Stephen Geach

Oak View Residential Care Home

Inspection report

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Date of inspection visit: 20 April 2015
Date of publication: 17/06/2015

Ratings

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

Overall summary

We carried out an unannounced inspection of this home on 20 April 2015. Oak View Residential Care Home provides accommodation and care for up to 34 people who are over the age of 65, and may have mental health conditions or live with dementia. The home provides accomodation over two floors and stair lifts are in place to assist people to move between the floors. At the time of our inspection 32 people lived at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at the home. Staff knew them well and they felt confident any concerns they might have would be addressed. The registered provider and staff had a good awareness of how to safeguard people from abuse. Policies and procedures were in place to support staff in

Summary of findings

the management of safeguarding issues. Staff were confident to raise any issues with the management team and confident these would be addressed promptly and efficiently. Safe recruitment practices in place meant staff were suitable to work with people in a care setting.

Risk assessments in place did not inform care plans and records, to ensure people received individualised, safe and specific care based on their needs . Incidents and accidents were not recorded, monitored and reported in a way which ensured the safety and welfare of people.

Medicines were stored securely and people received their medicines in a safe and effective way. We have made a recommendation for the provider on the management of "as required" medicines.

Staff at the home were guided by the principles of the Mental Capacity Act 2005 (MCA) when working with people who lacked capacity to make decisions. The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These had been implemented appropriately to ensure the safety and welfare of people. Care records reflected support people received in decision making and who should be involved with this.

Staff knew people very well and interacted with them in a calm, encouraging and positive manner at all times. They ensured people were offered choice at every opportunity and demonstrated good communication skills. Staff received training to support them in their role. However, not all staff had received training in MCA and Dols.

Nutritious and well-presented food was provided for people. Dietary requirements were recognised and recorded. People had access to external health and social care professionals for support and treatment as was required.

People felt valued, happy and content in their home. They enjoyed living at the home and found staff very caring and compassionate. Their privacy and dignity was respected at all times and they felt able to express their views and have them respected and acted upon.

Whilst assessments of people's needs had been completed on and since admission to the home, care plans did not always reflect person centred and individualised plans of care for people.

Relatives and health and social care professionals found staff and the registered manager responsive to and effective in meeting the needs of people.

An activities coordinator was available to support people on five afternoons per week. Whilst some activities had been planned the home lacked the provision of stimulating activities which encouraged people's independence and reflected their choices. We have made a recommendation abut the activities avaialable for people who live with dementia.

People and their relatives spoke highly of the registered manager and their staff. They said the manager and senior staff were easy to talk to, open to suggestions for improvements or new ways of supporting people, and always responded to them positively and with encouragement.

The registered provider did not have an effective system of audit in place to ensure incidents and accidents were reported, recorded and followed up in a way which ensured the safety and welfare of people. Audits of care plans were not sufficiently robust to ensure they were individualised and consistently updated.

We found a number of breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Whilst risk assessments were in place for some people these did not inform their care plans. Incidents and accidents were not always recorded and reported in a way which ensured the safety and welfare of people.

There were sufficient staff available to meet people's needs. Staff had a good understanding of Safeguarding policies and procedures in place.

Medicines were stored and administered safely, however the provider did not have an adequate policy in place for the management of as required medicines.

Is the service effective?

Good

The service was effective.

People were supported to make decisions in line with the principles of the Mental Capacity Act (2005).

Staff were skilled in the meeting of people's needs and received the training and support they required to carry out their work. They knew people well.

People were provided with a choice of nutritious food and drink.

People had access to health and social care professionals to make sure they received effective care and treatment.

Is the service caring?

Good

The service was caring.

Staff were caring and supportive of people. They knew them very well and respected their privacy and dignity.

Staff cared for people in a kind, calm and compassionate way providing time and support to meet their needs in a relaxed and friendly manner.

Is the service responsive?

Requires improvement

The service was not always responsive.

Robust care plans were not in place to ensure people received personalised care which was responsive to their needs.

Staff understood people's needs well. They encouraged people to remain independent and offered choice and support to meet their needs. There was a lack of suitable activities at the home to meet the needs of some people.

Summary of findings

People felt able to raise any concerns they might have about the home and felt sure these would be dealt with promptly and effectively. The home's complaints policy was visible and accessible.

Is the service well-led?

