

Charing Oast Limited

# The Oast

## Inspection report

2 Plains Avenue  
Maidstone  
Kent  
ME15 7AT

Tel: 01622752969

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected The Oast on 7 and 8 September 2017. The Oast provides care and support for up to 28 older people some of whom were living with dementia. At the time of our inspection, 21 people were living at the service.

This was The Oast's first inspection since it re-registered with a new provider.

The service had a registered manager 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.

Staff had good knowledge of safeguarding adults and knew what actions to take if they suspected abuse was taking place. The provider had ensured that appropriate employment checks had taken place to ensure that staff were safe to work with people at the home. There were sufficient numbers of staff to keep people safe. The provider gave staff appropriate training to meet the needs of people. Staff received supervisions and appraisals from the registered manager.

People's medicines were being managed by trained staff and were stored safely at the service. However, staff had not received competency assessments since the new provider took control of the service on 16 September 2016. Medicines were being effectively audited by senior staff.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments that were personalised to people's needs. Staff were aware of the potential risks and how these should be mitigated. The provider had ensured that the environment was safe for people to live in. People were being referred to health professionals when needed. People's records showed that appropriate referrals were being made to GP's, speech and language therapists, dentists and chiropodists. Staff supported people who required assistance with their nutrition and hydration needs. Appropriate assessments were in place when required.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Mental capacity assessments were being carried out and these were decision specific. Staff and the registered manager demonstrated good knowledge of the Mental Capacity Act 2005. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Consent was sought after by staff before providing personal care. However, we found that there were inconsistencies with the signing of consent forms.

People and relatives spoke positively about staff. Staff communicated with people in ways they understood when providing support. People's private information was stored securely and discussions about people's

personal needs took place in a private area where it could not be overheard. People were free to choose how they lived their lives. People could choose what activities they took part in.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Records showed that outcomes of the investigations were communicated to relevant people. People were empowered to manage any personal disputes they had. People and their relatives were encouraged to give feedback through resident meetings and yearly surveys. The provider had ensured that there were quality monitoring systems in place to identify shortfalls within the service. However, these had not been fully embedded within the service. We have made a recommendation about this in our report.

Relatives and staff spoke positively about the registered manager. The registered manager had an open door policy that was used by staff. The registered manager was approachable and supportive and took an active role in the day-to-day running of the service. Staff were able to discuss concerns with the registered manager at any time and had confidence appropriate action would be taken. The registered manager was informing the CQC of all notifiable events detailed in the regulations.

## 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.

Trained staff managed medicines.

The provider had ensured that there were sufficient numbers of staff to provide care and keep people safe.

The provider had ensured that the environment and equipment was well maintained by carrying out appropriate safety checks and servicing.

People were protected from abuse by trained staff who understood the providers safeguarding policies and procedures.

### Is the service effective?

Good ●

The service was effective.

The provider had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards.

People had access to a range of food options that was nutritious and met their needs. People were supported to maintain their diets when required.

Staff received training that gave them the skills and knowledge required to provide care and support to people.

### Is the service caring?

Good ●

The service was caring.

Staff demonstrated good knowledge of the people they supported. Staff treated people with dignity and respect at all times.

Relatives told us they were involved with the planning and reviews of their care plans. Care plans recorded when people and their relatives were involved with their care.

Relatives spoke positively about staff and told us they were

happy with the service that they were receiving.

### **Is the service responsive?**

The service was responsive.

People's friends and family were made to feel welcome by staff when they visited.

There were activities available for people living at the service.

The registered manager ensured that complaints were appropriately responded to and included full investigation and outcomes.

**Good** ●

### **Is the service well-led?**

The service was not consistently well-led.

Auditing systems had not been fully embedded within the service.

Relatives and staff spoke positively about the manager. Staff told us they felt supported and could approach the acting manager with any concerns.

People's records were being updated on a regular basis and the registered manager was informing the CQC of all notifiable events.

**Requires Improvement** ●

# The Oast

## 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.

We inspected The Oast on 7 and 8 September 2017. This was an unannounced inspection. Three inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This was first inspection at The Oast since the new provider took over the service on 16 September 2016.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. Before the inspection, the provider had 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. The PIR was taken in consideration.

As part of the inspection, we spoke with 10 people living at the service, four relatives, four staff, an activities coordinator, the service manager and registered manager. We observed the care and support being provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked in detail at five care plans, three staff files, staff training records and quality assurance documentation to support our findings.

## Is the service safe?

### Our findings

People at the service told us they felt safe. One person told us, "I feel safe here, there is always someone around, I was unsafe at home." Another person told us, "I feel safe, I enjoy living here and I'm well looked after." One relative told us, "I know my mum is safe here. The staff seem quick to respond to everyone." However, we found that not all areas within the service were completely safe.

