

Oakfield House Care Limited

Oakfield House

Inspection report

High Street
Wingham
Canterbury
Kent
CT3 1BU

Tel: 01227721107

Date of inspection visit:
03 February 2020
04 February 2020

Date of publication:
20 February 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Oakfield House is a residential care home providing personal care to 26 older people, who may be living with dementia, at the time of the inspection. The service can support up to 30 people in one large adapted building.

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

People told us they were happy and safe living at the service. They told us they were supported in the way they preferred and treated with respect and kindness.

Staff recruitment had not always been managed safely, some staff did not have the required checks. People received their medicines as prescribed, but records were not always accurate. There was a training programme in place to refresh staff knowledge. There was not a training system in place to support new staff, after their induction. Checks and audits had been completed but these had not been effective in identifying the shortfalls found at this inspection.

Potential risks to people's health, safety and welfare had been assessed. There was guidance in place to mitigate risks. Accidents and incidents had been recorded, analysed to identify patterns and trends. Action had been taken to reduce the risk of them happening again.

People met with the registered manager before moving into the service to check staff could meet their needs. People's needs had not been assessed using recognised tools following national guidance. Care plans contained details about people's choices and preferences. People were involved as much as possible in developing the plans and their end of life wishes had been recorded.

People and relatives told us there were enough staff to meet their needs. Staff monitored people's health and referred them to health professionals when their needs changed. Staff followed the guidance given by professionals to keep people as healthy as possible. People were supported to eat a balanced diet. People had access to activities they enjoyed.

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 were supported to express their views on the service. Complaints had been recorded and investigated following the provider's policy. People were given information in the ways they could understand. The registered manager attended local forums to keep up to date and to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 01/03/2019 and this is the first inspection.

The last rating for this service was requires improvement (published 12 March 2019). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the registration date of the service.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Oakfield House

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Oakfield House 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 Care Quality Commission. This means that 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we had received about the service since it had registered. We used all this information to plan out inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, head of

care and care workers. We spoke with one healthcare professional. We observed interactions between people and staff in communal areas.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff recruitment had not always been managed safely. The required checks had not been completed consistently. There was not always a full employment history and two references available before staff started work at the service. The registered manager had not recorded the action they had taken to follow up the reference requests. There were no risk assessments in place to show why the staff had started work before the checks were completed.

The registered persons had failed to recruit staff safely. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff to meet people's needs. Staffing levels were calculated according to people's needs. Staff covered annual leave and sickness. The head of care worked in addition to care staff and stepped in to cover short notice sickness.
- People told us there were enough staff to support them. One person told us, "The staff always come when I call and quickly." During the inspection, staff sat and chatted to people. Call bells were answered quickly, and staff supported people without hurrying them.

Using medicines safely

- Medicines were not consistently managed safely. Some medicines require two staff present during administration and to sign a book to confirm this. Records had not been completed accurately. Some records only had one signature and other records were blank except for the date and the running total of tablets. The number of tablets remained correct confirming they had been given as prescribed. These recording shortfalls had not been identified during audits, this is an area for improvement.
- There were processes in place for ordering, storage, recording and disposal of medicines. Staff had received training and their competency had been checked. Staff were observed supporting people with their medicines. The temperature of the room and fridge where medicines were stored was recorded, to make sure medicines remained effective. Some medicines had been prescribed in liquid form, once opened they can be used for a limited time. Bottles had been dated when opened to make sure medicines were destroyed when they were no longer effective.
- Some people were prescribed medicines on an 'as and when' basis such as pain relief. There was clear guidance in place for staff. This contained details about when to give the medicine, how often and what to do if it was not effective.

Assessing risk, safety monitoring and management

- Potential risks to people's health, welfare and safety had been assessed. There was guidance in place for staff to minimise risk and keep people as safe as possible. Some people required equipment to move around the service safely, there was guidance about the equipment to be used. However, more detail was required about the way the hoist sling should be placed on the hoist. This is an area for improvement. Staff were observed transferring people safely using the hoist.
- Some people were living with health conditions such as diabetes. There were clear instructions for staff about how people would present when they were unwell. These included the symptoms of high and low blood sugar and what action staff should take. Some people had a catheter, a tube to drain urine from the bladder. There was guidance for staff about how to maintain the catheter and monitor urine output. Staff described how they supported people with these health needs and they understood the guidelines.
- Checks and audits had been completed on the environment and equipment to make sure they were safe. Maintenance work was continuing within the service to update the environment. The registered manager had completed risk assessments to make sure people remained safe during the work. A new fire alarm and call bell system had been installed. Regular checks were completed on the water temperatures, to check they were under 44 degrees, to reduce the risk of scalding.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to check for patterns and trends. When patterns had been identified action was taken to reduce the risk of them happening again. One person was at high risk of falling, they had been moved to the ground floor. Staff were able to attend quickly when the alarm mat sounded. This had reduced the risk.
- The registered manager had oversight of the accidents and incidents. They reviewed the recording and action taken following the accident or incident.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse and discrimination. Staff described the action they would take if they had concerns. They were confident the registered manager would take appropriate action to keep people safe. Staff understood the whistleblowing policy and who they could contact if they thought action had not been taken to keep people safe.
- The registered manager understood their responsibility to keep people safe. They had discussed any concerns with the local safeguarding authority.