Requires improvement

The service was not always well led.

Processes were not in place to ensure the safety and welfare of people was monitored and reviewed effectively.

The registered manager was available in the home and people found them approachable. Staff had a good understanding of their roles and responsibilities.

People were regularly asked for their opinion of the service and feedback from relatives, staff and other professionals was good.

Oak View Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 April 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered manager had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider 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.

We spoke with 14 people who lived at the home and two visiting relatives to gain their views of the home. We observed care and support being delivered by staff in communal areas of the home. We spoke with six members of care staff, the head of care who had been in post for four days, the registered manager and the cook.

We looked at the care plans and associated records for five people and the medicines administration records (MAR) for 15 people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, five staff files and policies and procedures.

Following our visit we spoke with four health and social care professionals who supported some of the people who lived at the home.

The last inspection of this home was in August 2013 when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People said they felt safe at the home. They were happy to talk to staff if they had any concerns about the care they received and felt sure their concerns would be listened to and acted upon. There was enough staff to meet their needs. One person told us, "The staff are always there to help me and I know I can rely on them to keep me safe." Relatives were sure that if they had any concern about their loved one's care that it would be addressed in a prompt and efficient way by staff who knew people well.

Care records held a range of tools to identify, assess and record risks associated with people's care needs. These included the risks associated with moving and handling people, falls, monitoring and managing people's nutritional intake and their skin integrity. However in some people's care records these tools had not been used. This meant risks had not been identified and care planned to ensure the safety and welfare of people.

We had been informed by the local authority prior to our inspection, of a serious choking incident when a person required emergency support to ensure their safety. At the time of inspection care records did not reflect the high risk for this person or the actions to be taken by staff should it occur again.

For another person, an eating and drinking care plan in place dated 18 March 2015 stated, "[Person] is on mashed food at present due to a choking incident," There was no risk assessment in place to ensure the risk of choking had been assessed and actions in place to ensure the safety and welfare of the person. We could not be assured risks identified for people had been assessed and actions put in place to ensure their safety and welfare.

For some people, a risk of falls had been identified and assessments completed to ensure the safety and welfare of the person. However we found care plans did not always reflect the risks which had been identified and staff did not have clear guidelines or plans of care to ensure these needs were met for people. Falls risk assessments were generic in their format, identifying risks of poor lighting, uneven flooring and risk of injury to the person and others. There was no individualised plan of care for people in relation to this identified risk.

The above findings were a breach in Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Incidents and accidents were not recorded and reported in a way which ensured the safety and welfare of people. Some care records identified incidents which had not been reported using the provider's 'Accident reporting Policy' which stated, "All accidents in the home, however minor should be reported". Records which had been completed following an incident or accident did not identify any actions taken or investigations completed following the event. There was no supporting information with any records to show how learning had been identified from these events or any actions taken to prevent a recurrence. For example, the registered manager was unable to identify the number of falls in the home in the previous two months and no records were available to identify how many falls had occurred or any actions taken to reduce these. A recent incident involving unauthorised entry to the home had not been followed up by the registered provider or manager to ensure the safety of service users. No trends in the nature of the incidents or accidents at the home had been noted or any training needs identified from them. Whilst incidents and accidents were reported to staff through daily handovers and daily records, there was no effective process in place to ensure the on-going safety of people.

The above findings were a breach in Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We had received information of concern prior to our visit about people's safety, care and welfare at the home. The local authority had forwarded these concerns to the registered manager and provider who had investigated these in line with their 'Safeguarding Adults/Adults Protection Policy'. Actions from this investigation were being completed at the time of our visit and the registered manager and provider were working with the local authority to address any concerns. Staff had a good knowledge of the types of abuse they may witness and how to report this. The registered provider demonstrated a basic awareness of the policies and procedures they had in place to ensure the safety of people for whom they cared.

There were sufficient staff available to keep people safe and meet their needs. Staff knew people well and interacted with them whilst encouraging them to remain

Requires improvement

Is the service safe?

independent in their daily activities. A management structure of staff in the home ensured a senior member of staff was always available to provide guidance and support for people.

Individual plans to support people in the event of an evacuation from the home were in place. An effective identification system was in place to ensure emergency services could promptly identify people who required additional support in the event of evacuation. Staff were aware of contingency plans in place should they need to remove people from the home in the event of an emergency. A safe place away from the home had been identified.