Trained staff managed people's medicines. We checked people's medication administration records (MAR) and staff were accurately signing who administered them. We checked a sample of medicines that had been supplied in blister packs against the MARs. The amounts remaining in the blister packs matched what was recorded as having been administered. Care plans contained information on people's allergies and an up to date list of their medicines. A medicines round was observed; administration of medicines was hygienic, safe and timely. People were asked if they were in pain. The senior carer took time to listen and explain to people what their medicines were for. Guidance was available to staff in people's care plans about how they can express pain. For medicines that were prescribed to be taken when needed (PRN) there were protocols in place for each person and each medicine. The guidance told staff the maximum dose someone can have in a 24-hour period and staff were logging the specific times when people were given PRN so that people would not receive more medicine than prescribed. However, staff had not received competency training since the new provider took over the registration on 16 September 2016. Competency training is an observed assessment to ensure that staff had understood their training and were handling and administering medicines safely. We expressed our concerns to the registered manager. On the second day of our inspection, staff on shift were receiving their competency assessments for medicines by someone who was competent to do so. Following our inspection we were given evidence to show that all staff had completed their competency training.

Risks to people's personal safety had been assessed and plans were in place to minimise risk. Risk assessments and support plans were in place that considered any potential risks and some strategies were in place to minimise any risks. Risk assessments were personalised to people's needs and included bathing, using the lift, nutrition, pressure sores and moving and handling. Staff we spoke to demonstrated good knowledge of the risks involved with delivering personal care. We observed staff moving and handling techniques during our inspection. This was done safely and in a caring way. One person told us, "I feel extremely safe when they are transferring me to my wheelchair."

The registered provider had ensured that the environment was safe for people living at the service. There were up to date safety certificates for gas, electricity, legionella, portable appliance testing and a recent fire risk assessment. Records showed that the maintenance team carried out tests on the fire systems and water throughout the year. People had a personal emergency evacuation plan (PEEPs) in their care plan.

People were protected against abuse by staff that had received safeguarding training and could identify the types of abuse and how to appropriately react. One member of staff told us, "Safeguarding is about us being able to identify the types of abuse and how these should be reported. We can report to management, senior management or social services." There had been no recent reports of safeguarding concerns at the service

but the registered provider had systems in place so that any reports could be actively investigated and tracked by the registered manager.

The provider had systems in place for safe reporting and investigations of accidents and incidents. Staff could demonstrate knowledge of the policy and knew where accident and incident forms were located. The registered manager investigated any accidents and incidents. Accidents and incidents included full written report by staff, body maps (when require), investigation notes and any outcomes.

There were sufficient numbers of staff to support people's needs and the staffing rota showed that staff were organised in an appropriate way. People and relatives told us they felt there were enough staff on duty. One person told us, "I think there are enough they seem to cover each other pretty well." A dependency tool was completed for each person and evidence was seen to show that these had been reviewed and updated when necessary. A dependency tool is an assessment that identifies the amount of care hours a person needs. The registered manager told us that staffing numbers would increase as the service took on more people. The provider had taken steps to protect people from staff who may not be suitable to support them. Before staff were employed, the provider carried out checks to determine if staff were of good character. They took up references from previous employers and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of their recruitment process.



## Is the service effective?

### Our findings

People and relatives were confident in the staff's approach to effective care at the service. One person told us, "I get all the help and treatment I need here." Another person told us, "I think they are very competent and well trained." One relative told us, "The staff know what they are doing. I have no concerns."

Staff were supported in their role and received a full training programme to ensure that they had the knowledge required to provide effective support. New staff undertook an induction programme that included core training and a period of shadowing other staff. On-going staff training included safeguarding, the principles of the Mental Capacity Act (MCA) and dementia awareness. Staff were also supported to complete the care certificate. The care certificate incorporates a set of standards that social care workers adhere to in their daily working life. Staff were supported to obtain National Vocational Qualifications (NVQ) in social care. All staff were receiving regular supervisions and yearly appraisals at the service. Staff told us that the supervisions were useful as they could identify any further training they wanted.

Staff and management demonstrated appropriate understanding of The Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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. Staff had received training to identify when people's mental capacity may need to be assessed. All the staff we spoke with could identify the main principles of the MCA. For decisions needed to be made, the management team identified the specific decisions to be made, carried out a mental capacity assessment to identify if the person did lack capacity to make a decision and an appropriate best interest meeting with associated parties was recorded. Staff were seen asking people for consent during our inspection. This included asking people if it was okay to enter their room.