Preventing and controlling infection

- The service was clean and odour free. There was enough domestic staff to maintain the cleanliness of the service.
- Staff had access to gloves and aprons and these were used appropriately during the inspection.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had not been assessed following guidance from national organisations such as the National Institute of Clinical Excellence. Recognised tools had not been used to assess people's health needs such as skin integrity and risk of malnutrition. This is an area for improvement. There had been no impact on people's care. People were using specialist equipment such as cushions and mattresses when required.
- People met with the registered manager before they moved into the service. This was to make sure staff were able to meet people's needs. The pre-admission assessment covered all aspects of people's lives including their physical and mental health. People's cultural, spiritual and sexual orientation were considered and discussed, so staff could support them.

Staff support: induction, training, skills and experience

- There was a training plan in place. Training was provided by an outside company, the sessions covered a different topic each month, and were face to face. This system worked well for staff who had worked at the service for a period of time. However, this did not support new members of staff to complete their training quickly. The registered manager had just signed up for online video training to provide more flexible training.
- The registered manager had employed staff who were experienced and had received training in their previous employment. They received an induction and worked with senior staff to learn people's choices and preferences. New staff were observed and signed off as competent before they worked independently. We observed staff working safely. Staff were knowledgeable when asked about mental capacity, safeguarding and supporting people with health needs.
- The registered manager had prioritised staff supervision for staff where issues with their practice had been identified. The registered manager recognised that some staff had not received regular supervision because of this. However, staff felt supported by the registered and deputy manager. Staff confirmed the registered manager was approachable and they could speak to them about any concerns.

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 Act 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.

- The registered manager had applied for DoLS authorisations when appropriate, none had been authorised at the time of the inspection.
- When people had been assessed as not having capacity to make a decision, a best interest decision was made. Staff included people who know the person well such as relatives to make a decision in the person's best interest. These decisions had not always been recorded to show these decisions had been made. This was an area for improvement.
- People were supported to make decisions whenever possible. People were asked how they wanted to spend their time and what they wanted to eat. People's decisions were respected by staff.

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

- People were supported to eat a balanced diet. They had a choice of meals, people told us if they wanted something different they could ask. People said they liked the meals because they were good, wholesome meals. "Just as we like, nothing fancy."
- The lunchtime meal was a social occasion. People sat with their friends, chatting about their day and how they were feeling. The meal was served by staff from a trolley at the tables. People decided how much and what food they wanted. The food was hot and looked appetising, people were complementary about the food as they ate.
- There were drinks and snacks available throughout the day. People told us there was always more than enough to eat. "The portions are large, I love the soup, it is always homemade." Another person told us, "We have a cooked breakfast on Monday, it is a good start to the week."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and weight, if there were any changes staff referred people to the appropriate healthcare professional. People had been referred to the dietician when they lost weight. When people had problems with their swallow people were referred to the speech and language therapist. Staff followed the guidance given, staff were observed thickening people's drinks when needed.
- People had access to healthcare professionals such the dentist, optician and chiropodist. People attended the dentist in the village where possible. People were supported by staff with their oral health needs. People were referred to the GP and district nurse when required. The district nurse told us, staff referred people quickly and followed the guidance they were given.
- People were encouraged to be as active as possible. People were supported to walk around the service and attend weekly exercise class. People told us they enjoyed the exercises and felt it kept them fit.

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

- The service had been adapted to meet people's needs. There was a passenger lift and stair lift, people had access to all areas of the service. People had access to a patio garden and communal areas.
- The provider had started a wide range of work to improve the facilities within the service. These included a new shower and wet room. One of the baths was being changed to a walk-in bath with more toilets and washbasins.
- The environment had been adapted to support people living with dementia. There were pictorial signs on the doors of communal areas. Toilet seats had been changed to coloured seats to help people identify the toilet.

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 told us staff were caring and kind. One relative told us, "The staff have been amazing, they are so kind." Staff were patient and kind, they did not hurry people to make decisions or when they were walking. During lunch, staff sat with people to eat their lunch. People appeared to enjoy this, smiling and chatting with staff.
- Staff knew people well. They responded quickly and anticipated people's needs. Staff understood how to approach people and phrase questions, so people understood them. One person did not always understand what was being said and did not answer questions. Staff started singing and the person joined in and completed the song. One person told us, "They help with anything including my mobile phone."
- People's different beliefs were supported. People were encouraged to follow their faith and staff would arrange for representatives of their faith to come to the service.