We looked at the recruitment records for five members of staff. The registered provider had safe and efficient methods of recruiting staff. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed. One of the five records we reviewed held information of concern which had been addressed by the registered manager, however needed further information added to the record to ensure it reflected the discussions they had had with the member of staff.

People received their medicines in a safe and effective way. Medicines were stored securely and all senior staff who administered medicines had received appropriate training and updates. There were two gaps in the recordings of medicines given on the medicines administration records (MAR) in the day prior to our visit, however these were addressed at the time of our visit. All other MAR entries were complete. A weekly audit was completed by senior carers to ensure all medicines had been administered and recorded correctly. The provider did not have a policy in place for the management of as required medicines (PRN), there was no supporting documentation of as required medicines in place to ensure people received the medicines they required and how this was effectively monitored. However, staff had a good understanding of how to administer and monitor the effectiveness of these medicines.

We recommend that the provider explores relevant advice and support on the safe administration and documentation of as required medicines.

Good

Is the service effective?

Our findings

Staff interacted with people in a calm, encouraging and positive manner. People responded to staff warmly and enjoyed their company. One person said, "I am happy here, this is my home." Another said, "You get a good amount of attention – everything's all right." People moved around the home as they wished and were friendly and supportive with each other. Following an emergency incident in the home staff and people were seen to be very supportive of each other, adjusting their activities and interactions accordingly in a an organised way. Relatives spoke highly of the staff and the way in which they supported their loved ones.

People were cared for by staff who were supported to gain the appropriate skills and knowledge to deliver care based on best practice. A program of supervision sessions, training, and meetings for staff ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported by this to provide safe and effective care for people. They were encouraged to develop their skills through gaining external qualifications. Staff had a good understanding of their role in the home and told us the new head of care and senior staff were always available to support them as needed. Senior care staff provided a leadership role. They took charge of each daily shift and provided support and guidance for all staff. They undertook enhanced roles such as medicines administration and supporting external health and social care professionals on their visits. Staff said they felt supported by their peers and senior staff.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered. Most people who lived at the home had fluctuating capacity and at times required support to make decisions about their care and welfare. Daily records showed how staff involved others in supporting people to make decisions.

Where people did not have capacity to make decisions the registered provider had taken appropriate steps to apply the principles of the Mental Capacity Act (MCA) 2005. The (MCA) governs decision-making on behalf of adults who may not be able to make particular decisions at certain times. For example, two relatives had lasting Power of Attorney to support their loved ones with any decision making. Staff were aware of this and records showed the relatives were kept fully informed of any concerns their loved one may have or changes in their health. However some information was not recorded to ensure staff were fully aware of the people who should be involved in supporting people to make decisions. People were encouraged to make decisions at the home and we saw capacity assessments and best interest decisions had been made for people. Appropriate measures were taken to support people who were unable to make some decisions.

Records showed only 11 of 20 staff had completed training on the MCA 2005 and Deprivation of Liberty Safeguards. (DoLS) are applied when the person does not have capacity to make a decision about what is being proposed for them. It provides the framework when acting in someone's best interests means they are to be legally deprived of their liberty so that they can get the care and treatment they need., However, staff awareness of the need to ensure people were able to consent to their care was good. People were encouraged to take their time to make a decision and staff supported people patiently whilst they decided. Whilst not all staff had received training on the MCA 2005 and DoLS we were assured people were supported to make decisions. The registered manager told us a program of training was in place to ensure all staff received this training.

The Care Quality Commission (CQC) monitors the operation of (DoLS) which applies to care homes. The registered manager told us they had discussed these with the local authority and had submitted applications for people whom this was required. The registered manager was aware of when an application should be made, how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People received a varied menu of meals and fresh fruit was available every day. An external catering company was used to provide nutritionally balanced meals which were prepared by the cook on the premises, ensuring portion sizes and individual requirements were met. The chef spoke with people about their preferences and asked for feedback on each meal. People enjoyed their meals and spoke highly of the choices offered to them.

