were also kept for families to view, although this information was not always up to date and as accurate as the information held on the computer. The electronic care records had been regularly reviewed and updated with details of people's changing care needs. Where appropriate, relatives were included in the care plan review process.

Care plans contained information with guidance for staff on how to support people. There was information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and
friends.

There was a staff handover meeting at each shift change. We observed an afternoon handover meeting which was built into the staff rota to ensure there was sufficient time to exchange any information. During this meeting staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day.

The service did not have a dedicated activities co ordinator. Care staff provided activities for people. However, a staff member told us that some activities did not take place due to not having a staff member

who was spare to carry them out.

Two cars were available for people to be taken out in to the community, attend appointments or go for a coffee. People were supported to attend the local Memory café, trips to the zoo and the beach. People had access to a range of planned activities within the service. A hairdresser visited the service regularly and people told us they enjoyed this. A Christmas party was advertised at the service with an entertainer visiting. During the inspection visit, a person who lived at the service was seen to use personal protective equipment (PPE) and set the tables with cutlery, condiments and drinks. This person greatly enjoyed helping out and was treated as a member of staff by both staff and other people who lived at the service. People told us, "I like Bingo Days, they're my favourite," "I love going out to charity shops and buying books" and "I sometimes go out to the cinema to watch a film with a friend." People had access to quiet areas and a well maintained outside space.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people regularly and responded promptly to any call bells.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the pack provided upon admission to the home. People told us they had not had any reason to complain. We saw the service had dealt with concerns raised and resolved them appropriately. The service received compliments from people who were very pleased with the service provided for them and their family.

Good

Is the service well-led?

Our findings

People told us, "The manager spoils us, they are lovely," "The staff make us feel involved with what is going on" and "All the staff are my friends."

The owner/registered manager was not present at the time of this inspection. Since the last inspection the owners had recruited a new manager. This was to eventually allow the owner/registered manager to step down from their responsibilities and retire. The new manager had been in post since October 2016. Staff were clear on the lines of accountability and responsibility within the service. The new manager was being supported by the owner, the deputy manager and senior care staff during their initial months in the service.

Staff were positive about the new manager and told us all the management team were approachable, friendly and available to them should they need support. Staff told us they felt well supported through supervision and regular staff meetings. Staff commented they felt the owner was always there for them and had been very supportive.

A poster advertised regular residents meetings. Not all the people living at the service wished to attend but the opportunity for them to speak with staff and management was available to them at all times. People had no concerns or complaints about the service. The last quality assurance survey from January 2016 showed positive feedback from people and their families. A new survey was due to go out in January 2017.

The new manager worked in the service regularly providing care and supporting staff . This meant they were aware of the culture of the service at all times. Daily staff handovers provided each shift with a clear picture of each person at the service and encouraged two way communication between care staff and the manager. This helped ensure all staff were aware of the current needs of each individual.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, the building and people's bedrooms as well as medicines management.

There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use. The stair lift and all moving and handling aids were regularly serviced to ensure they were safe to use.

The owners carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.