

Barchester Healthcare Homes Limited

Ouse View Care Home

Inspection report

1 Fordlands Road
Fulford
York
North Yorkshire
YO19 4QT

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09 November 2021

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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?	Good ●

Summary of findings

Overall summary

About the service

Ouse View Care Home is a residential care home providing personal care for up to 64 younger adults and older people who may be living with dementia. Accommodation is provided in one purpose-built building over three floors. Swale unit on the ground floor provides residential care, Aire unit on the first floor specialises in providing residential care for people who may be living with dementia. The third floor was not in use at the time of our inspection.

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

People received safe and effective care to meet their needs. Staff were kind and caring and provided support to help maintain people's dignity and promote their independence.

People were protected from the risk of abuse and neglect. Staff understood how to identify and report any safeguarding concerns. Risks were assessed and plans put in place to guide staff on how to safely support people.

The environment was clean and safely maintained. Staff were safely recruited, and enough staff were on duty to meet people's needs. We have made a recommendation about how the provider monitors and makes sure staffing levels are safe going forward.

Medicines were managed and administered when needed.

Staff were trained to provide effective care. Supervisions and appraisals were used to monitor staff performance and support their wellbeing. We have made a recommendation about the evidence the provider keeps regarding new staff's induction and their probation period.

Staff supported people to seek timely medical attention when needed.

People could decide what to eat and drink and gave positive feedback about the quality and choices available. Staff monitored people where necessary to help make sure they ate and drank enough.

People benefitted from a purpose-built environment, designed to meet their needs. There was a relaxed and calm atmosphere throughout the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had the opportunity to take part in regular meaningful activities.

The service was well-led. The registered manager was approachable and staff felt supported. People told us they felt confident they could talk with staff or the registered manager if they needed to complain. Audits were used to continually monitor the quality and safety of the service and to help drive improvements.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 20 August 2020 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ouse View Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

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

The service had a manager registered with the CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection was unannounced. The second day of our inspection was announced.

What we did before the inspection

We reviewed information we received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the 'provider information return'. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four people's relatives about their experience of the care provided. We spoke with the registered manager, deputy manager, regional director, housekeeper, head chef and the maintenance person.

We reviewed a range of records. This included seven people's care records and multiple medication administration records. We inspected two staff files in relation to recruitment and training. A variety of records relating to the management of the service were also reviewed.

After the inspection

We spoke with three members of care staff by telephone and received feedback from two health and social care professionals who worked with the service. We continued to seek clarification from the registered manager to validate evidence found. We requested and reviewed additional records including audits, staff rotas and other records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were supported by safely recruited staff. Appropriate recruitment checks had been completed to help make sure suitable staff were employed.
- Staffing levels were safe. People told us, "The staff are very good; they are around when needed" and, "The staff are attentive, but not overly so. There's always somebody around, and they come quickly at night when I press my buzzer."
- The provider had a 'dependency tool' to help monitor and make sure enough staff were on duty to meet people's needs, but they were not using this at the time of our inspection.
- In response to our feedback, the registered manager completed simulated evacuations to check and make sure there were enough staff on duty to safely evacuate people if there was a fire at night.

We recommend the provider reviews how they routinely monitor and make sure staffing levels are safe.

Assessing risk, safety monitoring and management

- People felt safe staying at Ouse View Care Home and with the care and support staff provided. Feedback included, "I'm perfectly safe here, it's a safe home" and, "The staff are very good and keep an eye on everyone. If I needed them, they would be there."
- There was a calm and relaxed atmosphere throughout the service and people looked comfortable and at ease in their surroundings.
- Risks were identified and assessed. Staff used care plans and risk assessments to plan how to safely support people. These contained generally detailed information about needs and risks, and had been updated when needed.
- Regular servicing and health and safety checks helped to make sure the environment and any equipment used were safe.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or neglect; staff were trained to recognise and respond to any safeguarding concerns.
- The provider had a safeguarding policy and the registered manager had appropriately reported concerns to the local authority's safeguarding team. This helped keep people safe.

Learning lessons when things go wrong

- People received appropriate care and support if they were involved in an accident or incident. Staff were quick to respond to emergencies; they provided first aid or supported people to seek medical attention

when needed.

- Staff recorded information about any accidents or incidents that occurred. The registered manager and provider reviewed this information to check and make sure people had received appropriate support, and to check action had been taken where necessary to help prevent a similar thing happening again.

Preventing and controlling infection

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider's infection prevention and control policy was up-to-date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider was preventing visitors from catching and spreading infections.

We also signposted the provider to resources to develop their approach to assessing risks to staff, and monitoring staff are competent donning and doffing PPE.

Using medicines safely

- People were supported to take their prescribed medicines. They told us, "The staff have never got my tablets wrong so far" and, "I get my tablets when I need them."
- Staff completed training and had their competency assessed to make sure they understood how to safely administer medicines.
- Regular audits were used to identify any address and shortfalls in practice. We spoke with the registered manager about continuing to check the date medicine were opened had been recorded, and to check records relating to when required medicines and pain patches contained all the information needed. They acted to address this.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People gave positive feedback about the effective care and support staff provided. Comments included, "I think the staff are well trained. They listen if I need something" and, "They are trained and know what they are doing."
- Staff completed a range of training to equip them with the knowledge and skills to provide effective care.
- Supervisions and annual appraisals were used to monitor staff performance and support their wellbeing.
- New staff confirmed they completed induction training and shadowed more experienced care workers to help them get to know people and learn how best to meet their needs. However, detailed records were not available to evidence this process.