Records showed people had regular access to external health and social care professionals as they were required. A local community nurse and two GPs visited on the day of our inspection to support people. The registered manager

Good

Is the service effective?

told us they regularly worked with community services staff to meet the needs of people. This included a chiropodist, pharmacist, community nurses and therapists, speech and language therapists and community psychiatric nurses. Feedback we received from external health and social care providers was positive. They told us the home strived to work closely with all services and ensure they met the needs of people for whom they were caring. Professionals told us the home was responsive to suggestions and always requested support when this was required.

Good

Is the service caring?

Our findings

People were cared for in a kind and compassionate way. They felt valued and respected as individuals by the staff and said they were very happy and content. One person said, “They are a great bunch of lads and lassies, very caring.” A relative said, “They care for [person] very well”. People interacted with other in a relaxed and friendly atmosphere.

Staff knew people well and took time to recognise how people were feeling when they spoke with them. Staff demonstrated good communication skills. For example, during the morning of our visit, one person became unwell and two members of staff were required to support an emergency situation. All other staff were prompt to recognise the situation and the distress this may cause to other people and supported people to move to an environment which would be calmer and less distressing. Staff worked in a calm, caring and very professional manner ensuring people understood the need to move but also showing empathy when they required reassurance about the situation.

Another person became distressed at one point in the afternoon whilst in the communal lounge area. Staff spoke calmly and slowly with them, encouraging them to express themselves and help them understand why they were unhappy. Staff were caring and empathetic to the person and this reassured them.

At mealtimes, staff were seen to engage positively and cheerfully with people. They offered support with managing meals, cutting up food and offering drinks for people. Throughout the day staff spent time with people chatting and laughing. People shared experiences with each other as they chatted with staff, reflecting on past times and encouraging each other to remember. Staff encouraged an impromptu sing along which they knew people enjoyed.

During our inspection, four people were being cared for in bed. Staff regularly visited these people to provide support and care and ensure they were not isolated. Staff were observant of people’s needs and took time to meet these.

People’s privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. For example, the person who became unwell was supported by staff who ensured their privacy was maintained whilst ensuring their safety.

People were able to express their views and be actively involved in making decisions about their care. They could speak with the registered manager and senior staff every day and also participated in meetings where ideas for activities or any other concerns were discussed.

Requires improvement

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. Some people, or their relatives who had the authority to do so, had signed their care records to show they had discussed the planned care with staff and agreed to regular reviews of this. People told us if they had any concerns about their care they would speak with the registered manager or any member of staff and they were sure this would be addressed. Relatives felt confident to speak with staff if they had any concerns of the care their loved ones received and that this would be addressed.

Prior to admission to the home, the registered manager completed an assessment of people's needs. People were encouraged to provide information on their needs and preferences and these were clearly documented. External health and social care professionals had provided information on the needs and preferences of people and this information had been included in care records. However care plans did not always reflect this information or provide person centred and individualised plans of care for the person.

For example, information in care records did not always reflect the specific health care needs of people who lived with a long term health condition.

People who lived with Parkinson's disease, diabetes or asthma did not have plans of care in place to identify how staff should monitor or support the management of these conditions to ensure their individual health needs were met. In contrast, for people who lived with complex mental health conditions we saw staff engaged the use of appropriate health care professionals to support the management and monitoring of these conditions. Care plans from external health care professionals supported the care records for these people.

For one person, their care plan identified the need for them to receive one to one care. There was no clear direction in care plans as to the reason for this or the support this person required. Staff were able to tell us of the need to monitor this person closely with one to one support but gave conflicting information as to why this was required. For three other people care records and assessments stated they required support with the management of behaviours which could have caused harm to them or others. There were no plans in place to support this need, identify how this risk could present, or any interventions or actions staff should be aware of to support these people to maintain their own safety and that of others. Staff told us how they interacted with people and demonstrated they knew how to support people's needs at these times; however there was no guidance for staff on how to meet these individual needs consistently.

Care plans did not accurately provide staff with the information they required to meet the individual needs of people. and this was a breach in Regulation 9 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We spoke with the registered manager and head of care about care plans and the lack of person centred care planning. They showed us a new format planned for all care records which they said would ensure people were involved in the planning of their care and risk assessments. Whilst care plans did not reflect the individual needs of people, the registered manager was working to address this.

