

New Century Care (Ash) Limited

# High View Oast Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

High View Oast is a nursing home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

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

There had been change of provider and a number of changes to the management team since the last inspection and this had resulted in staff feeling unsettled. Although the new provider had made positive changes to the service these had yet to be embedded into the culture and the provider acknowledged there was more work to do. The provider and manager were accessible and open to people's views. Surveys had been completed and actions taken to address shortfalls. Regular audits were completed. Regular visits to the service and weekly reports enabled the provider to have oversight of the service.

Staff told us they felt they would benefit from more training and more regular supervisions. There was a new training plan place and supervisions were being planned. People's health care needs were managed well and the manager had begun working closely with the local GP to improve people's access to health professionals. Some people had hospital passports which they could give to hospital staff to explain their needs and preferences, however, this was not in place for everyone. People had access to food and drinks which met their needs and where necessary their intake was monitored and actions taken when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans were now more consistent and gave detailed guidance for staff about their needs and how they preferred to be supported. People's end of life care plans would benefit from more detail about what makes them feel comfortable and reassured. People could take part in a range of activities; however this could be expanded. An activities co-ordinator had recently been employed to improve this. Complaints were dealt with in line with the providers policy. However, the complaints policy and other documents were only available in normal or large print. No other options were available to make information accessible to people.

People told us that staff were kind, caring and respected their wishes. Staff knew people well and used that knowledge to engage with people and reassure them. Relatives told us they were always made welcome and kept informed about any changes in their loved ones needs. People were encouraged to be independent and their dignity and privacy was respected.

People told us they felt safe at the service. Staff understood their responsibilities in relation to safeguarding people from abuse. Risks had been assessed and guidance was in place to minimise risk without restricting people. Staffing levels were appropriate to meet people's needs and staff had been recruited using safe

practices. People's medicines were managed safely and in the way they preferred. Infection control measures were taken by staff and the service was clean. Accidents and incidents were reviewed for learning and actions were taken to reduce the risk of reoccurrence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 07 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This is the fifth time the service has been rated inadequate or requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.  
Details are in our well-Led findings below.

# High View Oast Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Highview Oast is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post who had submitted an application to CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We received feedback

from the local authority and other health professionals. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke to the manager, provider, a nurse and three care staff. 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 reviewed care plans and other documents relating to four people's care. We also looked at documents relating to the running of the service including, two staff recruitment files, staff training records, safety checks and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection risks had not been assessed and mitigated effectively. This was in relation to people who could display behaviours which could challenge and a lack of learning from incidents or accidents.

- Risks to people were now assessed appropriately and guidance was in place for staff about how to minimise risks to people.
- People and their loved ones were supported to understand risks and involved in planning how to minimise them.
- People's wishes were respected in relation to risk, for example, one person was fed by a tube directly into their stomach due to a choking risk but chose to still eat some foods. Staff supported this and were aware of how to respond should the person choke.
- Accidents and incidents were reviewed for learning and to identify trends. Learning was shared in staff meetings and supervisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and that staff were there to reassure them when needed.
- Staff understood the types of abuse they may encounter and were clear about their responsibilities in relation to reporting concerns.
- Any concerns raised had been discussed with the local authority safeguarding team and actions had been taken to safeguard people.

Staffing and recruitment

- Staffing levels were based on the needs of people and were increased when required, for example if people were unwell or at the end of their life.
- There had been a reliance on agency staff to provide nurses. The new provider had employed permanent nursing staff improving consistency in nursing care.

- Staff were recruited safely; appropriate checks and references had been sought to ensure staff were suitable for their role.

#### Using medicines safely

- People were supported to have their medicines when they needed them and in the way they preferred.
- Medicines were managed safely by trained staff. Records were accurate, and stock managed well.
- One person, who was living with dementia refused to take their medicines. Staff were very patient, explaining to the person what the medicines were for and gave them some time. When they returned the person took their medicines happily.

#### Preventing and controlling infection

- Staff understood the need for infection control measures and had received training.
- Staff used aprons and gloves when appropriate. Staff changed gloves when moving to support another person.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had completed training in core subjects and those related to people's needs such as end of life care. Staff told us they would benefit from more training. A new training plan had been put in place by the manager.
- Records showed that staff had completed training in both core subjects and subjects specific to people's needs.
- Staff told us they had not always had regular supervisions. Recently the new provider had carried out one to one meetings with staff to listen to their ideas and concerns. Staff told us this had been positive, however they felt they would benefit from regular meetings.
- New staff completed a comprehensive induction which included training and working alongside experienced staff. New staff had their competence and knowledge assessed for a range of support tasks.

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

- People's needs were assessed before they moved into the service and were reviewed on a monthly basis.
- Assessments used nationally recognised tools to monitor people's skin integrity and risks related to malnutrition.
- People's assessments included characteristics covered by the Equality Act (2010) such as religion and sexuality.
- Staff supported people in a way which took into account best practice and legislation.

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

- People were supported to have a choice of food and drink which met their health needs. A relative told us, "My loved one has put on weight since coming here, which is great."
- People told us they enjoyed the food. The chef spoke to people each day to ask what they wanted to eat and discuss the menu.
- People's food and fluid intake was recorded and if there was any concern that people were not having enough actions were taken.
- The day of the inspection was very hot and staff encouraged people to stay hydrated with a range of drinks and ice lollies.