We recommend the provider reviews how they evidence new staff have received a robust induction.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received effective support from staff to meet their needs. Care plans guided staff on how to deliver people's care and support.
- Staff supported people to seek timely medical attention when needed. They worked with relevant healthcare professionals to make sure people's needs were met. A professional told us, "They are quite on the ball with referring residents and they have definitely done whatever we have asked them."

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

- People had choice and control over what they ate and drank. Sufficient food and drinks were available, and staff encouraged people where necessary to help make sure they were eating and drinking enough.
- People gave positive feedback about the quality and choice of food available. Comments included, "It's delicious" and, "The food is very good, and they can provide something different if you don't like it. Drinks are always there if you want them too."
- People were protected from the risk of poor nutrition, dehydration, and swallowing problems. Staff assessed people's needs and put appropriate risk assessments in place to help make sure their needs were met.
- Staff monitored people's weight and used food and fluid charts where necessary to check if people were eating and drinking enough.

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

- People benefited from a well-designed and decorated service. They told us, "It's beautifully decorated and spotlessly clean" and, "It's quiet, peaceful and comfortable."
- The service was purpose built and provided an accessible, spacious and homely environment. There were numerous communal and quiet areas, as well as safe and accessible outdoor spaces for people to use and enjoy.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People were involved in planning their support and making decisions about their care.
- Staff sought people's consent and explored issues relating to people's mental capacity to make informed decisions.
- People's rights were protected; applications had been made when necessary to deprive people of their liberty.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and caring staff. They told us, "The staff are friendly and nice" and, "They are lovely staff who work well together." A relative explained, "They are very caring and it's a friendly home."
- Staff spoke with people in a kind and caring way. They listened to people and showed concern for people's wellbeing in the way they supported them.

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

- People had choice and control over their daily routines and had been supported to be involved in decisions about their care.
- Staff offered people choices and involved them in making decisions. For example, they showed people plated options at mealtimes to help them decide what to eat. People were offered a choice of what to drink and alternatives were provided if people wanted this.
- People's care plans included person-centred information about their likes, dislikes and personal preferences. This showed they had been involved in planning their support and encouraged to make decisions about how their needs should be met.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. One person explained, "The staff are well chosen by the manager. They are very good about privacy and dignity." A relative told us, "They are lovely, supportive, helpful and nice to talk to if you have any queries. [Name] is definitely treated with dignity."
- Staff helped people when necessary to meet their personal care needs and dress according to their individual personal preferences.
- Staff were respectful and kind in the way they spoke to and interacted with people.
- Staff supported people to help maintain their independence. A relative told us, "The staff are friendly and caring; they are fantastic, wonderful. They help [Name] to be independent, as they want to do things for themselves."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and their families were involved in assessments and in developing person-centred care plans. These set out how staff should support people to meet their needs.
- Staff knew people by name and understood their individual needs and preferences. A relative explained, "The staff understand [relative's name] and what they need."
- Regular reviews helped ensure care plans continued to provide up-to-date guidance for staff on how best to support people.
- There were systems in place to make sure staff had enough information to support people who were only staying at the service for a short period. Staff encouraged and supported people to maintain their independence, so they could return safely home after their stay had ended.

Meeting people's communication needs

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

- People's needs had been assessed and communication care plans put in place. These provided guidance for staff on how to meet people's communication needs and share information in an accessible way.

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

- People had the opportunity to take part in a range of regular and meaningful activities. The provider employed activities coordinators to take the lead on arranging daily activities for people to enjoy.
- Systems were in place to enable safe visiting. This helped people to maintain important relationships and avoid social isolation.

Improving care quality in response to complaints or concerns

- People told us they had not needed to complain, but explained they would feel comfortable speaking with staff or management if they were unhappy about the service. A relative said, "[Registered manager] is very approachable and very good. We've got no complaints."
- The provider had a complaints procedure and encouraged feedback through surveys, a suggestions box and meetings. This gave people regular opportunities to raise any issues or concerns.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- Staff recorded some information in people's care plans about any wishes they had about their care and support approaching the end of their life. This included whether people had decided to refuse resuscitation if the need arose.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the service was well-led. Feedback included, "The home seems well-run. I would be happy to recommend the home to friends." A relative said, "It is well-run. Everyone seems easy to talk to and the system for checking in is good. We are happy with the place, it's a nice calm environment. We couldn't have chosen better."
- There was a person-centred culture within the service. Staff recognised what was important to people and supported them to meet those needs.
- There was a strong sense of teamwork. Staff felt supported by their colleagues and said staff and management worked well together to meet people's needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager used regular audits to help monitor the quality and safety of the service and to identify and support improvements.
- Team meetings were used to share feedback, discuss any issues or concerns and plan ways to improve the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of being open and honest with people if things went wrong.
- The registered manager was transparent in reporting any issues or concerns. Safeguarding concerns had been appropriately reported to the local authority and notifications were sent to CQC when legally required.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and professionals gave positive feedback about the partnership working.
- The provider had arranged for surveys to be completed to gather people's feedback and to listen and learn from their experiences of using the service.
- Meetings were also used to share information and gather feedback. This showed a commitment to partnership working.

