

Oakview Manor Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
21 June 2022

Service provided by:
Oakminster Healthcare Ltd

Service provider number:
SP2003002359

Service no:
CS2003014530

About the service

Oakview Manor Care Home is registered to provide a care service for a maximum of 80 places for older people of which a maximum of four places may be used for respite or short breaks. Within the 80 places a maximum of two places can be for two specific, named adults currently in residence who are not yet older people. The provider is Oakminster Healthcare Ltd.

The home is in a residential area of Pollokshields in Glasgow and is close to local amenities and transport links. There is a car park to the rear of the building. The home is divided into two units over four floors, Caledonia House and Rannoch House.

All bedrooms are single with en-suite toilet and showering facilities with lounge and servery areas available on each floor.

The ground floor has the main residents' lounge and dining areas, as well as a café and conservatory area for all to use. There is access to a garden area, at the side of the building, via a ramp.

During this inspection there were 55 people living in the service.

The service has Core Values which state, "we strive to provide the highest quality of care to maximise social impact", "we dedicate ourselves to providing a safe environment for our residents and staff".

About the inspection

This was an unannounced inspection which took place between 13 and 21 June 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service, we spoke with eight people using the service and 17 of their family and friends. We observed practice and daily life, reviewed relevant documentation and spoke with 16 staff including management and two visiting professionals. We also gained feedback from returned questionnaires, issued prior to the inspection, from six relatives, two staff and three health professionals.

Key messages

- Meaningful engagement was good for some people, staff needed to ensure that everyone living in the home benefited from meaningful engagement.
- To keep people safe, staff learning from previous events needed to continue.
- Including people's outcomes as an integral part of quality assurance systems would improve the overall quality of the service.
- People needed to continue to have access to facilities which support their mental and physical wellbeing.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

We saw that the home had a monthly activity planner, which most people told us they were encouraged to take part in, and regular resident meetings were held to plan and arrange the activities. The service used, "You said...We did" to reflect people's wishes and the action taken. However, the information on display did not reflect people's most recent feedback and not all residents and relatives were aware of the planned activities. This limited people's access to up to date information and choice.

A new Wellbeing Enabler had been in post since March and as a previous carer, in the home, they knew the residents well. They spoke very passionately about their role in improving people's experiences and had very detailed and insightful information about each resident's interests and abilities. These also included records of participation and engagement, what worked well and what different approaches could be tried to improve people's experiences and outcomes.

During our visit, we saw people enjoying numerous group activities including birthday celebrations and exercise classes. We saw people going out to their regular walking football club and there had been outings to a local park as well as people being involved in collecting daily newspapers with staff and helping with simple housekeeping tasks within the home. We also saw a number of people enjoying the good weather in the garden with staff supervision.

Future plans included resuming in-house entertainers, sourcing new external pursuits, improving relationships and increasing the feeling of community between residents, families and staff. The Wellbeing Enabler had been awarded a grant through Rights made Real and was hoping to use this to improve the garden space. Ongoing fundraising was also planned, starting with a fete in June.

From our observations and what people told us, we felt that there were nice opportunities for people who were more able and able to participate in group activities. However, we did not see people who were less able getting the same level of input and stimulation. Other staff could engage more with people at times throughout the day and this needed to be seen as an important part of people's wellbeing (**see Area for Improvement 1**). Management told us that a part-time Wellbeing Enabler was also being recruited to support the existing team.

There had been a couple of incidents where staff and management required to put additional measures in place to ensure people remained safe and secure. We could see that action had been taken following individual events to minimise recurrence and people's admission to the home included relevant assessments of risk. We asked management to continue to monitor these measures to ensure people remain protected from harm (**see Area for Improvement 2**).

Some people told us that they had concerns about other residents coming into their bedrooms, using their space and at times removing some of their belongings. We discussed this with management and how staff could support people to have control and choice over their own space (**see Area for Improvement 2**). Management told us that some residents had been offered keys to their bedroom and made aware of how they could lock the door when in their bedroom.

People spoken with were positive about the communication from staff about their relatives' care and we saw that relatives' meetings had taken place, which kept people informed.

We saw appropriate assessment of nutritional and skin care needs including wound management. We saw that residents had access to regular fluids and snacks in between main meals as well as appropriate staff support where required. Staff spoken with were aware of which residents required additional monitoring. However, the home was currently transferring documentation, to a new electronic system, and we found that the completion of food, fluid and skin care records was inconsistent. Management needed to ensure that staff were familiar with the new electronic system and that records that required to be completed were being completed. Management told us that relevant alerts had now been added to the new system and staff handover information had also been updated. We did see improvements in documentation completion by the end of our visit.

We saw that there was input from relevant healthcare professionals and the views, we received, from a healthcare professional supporting residents living in the home were very positive.

People were satisfied with the quality of meals, with alternatives on offer and special diets such as textured, halal and gluten free also available. One relative told us "they're eating a more balanced diet than when at home". We discussed, with management, how people with poor food intake should be supported with high calorie small portions. Views from dietitians supporting residents living in the home were very positive.