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

- Where people were able to, they were encouraged to express their views about their care support. People worked with staff to develop their care plan. People signed their care plans to confirm they were happy with them.
- People were involved wherever possible in their healthcare appointments. People received their appointments and arranged with staff if they needed support. Relatives told us, they had been involved when people's care plans changed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff knocked on people's doors and waited to be asked in before entering. Staff spoke to people discreetly and took them back to their rooms when supporting them with personal care.
- People were supported to be as independent as possible. One person laid the table each day, they told us, "I needed a job to keep myself active. I enjoy doing this." People were supported to use walking aids to remain independent. Staff described how they supported people to maintain their independence by following the care plan.
- People's personal information was stored securely.

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

- Each person had a care plan which contained information about people's choices and preferences. There were details about when people wanted to get up and go to bed and what they liked to eat and drink. There was information about people's families and how they liked to spend their time.
- People told us staff supported them in the way they preferred. They told us staff knew them well and understood their routines and supported them with these. Staff were observed anticipating what people needed and making sure they had these items in place. Staff asked people how they could support them and responded to their requests.

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 had access to information in the way they preferred. There were pictorial signs and information around the service, including if they needed to complain. Information such as people's care plans and surveys had pictorial prompts to help people to understand.

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 were supported to maintain relationships with people who were important to them. Visitors told us they were always made to feel welcome. People had formed friendships within the service and spent time together. People asked about others and how they were and spent time in each other's rooms.
- People had the opportunity to take part in activities they enjoyed. People spent time in the lounge reading, chatting and knitting. There was a range of activities organised during the week. People enjoyed arts and crafts including painting. There were pictures people had created on the walls in the dining room. There were weekly visits from the pets as therapy dog, people told us this brightened their day and they enjoyed having the dog on their lap.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. People and relatives told us they knew how to complain. People's complaints had been recorded and investigated. The registered manager had discussed the issues with people and action had been taken to resolve the issues.
- People told us they had not been happy with the new large shower attachment. The registered manager

had changed the shower head to a smaller one. People were happy with the change.

End of life care and support

- The service supported people at the end of their lives. People had been asked their end of life wishes and these had been recorded. Most people had an anticipatory care plan, devised with their GP, describing how they wanted to be supported.
- When people became frail they were reviewed by the GP and their medicines reviewed. Staff worked with the GP and district nurses to make sure people were comfortable. Medicines to keep people comfortable were prescribed to make sure they were available when needed.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Checks and audits had been completed on all areas of the service. These included daily care notes, medicines and the environment. These had not consistently identified shortfalls including those found at inspection. When shortfalls had been found there was not a clear action plan to make sure they were rectified. Records were not accurate, these included medicines records and recruitment files. People's needs had not been assessed following national guidelines using recognised tools.

The registered persons had failed to maintain contemporaneous records for each person. They had failed to have effective systems to assess, monitor and improve the quality of the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had worked with staff to develop their roles and responsibilities. Staff told us they knew what their role was and understood what was expected of them.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

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

- There was an open and transparent culture within the service. The registered manager had been open with staff and people about the issues within the service when they took over. They had explained how they were going to make improvements and the support needed.
- The registered manager had an 'open door' policy. People knew the registered manager and chatted to them as they walked round the building. People told us they were could talk to the registered manager when they wanted. Relatives told us they were kept informed of any changes in their loved ones needs. One relative told us, "The manager is brilliant, gives clear information and knows what she is doing."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved as much as possible in developing their care. People were

encouraged to be involved in developing the environment and activities.

- Since taking over the service the registered manager had developed a person-centred approach. The registered manager told us, some staff had decided to leave due to the changes but the outcome for people had been positive. People told us they liked the new staff and were involved with the service.
- People and staff attended regular meetings. People discussed items affecting them, including the plumbing. The registered manager had explained about the remedial work required to the building and the plumbing. People told us they appreciated the work needed to be done and they were beginning to see the improvements. Staff meetings discussed practice and how to make improvements to the service.
- Quality assurance surveys had not been sent to people. The registered manager told us these would be sent out after they had been at the service for a year. Staff surveys had been sent out but as staff had left the survey would need to be repeated.

Continuous learning and improving care; Working in partnership with others

- The service had created links with the community. People went to the village and had developed friendships with shopkeepers. The registered manager understood the value of developing these links and planned to work towards increasing people's involvement in the village.
- The registered manager attended local forums to keep up to date with developments in adult social care. They worked with professional agencies to provide people with joined up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had failed to maintain contemporaneous records for each person. They had failed to have effective systems to assess, monitor and improve the quality of the service. Regulation 17 (2) (a) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered persons had failed to recruit staff safely. Regulation 19 (2)(a)