An activities coordinator visited the home on five afternoons per week to support the coordination and management of activities for people. They told us of plans to utilise the garden area more for activities and of some external entertainers who visited the service. However there was a lack of stimulating and organised activities evident in the home. Whilst activities were available and staff interacted effectively with people, opportunities to meet the individualised needs of people were missed. For example, the environment lacked stimulating activities people could participate in without the presence of staff such as jigsaws, sensory areas and reading. This would allow people to remain independent in their choice of activity whilst stimulating and challenging them to participate in an activity they may enjoy. Activities required a more organised approach to encourage and stimulate people, especially those who lived with dementia or mental health conditions. People told us they watched television and enjoyed a sing song, but spoke little of other activities available to them.

We recommend that the provider explores relevant advice and guidance on suitable activities for people who live with dementia and mental health conditions.

Requires improvement

Is the service responsive?

The complaints policy of the home was displayed where people could see it. The home had received one written complaint since our last inspection. The registered manager worked closely with people to enable concerns to be addressed promptly and effectively. The registered provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. They encouraged staff to have a proactive approach to dealing with concerns before they became complaints.

Staff met visitors in a warm and friendly way and encouraged them to express any views about the service their loved ones received. People said they felt able to express their views or concerns and knew that these would be dealt with effectively.

People told us the staff always responded to any concern they may have in a prompt and effective manner. Relatives and health and social care professionals we spoke with said staff were extremely responsive to people's needs.

Requires improvement

Is the service well-led?

Our findings

People spoke highly of the registered manager and said they were always available for them should they need to speak with them. Relatives said the registered manager was approachable and always eager to hear their views and act on any concerns they may have. External health and social care professionals identified the registered manager as approachable.

The provider had no policy or procedure in place to identify the patterns of incidents and accidents within the service and ensure these were addressed in an effective way. Audits were not always in place to ensure the safety and welfare of service users at the home. There was no audit of incidents and accidents which occurred at the home. This meant the registered manager and provider could not identify the number, frequency of the incidents, accidents or areas of concern identified. In the event of a person having frequent incidents there was a risk this would also not be identified in a prompt manner therefore putting people at risk of further harm.. The registered manager could not identify learning which had been shared following these events. This meant we could not be assured people's needs were met safely and in line with their changing needs.

Effective audits of care plans were not in place to ensure people's individualised needs were being met and all risks and action plans to address these were in place. Some records held conflicting information about the needs of people and care records had not been updated in line with people's identified changing needs. The registered manager told us they had identified care plans required additional information and a more comprehensive review and had requested further support from the provider to employ a new head of care to take this work forward. We saw this had happened. The new head of care had identified similar concerns to those which we had identified and discussed with us the plans which they were putting in place to address these.

The lack of a robust quality assurance process or procedure for incident management and care plan auditing was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff had a good understanding of their role and how to report any concerns to senior staff or management. The structure of staffing supported effective reporting of concerns by staff.

The registered manager told us they promoted an open and honest working environment where they were always available for people. We saw this was reflected in the friendly and supportive atmosphere of the home where staff were confident in the support they had available to them. The manager's office was located in an area of the home which made them very visible for people and ensured they could be approached for support and guidance as needed. Staff told us the registered manager or senior staff were always available to support them with any questions or concerns they may have.

Regular staff meetings were organised and the registered manager discussed topics such as policies and procedures, training, complaints and information for staff on people new to the home, CQC visits and other general feedback, as well as any other issues staff wished to discuss. Staff found these meetings useful, gained feedback from the registered manager about any issues within the service and actions were completed by the registered manager following these. The head of care planned to have more meetings with staff at the start of each shift to ensure effective communications about the planned changes with care plans and risk assessments. We saw staff were invited to share any communications in a new diary system which the head of care had introduced. Staff said they felt confident the new head of care would implement the necessary changes to ensure people's care records were up to date.

People, their relatives and external health and social care professionals were asked for their views of the service and the quality of the care delivered at the home. A survey of people's views was carried out in December 2014 and showed people were very happy with the care delivery at the home. All of the results from the surveys had been collated and displayed in the home. There were no notes of concern although the provider had committed to further improving activities in the home. We saw this work was being completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider had not ensured care planned for people was person centred and in line with their needs. Regulation 9 (1)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Identified risks had not been appropriately assessed. There were no plans in place to identify how these risks could be mitigated. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Incidents and accidents were not recorded or investigated to ensure the safety and welfare of people. Regulation 17 (1)(2)(a)(b)