People were supported with their nutrition and hydration needs. Any special dietary requirements were catered for, for example, those who were diabetic were offered a lower sugar alternative to the main dessert. Food was fortified and the chef was aware of who required additional calories such as milky drinks, the use of butter, milk powder and cream to help gain weight. Where people were at risk nutritionally, we saw appropriate referrals had been made to the dietician or speech and language teams. Some people had food and fluid charts in place. People's weights were monitored in line with guidance in risk assessments and where there had been concerns this had been referred to the appropriate health care professionals. A four-week menu was in operation. Monthly forums were held monthly and people, as part of this meeting were asked about their thoughts on food. The cook said they often went off menu to cook people what they

wanted. People who had special diets were identified on posters in the kitchen. We saw documentation recording meat temperatures, fridge temperatures and audits were completed regularly. The service had received a five star rating from the Food Standards Agency. This is the highest rating that can be awarded and demonstrated food was prepared in hygienic conditions.

People's healthcare needs were met and when necessary staff contacted health and social care professionals for advice and support. Referrals had been made to specialist health care professionals for example, tissue viability nurses, psychiatrists and community psychiatric nurses. People had seen dentists, audiologists and opticians for regular checks. One relative told us, "If there is something they are not sure of, they call the doctor."

## Is the service caring?

### Our findings

People and relatives we spoke to told us the staff were caring. One person told us, "All the staff are very nice." Another person told us, "All the staff are good and you can have a laugh and a joke with them." A third person told us, "I would rather be at home but you have to be sensible and the care here is very good." One relative told us, "The staff are all very good."

People we spoke to told us that staff spent time with them during the day. One person told us, "They (staff) sit with us for chats or to play games." When one person was having difficulty drawing, this was noticed by a member of staff who asked the person if they wanted to move to a bigger table. This was agreed and the person was safely supported to the table and a member of staff stayed with them and was complimentary to what the person was drawing. We observed staff to be confident in how they supported people. They interacted with people in a kind, caring and happy manner. We saw that people were relaxed and content as they spent time with staff. Staff were able to anticipate their needs, because they knew the people very well. Staff were seen to support people in both a discreet and dignified way. This was because staff understood the body language people used when they needed personal assistance and responded appropriately. When the tea trolley went around the service it was clear the member of staff knew each person individually and they addressed people by their preferred names. The member of staff knew how people liked to have their drink but still gave them the full choices. One person told us, "They know that I prefer a bigger drink so they gave me a mug."

People and their relatives were involved in the reviews of their care. The registered manager would use these meetings with people and their relatives to discuss any changes that had happened since they last met. For any changes that were required between meetings relatives we spoke to told us that they were kept informed. People's records show that care plans were being reviewed on a regular basis and that meetings with family members had taken place and were arranged for future dates.

People were encouraged to be as independent as possible and staff understood the importance of this. One member of staff told us, "I encourage people to do what they can do for themselves. This can include washing their face and walking." Another member of staff told us, "It is important that we work on confidence with people in certain areas to increase their independence. For example, I spent time walking behind one person with their wheelchair whilst they walked short distances to give them confidence and improve their mobility." During our inspection, we observed people moving freely around the home and where support was needed this was given in supportive, kind and caring manner. Staff were seen engaging in discussion with people while they assisted them throughout the service.

Staff respected people's dignity. Staff told us that it was important to treat people with privacy and dignity they deserved. All staff we spoke with told us that they ensured that they knocked on doors before entering and kept doors and curtains closed during personal care. During an observation of the medicine round, we saw that staff were knocking on doors and introducing themselves to people and telling them why they were there. One member of staff told us, "It is important that we maintain a person's privacy and dignity by making sure it is respected at all times. We never discuss people's personal issues publicly and always make

sure personal care is kept behind closed doors."

People's private information was kept secure. People's personal information was kept in locked cabinets that only staff had access to. Staff were not seen to discuss people's individual needs in public areas. Handover of any personal information took place in a private area of the home that could not be overheard by people, relatives or visitors.

## Is the service responsive?

### Our findings

People told us they were given choice about how they wanted to live their lives. One person told us, "I choose when I get up in the morning and choose my own clothes." Another person told us, "The girls (staff) always give me options during the day. Like what I want to do, what I want to eat." It was evident that people were consulted on whether they wanted male or female carers to support them with personal care. One person told us, "We were asked recently if we would mind male carers and I said no, I did not want a male carer." Another person told us, "I prefer a female carer as they seem more caring." People's choices and wishes were respected and implemented by staff at the service. One member of staff told us, "I would never take away a person's choice on how they want to live."

