

Oakview Manor Care Home Care Home Service

41/43 Newark Drive
Pollokshields
Glasgow
G41 4QA

Telephone: 01414 238 525

Type of inspection:
Unannounced

Completed on:
17 October 2024

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.

There were 65 people using the service at the time of the inspection.

About the inspection

This was an unannounced follow up inspection which took place on 16 October 2024 from 09:30 to 18:00 and 17 October 2024 from 09:30 to 14:45. 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 five people using the service and three of their family/friends
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Management of stress and distressed behaviour events had improved.
- Positive behaviour plans were in place for all people who needed these.
- Many staff had received positive behaviour training and were using this in their practice.
- Appropriate window coverings were in place preserving people's privacy and dignity.
- There was comprehensive quality assurance oversight to inform improvement.

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

Requirements

Requirement 1

This requirement was made on 4 June 2024.

Although some progress was acknowledged, during the follow up inspection of 13 August 2024, this requirement had not been met.

The date of this requirement was extended until 25 September 2024

By 2 August 2024, the provider must make proper provision for the health, welfare and safety of service users.

To do this, the provider must, at a minimum:

- a) Ensure there are effective strategies in place to identify potential triggers and develop risk reduction strategies to manage and support people living with dementia who are experiencing stress and distressed behaviours;
- b) Ensure all staff have appropriate training to understand and manage their responsibility to keep people safe from harm and abuse. This should include, but is not limited to, training in adult support and protection and safe and effective management of stress and distress in people living with dementia;
- c) Make timeous and accurate notifications to the Care Inspectorate and other appropriate agencies in line with the guidance contained in "Records that all registered care services (except childminding) must keep and guidance on notification reporting" (Care Inspectorate 30 April 2020). This should include, but is not limited to, all allegations of abuse (as defined in adult support and protection legislation) involving someone using the service.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 15(a) (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.2) and "I am helped to feel safe and secure in my local community" (HSCS 3.25).

This requirement was made on 4 June 2024.

Action taken on previous requirement

Residents who experienced stress and distressed behaviours had individual positive behaviour support plans in place. These provided specific person centred details of how each persons distressed behaviour presents and details of how staff can manage any events.

Staff were consistently recording all incidents in people's behavioural charts. Recordings had improved and now give good detail about the distraction/redirection techniques used during each event and how effective or not these have been. Some people had been prescribed as and when required medication (PRN medication) to help manage incidents of stress and distress. PRN medications were being given only when other strategies did not work. The effectiveness of PRN medications were being consistently recorded in people's behavioural charts. When strategies did not work or ceased to work, we saw evidence that people were being reviewed by the appropriate multi-disciplinary professionals.

Improved and actively implemented management strategies, the use of effective PRN medications and reviews, meant that people were experiencing positive and improved outcomes to episodes of stress and distress.

Adult support and protection training had been completed by staff using the providers on-line platform. Many staff had also received face to face training on the use of positive behaviour techniques to help support people experiencing stress and distressed behaviour. Staff we spoke to told us how training had improved their skills, knowledge and understanding of keeping people safe and their management of people experiencing stress and distress. We observed staff using their training effectively during the inspection. This means people and their families could be confident they are being supported by a staff team who are better informed and are able to meet their needs.

During the inspection we viewed documents and were able to assess that, in line with guidance and legislation, all required notifications related to stress and distressed behaviours have been notified to the Care inspectorate and other appropriate agencies.

Met - outwith 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

To protect people's rights to experience privacy and dignity, the provider should:

- a) complete a review of all window coverings in bedrooms throughout the home; and
- b) replace all broken or inappropriate window coverings in bedrooms to ensure people's right to experience privacy and dignity is maintained.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected". (HSCS 1.4)

This area for improvement was made on 4 June 2024.

Action taken since then

The management team had completed a comprehensive audit of all bedroom window coverings throughout the home. As a result of this, an action plan was created to ensure the systematic replacement of all broken or inappropriate window coverings. During the inspection, inspectors conducted a full visual audit of all bedroom window coverings. We found that, with the exception of a few, all bedroom windows had appropriate window coverings which were in full working order. The management team were able to show us they had in stock the remaining window coverings that needed to be replaced. The maintenance team were replacing these during the inspection. People living at Oakview Manor can now be confident that their dignity and privacy is protected during personal care.

This area for improvement has been met.

Previous area for improvement 2

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).

This area for improvement was made on 21 June 2022.

Action taken since then

There is a service improvement plan in place which identified where improvement needed be made in areas such as care and support provided for people, medication management, environmental updates, safe working practices and safe staffing levels. Clinical reviews were taking place monthly. These reviews were comprehensive, covering all aspects of clinical concern and details of how to manage improvement and better outcomes for people. The management team were completing regular audits to review quality of care and support. Action plans were being devised and actioned as a result to ensure ongoing improvement. Some actions however were identified as "ongoing". We discussed with the management team that actions were more likely to be achieved if these were time-bound. Overall, there were a number of systems in place to ensure there was good oversight of quality assurance and how this might affect improved outcomes for people. We suggested in discussions with senior management that including all identified improvements to quality of care in one document may be a more effective improvement management approach. This would ensure improvements progress could be regularly monitored and no improvements unintentionally neglected. This dynamic approach would ensure comprehensive and improved quality of care for people living at Oakview Manor.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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