

## Peasmarsh Place (Country Care) Limited

# Oakside

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected Oakside on 25 October 2016. This was an unannounced inspection. Oakside provides accommodation and support for up to 17 people. The service provides care and support to people at risks of falls and long term healthcare needs such as diabetes. On the day of our inspection there were seven people living at the service.

We last inspected Oakside on 29 January 2014 where we found it to be compliant with all areas inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Although people, their relatives and staff spoke positively regarding the leadership of the service, we found senior staff had not established robust systems to enable clear oversight of all areas of the service. For example in relation to record keeping and quality assurance.

People appeared happy and relaxed with staff. There were sufficient staff to support them. When staff were recruited, their employment history was checked, references obtained and induction completed. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. Appropriate training was provided to ensure staff were confident to meet people's needs.

It was clear care staff had spent time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and care plans developed. Care plans contained risk assessments for a wide range of daily living needs. People received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines were stored, administered and disposed appropriately.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA).

Although most people chose to remain in their rooms for extended periods of the day they were provided with opportunities to take part in activities 'in-house' and to access the local and wider community. People were supported to take an active role in decision making regarding their own daily routines and the general flow of their home.

Staff had a clear understanding of the vision and philosophy of the home and they spoke positively about their work and the leadership.

## 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.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with current regulations.

Risks associated with the home's environment and equipment had been identified, and assessed and plans established to mitigate these.

### Is the service effective?

Good ●

The service was effective.

Mental capacity assessments were undertaken for people if required and their freedoms not unlawfully restricted.

People were able to make decisions about what they ate and drank and were supported to stay healthy. They had access and were supported to health care professional appointments for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people and had regular supervisions with their manager.

### Is the service caring?

Good ●

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personalised care.

Care records were maintained safely and people's information kept confidentially.

### Is the service responsive?

**Good** ●

The service was responsive.

People, where they chose, were supported to take part in activities both in the home and the community. These were organised in line with peoples' preferences.

People and their relatives were asked for their views about the service through questionnaires and surveys.

There were systems in place to respond to comments and complaints.

People told us they felt involved in their care and contributed to their care plans.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

Although there were some systems in place for quality review these had not identified all areas that required improvement.

Staff meetings were used as an opportunity to share and communicate key information on people and operational issues.

Staff felt supported by management, they said they were listened to, and understood what was expected of them.

# Oakside

## 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 service on the 25 October 2016. This was an unannounced inspection. Two inspectors undertook the inspection.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at three care plans and their associated risk assessments along; with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with five people and three relatives to seek their views and experiences of the services provided at the home. We also spoke with the registered manager their deputy and four staff.

We observed the care which was delivered in communal areas and spent time observing people in areas

throughout the home and were able to see the interaction between people and staff.

# Is the service safe?

## Our findings

People who lived at Oakside were supported to remain safe and protected from avoidable harm. One person told us, "I have always felt safe and at home whilst living here." Another person said, "I've always got my call bell close by if I need it, there's even an emergency button on it."

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of areas such as electrics, food hygiene and legionella. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) and boiler were seen to be routinely undertaken. Staff told us mock fire evacuation drills were useful and added an element of real-time reality to their procedures. Staff knew how to raise issues regarding routine maintenance. One member of staff told us, "Things get sorted out quickly if something is broken; we report it and will get quickly fixed or replaced."

The service had contingency plans in the event of an emergency evacuation. People had individual personal emergency evacuation plans (PEEP) which staff were familiar with. These reflected the change in staff requirements based on the time of day or night. The service had an 'emergency grab bag' available which contained information which would be of use to the staff and emergency services such as key contact numbers and copies of PEEPs. Staff were trained in first aid and resuscitation techniques.

Care plans held risk assessments which were aimed at mitigating any identified risks associated with people's daily living needs such as falls, nutrition and skin pressure areas. Risk assessments included clear measures to protect people, such as whether people required staff support them to move safely around the service. Staff demonstrated they were clear on the level of support people required for specific tasks which could present risks. One staff member said, "We know people's limits and capabilities and will adapt tasks so as they are safe but can still be as involved as much as they choose." Care plans contained further assessments for example 'general risk management' related to people's rooms and the environmental risks such as bed side rails. Information had been reviewed and updated to reflect people's changing needs.