Mealtime experiences, we observed in the allocated dining rooms, were overall positive with good staff support, nice atmosphere and appetising meals. We did highlight some areas that could be improved around ensuring people had access to a written menu, were given visual choices of plated meals and food covers were used when transporting meals.

Both residents and relatives, we spoke with, were positive about the contact that they had with their relatives. Visiting was supported by staff and followed "Open with Care" guidance. Some residents had had the opportunity for overnight stays with their family.

We discussed with management the current infection, prevention and control practice for visitors to the home. They confirmed the current guidance, however we had seen some visitors not wearing masks on entering or walking around the home. We asked management to ensure that staff were reinforcing the current guidance to continue to protect people living in the home.

Areas for improvement

1. In order that everyone living in the home is enabled to get the most out of life, staff should continue to:

- ensure activity plans are meaningful to individuals
- ensure people are aware of planned activities
- be involved in supporting residents participation especially those less able.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I can choose to have an active life and participate in a range of recreational , social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25) and "I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22).

2. In order that people feel safe and are protected, the manager should continue to monitor measures in place and build on the learning from previous events to improve staff awareness and outcomes for people living in the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21) and "If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom" (HSCS 5.12).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

The service benefited from a stable management team and supportive external management team. They were seen to be approachable and visible within the home and available to support staff where required. People told us that they felt able to raise any issues or concerns with staff or management. This helped to make people feel valued.

There was a quality assurance system in place which included numerous audits and ongoing assessment and maintenance of the environment. We saw that some audits highlighted areas for improvements but the action taken or learning to minimise recurring themes was not evident (**see Area for Improvement 1**).

We found that "as required" medication protocols and the subsequent recording of reason and effect of administration was not always evident. We also found a discrepancy in a medication count which had not been highlighted or followed up by staff. Management agreed to address these areas and were hopeful that the future introduction of electronic medication records would minimise the recurrence of the areas highlighted.

We saw that some resident care reviews, staff supervisions and refresher training was overdue. These were currently being addressed.

We noted that mealtime audits had been carried out but it was unclear if audits had been carried out on the 2nd and 3rd floors in Caledonia House, where there was no designated dining area. We suggested that audits be carried out here on a regular basis to assess the quality of the mealtime experience, especially as the lift was not fully operational and more residents were spending time on each floor having meals.

We saw that complaints, incidents and falls were logged and action taken on an individual basis but the learning from all of these was not clear.

The Service Improvement Plan had been recently updated and reflected areas of focus around care planning, medication management, redecoration plans, staff recruitment and operation of the lift. We noted that some of the timescales were not as specific as they could be and management indicated that these were being revised.

We saw that outcomes or themes from audits, complaints and incidents were not reflected in the Service Improvement Plan. This made the action taken or learning to minimise recurring themes and any improved outcomes for people difficult to see (**see Area for Improvement 1**).

It was hoped that the clinical review meetings, which were started in April, would help with the ongoing monitoring of any issues and assessment of any action taken.

We also asked management to consider having residents' outcomes as an integral part of their Service Improvement Plan and audits.

Areas for improvement

1. In order for the manager and provider to improve the quality of their service, they should clearly identify areas for improvement, the impact on people's outcomes, the learning from these and the improvements made on people's outcomes as a result.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

How good is our staff team?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise outcomes, strengths had a positive impact on people's experiences.

Staffing levels were determined by regular assessment of people's care needs. The deployment of staff throughout the home was seen to be relevant to the assessed needs and layout of the building. Staff were all seen to be caring and attentive although busy at times, especially in Caledonia with the lift not operating at full capacity. We were told by management that additional staff, which included agency staff, were on duty due to this.

People spoken with were positive about the staff and the consistency provided with their care and support.

We saw that recruitment of permanent staff was ongoing with evidence of previous successful recruitment. Recruitment practice was found to be following best practice with all checks in place prior to people starting.

There was evidence of ongoing training however some refresher training was indicated as overdue and bank staff training was not reflected. There was also role specific training but it was not clear that the relevant staff had achieved the training specific to their role (**see Area for Improvement 1**). We were told that training compliance was monitored and management agreed to review these records and update where required.

Staff spoken with, including agency, were positive about working in Oakview Manor and felt supported by the staff team and management.

Areas for improvement

1. In order to ensure that staff have the relevant training to support positive outcomes for people they care for, the manager and provider should ensure that all staff training is up to date, including bank staff, and role specific training including external training pertinent to staff roles, such as activity training, is accessed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

How good is our setting?

4 - Good

We evaluated this key question as good, as a number of strengths, taken together, clearly outweighed areas for improvement. Whilst, some improvements were needed to maximise wellbeing and outcomes, strengths had a positive impact on people's experiences.

People told us that they were happy with the facilities, décor and cleanliness of the home. Each resident had an ensuite single bedroom which was decorated to their choice. We saw that some areas looked "tired" and more in need of redecoration than others. We noted that these areas had been identified for redecoration or refurbishment within the next six months. As previously indicated, these timescales were being revised.

The main communal areas were located on the ground floor, these included lounge and dining areas, a café and a front conservatory area. There was access to a garden area at the side of the home which required staff assistance and supervision. We saw people using all areas during our visit although we thought that the café area could be utilised more.