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals. Care plans were personalised, detailed and reflected the individualised care and support staff provided to people. A personal profile included information on my childhood, my later years, my favourite things; food likes and dislikes, preferred drinks, activities and other information e.g. spiritual needs. We saw some people had complex care needs in relation to their health and behaviours that may challenge others. People had their care reviewed regularly this included any changes that related to their health, care, support and risk assessments. There was evidence that people and, where appropriate, their relatives were involved in the reviews.

People told us they enjoyed the activities that were on offer at the service. One person told us, "In general I enjoy the activities, it keeps us occupied." Another person told us, "Next Saturday we've got a singer coming and cream teas. We are going out on Tuesday for a pub lunch, I went to see Elvis Presley at a local theatre and had my photo taken with him." Another person told us, "I like staying in my room because I have control over the television but I do enjoy joining in with the penny bingo." One relative told us, "Mum attended an event at another home, and she likes to join in with the sing along and dancing." Activities included quizzes, skittles, exercises and health and beauty sessions. People were also encouraged to carry on with activities that they participated in prior to moving to the service. One person told us, "I still go to age concern once a week." Another person told us, "I make cheese straws one afternoon a week; another resident makes a Victoria sponge once a week." However, people and relatives told us that they would like more opportunities to go on outings. There was one outing activity each month but the service was limited to only be able to take four people. We reported this to the management team and were informed after the inspection that a meeting had taken place with activity coordinators and a full staff meeting on the issue. The service aims to provide more opportunities for people to go on outings and these ideas will be put to them and include cinema trips, outings to local cafes, garden centres and attending a local bingo hall.

The provider had a clear complaints policy and procedure that informed people of how to complain and who else they could contact to discuss any concerns. People told us they could approach the manager and the provider with any concerns. The complaint procedure was displayed in written form in the reception area. Complaints were recorded and responded to appropriately and there have been no recent complaints. Relatives told us that they knew how to make a complaint if they needed to and most people using the service understood the process.

## Is the service well-led?

### Our findings

People, relatives and staff spoke positively about the Registered Manager, and the service as a whole. One person told us, "The manager is good and approachable." One relative told us, "They look after my mum. I don't have a lot of complaints and when I do act on them quickly." Another relative told us, "Things seem more organised with the new manager and there is good communication between the home and us, we are notified straight away of any issues with mum."

A staff member said, "The registered manager is conscious about what needs to be improved and she listens to us. I think the new owners are doing really well with the staff and residents, and it's clear they are doing their best." Another staff member told us, "The culture here is really lovely, they're a friendly lot and I think I've fitted in really well. The manager is really good and I can go to her with anything." A service manager, who had been in post for two months at the time of the inspection and was promoted from within the service, supported the registered manager. Policies and procedures were accessible to staff, and were reviewed regularly.

The registered provider had audit tools that were used to assess the quality of support being provided and to identify and shortfalls within the service. Weekly and monthly audits were completed by the service manager and reviewed by the registered manager. They included audits of care plans, accidents and incidents, medication and the home environment. In addition to the service manager audits, the registered provider carried out an annual audit of the service, and two audits carried out by external consultants. The programme of quality assurance audits was detailed, robust and identified themes and areas for improvement. However, not all audits had been carried out consistently in the months prior to the inspection. We found that the provider was not meeting its own policy by providing competency tests for medicines every six months. This showed the quality assurance processes were not yet embedded and sustained in the service. We found that some consent forms had not been signed by people using the service without identifying why this was the case. The registered manager could tell us why people could not sign but this was not documented.

We recommend the registered manager ensures that audits are completed in line with their policies and procedures and that all aspects of people's records are kept up to date.

The registered provider used surveys, resident and relative meetings as methods for gathering views of people who use the service and their relatives. A resident survey had been completed in 2017 had highlighted the wish of a resident to have more drinks on offer in the home. Minutes of a subsequent Residents Forum showed this had been discussed, and it was agreed between the management and residents that drinks would be left in jugs in the dining area for residents to help themselves when they wanted. Another resident stated on the survey that they thought the lighting in the lounge area was too dark. The registered provider agreed to install additional lighting in the lounge, and this work had been completed prior to the inspection. This meant people's views were valued and were taken into consideration in the shaping of the service.

The service manager had recently held different meetings with staff based upon their role within the service,

and these meetings were well attended. The minutes of the meetings indicated that areas for improvement identified in the quality assurance audits were discussed with staff. Staff told us they were encouraged to speak out at the meeting. One staff member told us, "The meetings are good, and you can share your opinions". Another said, "At the moment I think we are listened to, but this was not so in the past". Records showed staff had not consistently met in the months prior to the inspection.

The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirements were made to the CQC. A notification is information about important events that the provider is required to tell us about.