Staff were able to describe different types of abuse and the action they would take if they suspected abuse had taken place. There were up-to-date policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. The deputy manager was able to confirm care staff had received recent safeguarding training. Safeguarding referrals were made appropriately and external agencies notified in a timely fashion. One staff member told us, "My number one priority is to keep residents safe."

Following an accident or incident, completed forms were passed to senior staff for review. The deputy manager told us, "Either the manager or I would always have overview of accidents in the service." Records demonstrated that staff recorded the immediate steps they took to deal with the accident/incident and subsequent follow actions were evident. For example a person had fallen during the day; there was a recorded hand over with night staff member to ensure the person was provided with more frequent checks.



Care staff were clear on the reporting process and that documentation was required to be completed in a timely manner.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. People told us there were sufficient staff on duty to meet their needs. One person told us, "I never have to wait long for assistance, there's a big set of stairs so they do their best." Another said, "Can't remember ever having to wait, they make sure I am all set up before leaving my room." Staffing levels were sufficient to allow people to be assisted when needed. We saw staff giving people the time they needed throughout the day, for example when accompanying people to and from their rooms. Staff were relaxed and unrushed and allowed people to move at their own pace. We saw staff checking regularly on the welfare of people who chose to remain in their room. When people used their call bells we saw that staff responded in a timely manner. A relative told us, "It's a small home and I think they have the staffing numbers right." The registered manager told us that people's dependency needs were assessed and reviewed as part of their care reviews and staffing levels would reflect any changes. The provider had established an 'on call' system to enable the member of night staff to rapidly summon assistance if required. Staff told us they felt the home was sufficiently staffed. One said, "It can be busy answering call bells in the afternoon period but it's manageable."

The provider had ensured there were safe systems for the ordering, storage, administration and disposal of medicines. Each person had their own medicine profile medicines which provided guidance for staff. Medicines were stored in locked cabinets in people's rooms. Stock items and those requiring refrigeration were appropriately stored within an office area. Suitable temperature monitoring systems were in place. Staff who administered medicines had completed training and underwent regularly competency checks. We observed medicines being administered; staff checked with each person that they wanted to receive the medicines and provided them with appropriate time and encouragement to support them. Staff followed best practice guidelines. For example medicines were administered individually with the Medication Administration Record (MAR) chart only being signed once medicines had been administered. One staff member told us, "I usually work at the (providers) other home but medication systems are pretty much identical so I feel confident supporting residents here." We looked at a sample of MAR and found them competently completed. However some records relating to topical creams were not fully accurate. We discussed this with the registered and deputy manager who committed to review the systems for recording.

There was a safe recruitment procedure in place. Records demonstrated staff were recruited in line with safe practice. Employment histories were recorded, previous references obtained and Disclosure and Barring Service checks (DBS) completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager over saw recruitment and demonstrated they worked in line with their recruitment policy which had been recently updated.

## Is the service effective?

### Our findings

People received effective care from appropriately trained staff. One person told us, "I have no doubts; I am looked after very well here." A person's relative told us, "I have always been impressed with the quality of staff, very on the ball."

Staff were aware that decisions made for people who lacked capacity had to be in their best interests. During the inspection we heard staff routinely ask people for their agreement to care. For example we heard staff say, "Are you ready to take your medication?" and "Can I help you to the bathroom." Staff had attended Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training and broadly understood the principles of the MCA however some staff when questioned were less confident on issues related to consent. The registered manager acknowledged this could be a more complex area for staff to fully understand without regular discussion and committed to use staff meetings as an opportunity to explore the MCA in more detail with care staff. Where staff had identified concerns regarding a person's capacity for an aspect of their daily life appropriate documentation had been completed which referenced who had been involved in decision making. The CQC is required by law to monitor the operation of DoLS. These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the appropriate managing body. Two people living at the service had applications for a DoLS submitted on their behalf and were awaiting assessment by the local authority.