The use of the facilities was impacted by the ongoing issue with the lift in Caledonia, not operating to full capacity. This had been an ongoing issue since April and people told us of the negative impact this had on them initially, although some now indicated that this had improved with measures implemented by staff and management.

Given the ongoing lift issue, we suggested that the use of unoccupied bedrooms, particularly on the 2nd and 3rd floors could be used to provide much needed communal space. This would give residents a choice of an alternative to their bedroom and allow them to join other residents for mealtimes or activities on a more regular basis (**see Area for Improvement 1**).

We thought that some of the areas could be more dementia friendly in relation to signage to help people's orientation around the building. We noted that not all occupied bedrooms had people's names and at times the level of noise in parts of the home with competing music and television programmes was overwhelming. Management agreed to review these.

There were systems in place to assess and maintain the cleanliness, maintenance of the home and equipment used within the home. We noted that the home was overall clean and tidy but highlighted some areas that needed further cleaning or maintenance to ensure that effective cleaning could be carried out.

Areas for improvement

1. In order that people have access to facilities which support their mental and physical wellbeing, the manager and provider should adapt the environment, even in the short-term till normal practice is resumed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (HSCS 5.1) and "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.18).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

Personal plans help to inform staff about people's support needs and their choices and wishes. The service was currently transferring all personal planning and associated care documentation onto a new electronic system. Staff were therefore working across two systems which made monitoring day to day care more difficult. We felt that it had been ambitious to implement the new system throughout the home rather than in stages (**see Area for Improvement 1**).

As previously indicated, we found some recording to be inconsistent, although we did see improvements in documentation completion by the end of our visit. Staff continued to be supported in the implementation of the new system.

In the documentation, which had been transferred to the new system, we saw some lovely person-centred profiles, detailed care plans and risk assessments. We were told that residents and relatives would be able to access their electronic care records using their own log-in details.

We also saw supporting legal documentation was in place where required to protect and support people's rights and safety.

Some of the residents' six monthly care reviews were overdue but these were being addressed.

Areas for improvement

1. In order that people's care and support needs can be effectively monitored, the impact of transferring people's care and support records should be assessed and planned. Ideally each resident should have all their records transferred at the same time and stored on the same system, for ease of monitoring.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

There should be a risk assessment in place where there is a likelihood of a resident with limited capacity leaving the care home unsupervised and unsupported. The risk assessment should inform a detailed and practical support plan for the individual about how to keep them safe. There should be a protocol in place for staff to follow in the event of a resident who is at risk of wandering and going missing.

To be completed by: 28 May 2022

This is to ensure care and support is consistent with Health and Social Care Standard 1:15 "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices."

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 1 April 2022.

Action taken on previous requirement

We could see that action had been taken following individual events to minimise recurrence and people's admission to the home included relevant assessments of risk. We asked management to continue to monitor these measures to ensure people remain protected from harm (see 'How well do we support people's wellbeing?', Area for Improvement 2).

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order that people spend their day doing what they enjoy and want to do, the manager should ensure that staff have the relevant information, skills and support to deliver more meaningful activities and regular access to the outdoors for people living in the home.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25); "I take part in daily routines, such as setting up activities and mealtimes, if this is what I want" (HSCS 2.21) and "I can maintain and develop interests, activities and what matters to me in a way that I like" (HSCS 2.22).

This area for improvement was made on 9 February 2021.

Action taken since then

From our observations and what people told us, we felt that there were nice opportunities for people who were more able and able to participate in group activities.

However, we did not see people who were less able getting the same level of input and stimulation (see "How well do we support people's wellbeing?", Area for Improvement 1).

Previous area for improvement 2

In order that people receive care and support which is personal to them, the manager should ensure that care records accurately reflect people's current needs and are able to direct staff to provide care which is person centred and outcome focused.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This area for improvement was made on 9 February 2021.

Action taken since then

The service was currently transferring all personal planning and associated care documentation onto a new electronic system. Staff were therefore working across two systems which made monitoring day to day care more difficult (see "How well is our care and support planned?", Area for Improvement 1).

Previous area for improvement 3

The provider should ensure that the laundry room is a safe environment for staff to carry out their tasks. This should include appropriate ventilation and heating.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: "My environment is secure and safe" (HSCS 5.17).

This area for improvement was made on 9 February 2021.

Action taken since then

Improvements had been made to the laundry room since the last inspection.

This Area for Improvement has been met.

Previous area for improvement 4

Complaint investigations should be carried out in an impartial and open manner, all possibilities and theories should be explored. All evidence available should be considered and used when reaching conclusions. All parties involved should have the opportunity to contribute to the process.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19 "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes."

This area for improvement was made on 1 April 2022.

Action taken since then

Complaint records viewed, showed complainant involvement in the investigation process and outcome. All complaint investigations are quality checked by external management, to ensure inclusion of all relevant parties and all areas explored, prior to being finalised.

Management promoted an open door policy and aimed to address any issues at the time. They will look at recording informal complaints and the action taken.

This Area for Improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld. There has been one complaint upheld since the last inspection.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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