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

- Staff used effective communication systems to meet people's needs.
- The manager had begun working closely with the local GP surgery to find the best ways of working and to improve communication.
- When people were living with health conditions their care plans detailed how this impacted them and when to call medical professionals. For example, for people living with diabetes their care plans showed what signs to look for if their blood sugar levels were high or low and what action to take.
- Some people had hospital passports which detailed their support needs should they be admitted to hospital. Everyone would benefit from having one in place. The manager agreed to complete these for everyone.

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

- The service had been adapted to meet the needs of people, there was room for people to move around using mobility aids and wheelchairs.
- People's bedrooms had been decorated to their taste and they had their own items to personalise their rooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been assessed for specific decisions. Some people would benefit from assessments being completed for more areas of their support. For example, not everyone had a capacity assessment about taking their medicines. Some people who were living with dementia could refuse to take medicines and there was no assessment to evidence if they had the capacity to make this decision.
- When people were deprived of their liberty authorisations had been applied for and for some people were in place.
- Staff understood MCA and gave people choice throughout the day, taking the time to explain decisions to people when necessary.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who knew them well and who had built positive relationships with them.
- When people became distressed staff knew how to help them calm down. For example, one person could become anxious when they could not see staff. A member of staff was completing paperwork and sat next to the person to reassure them. Staff chatted to them about their family and distracted them. The person became much calmer.
- Each person had a document about their life history and what was important to them in their care plans. Staff used this information to engage people. They referred to where people had lived and the jobs they had done.

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

- People and their loved ones were involved in planning their care.
- One person told us, "I do what I want and the staff help me when I ask. They know I like things a particular way, so they do it that way."
- Residents and relatives meetings were held. People and their loved ones were able to give suggestions about the menu and activities on offer. The provider also met with people and their relatives to hear their views.
- People could have visitors at anytime and relatives told us they were always made to feel welcome. Relatives told us they were always kept informed about their loved one and informed of any changes in their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people dignity and privacy. They used screens when people were receiving treatment or being moved using a hoist.
- People were encouraged to maintain or develop their independence. Staff encouraged people to do what they could for themselves and were patient, giving them time before assisting.
- One person told us, "I am very independent, and they [the staff] understand that. When I ask for help I get it."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same requires improvement.

This meant people's needs were not always met.

At our last inspection, the registered persons had failed to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

At the last inspection people's care plans had a varied amount of detail about their care and preferences and wound care was not recorded accurately.

- People's care plans were detailed and gave staff the guidance they needed to give support in the way people preferred. When people had wounds there was clear records of the support given and the progress in healing.
- People and their loved ones were involved in developing their care plans. The care plans were detailed they included people's life histories and who was important to them.
- Staff used the information in people's care plans to engage with them. One person was watching a TV show about Armed Forces Day and staff began speaking to them about their experience in the army. The person was happy to talk about their memories of that time in their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some documents were available in large print. However, no other options were available to make information more accessible to people. The manager and provider said they would address this as soon as possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities which they enjoyed. One person was colouring pictures which staff then displayed on the wall for them.

- There was an opportunity to expand the range of activities on offer, an activities co-ordinator was due to start working at the service within a few weeks of the inspection to take a lead on this.
- People were supported to maintain relationships with loved ones. On the day of the inspection there were friends and family visiting people and spending time with them in their rooms and the communal areas.
- Some people had lived locally when they were younger. Staff had arranged to drive to the location of their old homes and areas they knew. People told us they enjoyed this and that it was good to talk to staff about their childhoods.

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

- There was a complaints procedure in place, which was displayed in the hallway and people had copies in their rooms. However, this was not available in any other formats.
- People and their loved ones told us they knew how to complain and felt any issues would be resolved.
- Complaints which had been received had been responded to in line with the providers policy and to the complainant's satisfaction.

#### End of life care and support

- People could be supported by the service until the end of their lives.
- People's care plans gave some details of their wishes for end of life care, such as what medical interventions they wanted and where they would like to die. However, care plans would benefit from more detail about what would make people feel reassured and comfortable at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection, the provider had failed to mitigate risks to people and keep accurate records relating to people's care needs and the care provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- There had been a change of provider and a number of changes in the management team since the last inspection. Staff told us this had made things unsettled and at times difficult. On the day of the inspection the manager had only been in post 9 days and had just begun her application to be registered with CQC.
- Staff told us things had begun to settle since the provider took over in February 2019. They told us that the provider and new manager listened to their ideas and were taking them on board.
- Both staff and people told us that the provider was accessible, open and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour,

- The provider had used a consultant to undertake an audit of the service and the quality of care being delivered. This was used as the basis for an action plan which the manager was working through. Other audits had been completed by the management team.
- A weekly report of the progress on the action plan was sent to the provider so they could maintain oversight.
- Improvements made were not yet embedded into the culture of the service and the provider and manager agreed it was a 'work in progress.'
- The manager had informed CQC of any notifiable incidents in a timely manner.
- It is a requirement for services to display their rating. The service rating was displayed in the entrance hall and on the provider's website.

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

- People and their loved ones had been asked to complete a survey about their care. When people raised

issues these were responded to and action was taken to resolve any concerns.

- Regular meetings were held for residents and their loved ones, where they could discuss any worries and make suggestions about changes they would like to see. For example, they had made suggestions for changes to the menu which had been made.
- An open day was planned to allow people and relatives or friends to meet the new provider and manager and talk about the plans to improve the service.

#### Continuous learning and improving care

- The provider and manager were open about any shortfalls and learning was shared with staff and in residents' meetings.
- The provider used learning from their other services to drive improvement.

#### Working in partnership with others

- Staff had built positive working relationships with professionals such as physiotherapists and speech and language therapists in order to meet people's needs.
- The manager was meeting with community nurses to get support and ensure that the service was working in line with best practice.