When new staff joined the care team at Oakside they underwent an induction. This consisted of training and shadowing more experienced staff. One staff member told us, "I felt confident by the end of my induction of what I was required to do, it takes time to get to know people which you can't do fully while training." We found the providers training programme was varied and reflected the needs of people living in the service and ensured their care needs were met. Mandatory training covered areas such as safeguarding, moving and handling and food hygiene. Staff had completed additional training in areas where further knowledge was required due to people's health. These included diabetes, dementia and awareness of urinary disorders. During our inspection we saw staff applied their training whilst delivering care and support, for example with regard to infection control. We also observed that people who required additional time to respond to questions were afforded this by staff. One staff member said, "The training is good, there has been a mixture of face to face, DVD and workbook." One staff member told us, "It's easy to see the relevance of training we do."

There were systems in place to provide staff with supervision and annual appraisals. One staff member told us, "It is a chance to discuss what's happened since the last one and look at ways things can be done differently or better for residents." Supervision records indicated that areas such as training requirements and staff performance were discussed. All staff told us they felt well supported in their roles. One said, "There is always the chance to ask someone if you are not sure about something, the deputy manager is very helpful."

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw their GP and other health care professionals such as podiatrist and optician.

Relatives felt staff were effective in responding to people's changing needs. One person's relative said, "The staff are switched on, they are very quick to pick up if there is a change in health and will always let us know." One staff member told us, "We look for tell-tale signs such as changes in mobility and eating habits which may indicate a change in health." Where consent had been sought people were weighed regularly and this information used to inform referrals to people's GP or speech and language therapists (SALT).

People were complimentary about the food provided at Oakside. Everyone we spoke with told us, they had enough to eat and drink. Positive feedback included, "Very good food, always plenty". Another person said, "I actually asked for smaller portions for my meals as it can be a bit overwhelming." We saw that this person's wishes had been accommodated. Available food choices were clearly communicated with people and staff spent time on a one to one basis to establish preferences. Although the dining was set up to be welcoming staff told us people chose not to eat there. Most people chose to eat in their rooms. The deputy manager said, "We have tried various things to encourage people to eat communally but not having success with this at the moment." Meals were served in an efficient manner and people told us their food was always hot. One person said, "I'd soon send it back if it wasn't hot but I've never had to," We saw people were encouraged to drink plenty of fluids and staff positioned drinks so as they were within people's reach. Fresh fruit was available in communal areas. People told us they enjoyed the tea and coffee throughout the day. One visiting relative said, "I have been impressed with the meals and the choice on offer." Another relative told us they were invited to eat at the home so they could share important festivals with their mother.

## Is the service caring?

### Our findings

People were treated with kindness and consideration in their day-to-day care. People and their relatives stated they were consistently satisfied with the care and support offered at Oakside. One person said, "The care and staff here really are very good, they have always been kind to me."

We saw that people's individual preferences and differences were respected. We looked at all areas of the home, including people's bedrooms. We saw rooms held items of furniture and possessions which people had prior to moving into the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. We spoke to people that chose to stay in their room. One person told us, "I am happy in my room, I have all my things around me, my photos and puzzles. If I wanted to sit down stairs I know I could but I don't want to." Another told us, "I get lots of choices, but it's always my own decision; staff have been understanding of this."

We saw there was a good rapport and bond between people and staff which was underpinned by the staff's knowledge and understanding of people's needs. Staff strove to provide care in a happy and friendly environment. One person said, "I felt at home from the moment I arrived, I do like having the dog (the deputy manager's pet dog) around." We heard staff patiently explaining options to people and taking time to answer questions. We heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "You can't beat a laugh and a joke, keeps me going." The staff approach was thoughtful and caring. A staff member was heard to comment to a person how they liked their blouse. A staff member said, "We are a small home so we have the luxury of spending a bit more time with residents which is the way it should be."

People looked comfortable and were supported to maintain their personal and physical appearance. For example people were seen talking about the jewellery they were wearing. Men had been supported to dress smartly in line with their prescribed preferences in their care documentation. One person told us, "I like to choose what to wear but need some help getting it on." People told us that staff were caring and respected their privacy and dignity. People were consulted with and encouraged to make decisions about their care. One person told us, "They involve me in everything they do". Another said, "I just do as I want to, I'm not dictated to. I choose when I get up and when I go to bed." One staff member said, "Everyone is different. We respect their choices, we can't treat everybody the same." Staff supported people and encouraged them, where they were able, to be as independent as possible.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded; we get to know people well because we spend time with them." People and or their relatives confirmed that they had been involved with developing care plans.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and

confidentiality. Visitors were welcomed during our inspection. A person's relative told us they could visit at any time and were always made to feel welcome.

## Is the service responsive?

### Our findings

People and their relatives told us they felt involved in their care and staff were responsive to their needs. A person's relative said, "Were updated with any changes or issues that affected care, which is very reassuring." Care plans identified people's support needs and reflected individual preferences for all aspects of daily living. Care plans contained a detailed pre-assessment of needs which was completed prior to a person moving to Oakside. Staff told us they found care plans helpful as a reference document, one member of staff said, "I dip in and out of the sections I need through the shift." Another staff member said, "The shorter summary section at the front (of the care plan) is useful." Care plans contained information of people's previous medical history and medical interventions for example one person's identified when they had undergone a recent medicine review with their GP. Other sections within care plans focused on specific support needs in relation to areas such as pressure care, pain, and communication. For example, one person who had difficulty communicating had clear guidance for staff on physical indicators of pain. People's likes and dislikes identified where people were able to make choices and retain control in aspects of their daily routines such as clothing and meals. Care plans were reviewed monthly to ensure they were current.

Staff had a good understanding of people's individual needs. Staff spoke with confidence about people's daily routines and preferences. Prior to inspectors meeting people in their rooms the deputy manager provided a brief summary of people's needs and behaviours and these matched what was recorded within care documentation. For example one person demonstrated anxiety regarding a specific issue related to their pet and staff were seen to utilise the strategies outlined in their care plan to reduce this. Staff told us they were given time to ensure care documentation was up-to-date. One staff member told us, "There is a fair bit of paperwork but it doesn't get in the way of supporting residents."

Most people living at Oakside chose to spend large parts of their days in their rooms. One person said, "What can I say, I'm happy in my room." Another person said, "I have lots of comings and goings from friends and family, I am quite content to stay in my room." The deputy manager told us people choosing to stay in their rooms had been a gradual one and they continued to encourage people to come down to eat and socialise. On the day of our inspection two people came down to a communal living room and listened to music and read. The service had regular slots booked with external providers such as a monthly 'motivation' class. One person told us they enjoyed seeing the hairdresser when they came. The provider operates another service in the area and staff told us some people would attend events at this service. We saw an invitation in one person's room to attend an afternoon luncheon at the nearby service for Halloween. One person's relative told us their mother enjoyed attending choir practise at the nearby service and travelled across most weekends.

The deputy manager told us they encouraged people to sustain links with their families and friends. They said, "Keeping strong ties is really important and can lift people's spirits." A relative told us, "I visit regularly and feel like I have a good grasp on what it's like here." One person said, "I look forward to my family coming to see me. It always brightens my day." We saw that visitors were welcomed throughout our inspection. One person told us they had really enjoyed the visit from their relatives and we saw they ensured they were able

to wave good bye from a window as they left

The registered manager had systems in place to capture feedback from people and their relatives. The questions used to conduct the survey were clear and allowed people the opportunity to express opinions on all aspects of life at the service. Areas such as care, meals, activities and complaints were covered. The most recent survey was undertaken in February 2016 all responses were seen to be positive. A more recent questionnaire which focussed on meals and food had been completed in August 2016. The results of which had been provided to the home's cook. The actionable point with this was related to reducing portion sizes.

The PIR stated, 'Should a complaint be made then the resident complaint will be responded to following our policy and procedure.' The complaints policy was available to people in a communal area and in individual rooms. The provider had received no complaints since our previous inspection in 2014. One person told us, "I am very happy here, if anything is not quite right I'll press my bell and it will be sorted out, I would speak to the deputy manager if things didn't work well for me."

## Is the service well-led?

### Our findings

People and relatives were positive about the service they received and the quality of leadership at the service. They were confident senior staff had a clear overview of the service and managed it well. The registered and deputy manager had a high profile in the home, and were accessible to people, their relatives and staff. People's comments included, "The deputy is always in early and is very nice."

Despite positive comments we found some areas related to the leadership of the service required improvement. We found some systems did not always ensure the provider had clear oversight of the service. We found examples of both care and administrative records that were either incomplete or not up-to-date. The provider could not demonstrate that two people's topical creams were always delivered in a consistent way. Additionally care documentation was not completed in a consistent way. For example, a person who needed their position changed regularly, due to risks related to skin pressure areas, had gaps in their recording chart. This same person's care needs were not consistently reflected in their plan of care. The guidance available for staff related to their catheter care was brief and did not capture the care which was being delivered. However we did not find that these areas impacted on people's care because staff had a good understanding of people's individual needs and were undertaking appropriate checks.

The service was in the process of recruiting an additional member of staff. To cover staffing shortfalls whilst this recruitment took place the provider had been using agency care staff. The deputy manager informed us that the agency had been able to provide a good level of continuity so the same staff members from the agency were used. However during our inspection the registered manager was unable to provide evidence of these agency staff's skills, experience or training. This meant the registered manager could not confirm their suitability for supporting people living at Oakside. We discussed this issue and the use of agency staff working at the service with the registered manager. The registered manager offered assurances that agency staff would not work alone at the service without an established staff member. Following our inspection copies of agency staff profiles were provided to the CQC which evidenced these staff had undertaken appropriate training to support people.

Audit systems had not proved effective at providing oversight. For example, pattern analysis of accidents and incidents was not being routinely completed. One person had been through a period where they had multiple falls. Although it was evident these incidents had been handled appropriately from a first aid perspective the registered manager was unable to provide commentary as to any potential associated patterns or trends. The monthly report the registered manager produced for their line manager only stated the number of incident or accidents at the service. The registered manager's line manager undertook routine visits to the service and the registered manager told us they produced a report of their findings. However copies of these, along with any actionable points, were not available to senior staff at the time of our inspection. This meant any areas identified by the area manager as requiring attention were not available to senior staff. These audits were made available to the CQC following our inspection however their content was brief and had not identified the areas related to record keeping we identified required improvement.



The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. A relative said, "The managers are professional, the home is run well." The registered manager had notified us of all significant events which had occurred in line with their legal obligations. A staff member commented; "The deputy manager is hands on, supportive and listens."

All staff spoke positively of the leadership and their roles at Oakside. One staff member told us, "I can approach them about anything and they would make time for me." Staff demonstrated a clear understanding of the lines of accountability. One told us, "I would normally speak to the deputy first if I had a concern but I know I could always go to the manager." The registered manager also managed another nearby service for the provider however both people, relatives and staff said they were routinely visible at the service. The provider had an 'on call' system in place for when senior staff were not present at the service or were required 'out of hours.' One staff member said, "You can always get to speak to a member of senior staff if you need one."

Staff were clear on the care philosophy of the service. One staff member told us they saw their role as, "Supporting people to be comfortable and happy in a homely environment." People commented through the inspection that there was a 'homely feel' to the service.

Staff meetings were up to three times a year. Meeting minutes demonstrated they provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key operational messages. For example the importance of the signing of people's topical cream MAR. Staff told us they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people.

The registered manager told us they were well supported by their line manager; they added they felt the communication between themselves and the providers other service was a beneficial feature of the service. They said, "We have reached the point where we can interchange staff when required which provides greater flexibility."