

Oakhurst Court Limited

Oakhurst Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakhurst Court Nursing Home is registered to provide nursing and personal care for up to 57 older people. At the time of our inspection there were 35 people living at the service. Some people using the service were living with dementia.

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

People told us they felt safe living at Oakhurst Court Nursing Home. Relatives reflected this view and told us they felt comfortable and more relaxed knowing their family member was safe and well cared for. Relatives told us they felt communication from the management team had improved to provide updates on anything relating to their loved one's health.

There were enough staff to meet people's needs. People received their care from staff who knew people's health needs well and had the training they needed to provide safe care.

People's individual health needs were fully risk assessed and there was detailed guidance in place to support staff to manage known risk. Lessons were learned from adverse events. Accident and incident records were analysed, and measures put in place to reduce the risk of a similar incident happening again.

The provider's recruitment procedures helped ensure only suitable staff were employed. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had.

Medicines were managed safely. There was detailed guidance, body maps and wound management processes in place to ensure people received safe care.

People had access to personalised activities. People gave input into the things they enjoyed taking part in and the staff team worked hard to ensure these were provided to people. The staff also monitored people who declined to participate in activities to encourage them with a variety of different options to avoid any social isolation. People had person-centred plans which had been developed with people and their relatives' involvement.

The provider's quality monitoring systems helped ensure people received safe care. The management team and staff communicated important information about people's needs effectively. People's care records were accurate and up to date.

People and their relatives told us their views about the service were listened to. Relatives were encouraged to be involved as partners in their family members' care. People and relatives provided positive feedback about the management team.

The provider ensured relatives were kept informed about their family members' wellbeing during the COVID-

19 pandemic. The provider had also considered the effect of the pandemic on staff and put support mechanisms in place.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 27 July 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 08 March 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakhurst Court Nursing Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oakhurst Court Nursing 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 control and prevention 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 carried out by three inspectors.

Service and service type

Oakhurst Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. However, the manager was in the process of completing their registration with the CQC.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. On this occasion 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.

During the inspection

We spoke with the manager, clinical lead, team leader and five care staff. 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. During the inspection we spoke with six people using the service and one person's relative.

After the inspection

We spoke with five relatives of people who lived at the service by telephone. We spoke with professionals who support the service. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At the last comprehensive inspection in July 2019 we recommended that the service continued to look at ways in which malodours could be eradicated. At this inspection, we found the provider had made improvements

- We found on this inspection improvements had been made to the odour of the home. The provider had completed deep cleans around the home and replaced old furniture and flooring.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that 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.

Assessing risk, safety monitoring and management

- The provider managed risk well. People had individual risk assessments in place around their health needs including guidance around their identified risk which gave clear instructions to staff on how to mitigate the risk. For example, one person had a detailed pressure area risk assessment which gave clear instruction on how to prevent any skin damage.
- The provider had robust systems in place to identify and improve people's skin condition. For example, one person who came into the service from hospital with a pressure wound had body maps in place and updated wound management assessments to monitor and improve the skin.
- People were weighed regularly. Where people had lost weight, appropriate action had been taken. A relative told us, "The first conversation we had was the loss of weight and they still got his weight up. They were so proactive."
- Personal emergency evacuation plans were in place which guided staff and emergency services on the support each person would need to move to a place of safety.

Using medicines safely

- The provider had safe processes in place for people's medicines. Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies to ensure safe administration of people's medicines. No gaps in the administration of people's medicines were found.
- People who received medicines covertly (without their knowledge or consent) were supported safely. We saw from records the person's GP or pharmacist had signed the protocol which included details on how to administer the covert medication. For example, one person had their medication crushed into their food.
- The provider had a safe procedure in place for ordering and monitoring people's medicines. There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines stocks and administration records were checked and audited regularly.
- The management team completed regular competency checks. This ensured all staff administered medicines safely and clearly identified any issues or actions to be taken when deficiencies were identified.

Staffing and recruitment

- People and relatives told us there were enough staff to meet their needs. People said they were not kept waiting for long periods when they needed help. One person told us, "There are enough staff. We have good meaningful chats, they are always talking to me (about my past) and they seem genuinely interested."
- Staff confirmed that staffing levels were accurate for the support people needed. One staff member told us the management team would also be available to help if needed. One staff member told us, "There are enough staff on each shift to provide people's care. Residents do not have to wait for care when they need it." Another staff member told us, "I think there are (enough staff). We make sure there is always someone in the lounge so people are not left unsupervised."
- The provider's records demonstrated that staff were recruited safely. This included obtaining proof of identity, proof of address, references and a Disclosure and Barring Service (DBS) certificate for prospective staff. DBS checks help employers in health and social care make safer recruitment decisions. Where necessary, evidence of up to date registration with the Nursing and Midwifery Council (NMC) was included.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service provided safe care and treatment. One person told us, "The staff are nice and all very good to me. They know what to do and they always do it in a safe way, I feel very safe here."
- Staff understood how to keep people safe and felt confident to report any concerns. Staff had received safeguarding training and competency checks to ensure they knew how to respond to any safeguarding concerns. A staff member told us, "I would go straight to the manager. I can also go to (provider)."
- The manager was responsive in responding to safeguarding concerns raised and reporting to appropriate agencies. They investigated the issues and reported on their findings to the local authority.

Learning lessons when things go wrong

- The provider had a robust system in place to record and monitor any accidents or incidents. Staff were aware of their responsibilities to record accurate details of each accident or incident and report this to the manager.
- The manager reviewed all accident and incidents to ensure actions were identified to mitigate any future risk. For example, one person had been noted as falling at a particular time so additional staff were put on at this time to increase support and this reduced the number of falls.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At the last comprehensive inspection in July 2019 we found there was a failure to ensure people's care records were personalised, that staff understood the support people required and steps were implemented to minimise the risk of social isolation. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the service was no longer in breach of regulation.

- People and relatives told us they were asked for their input into developing care plans and reviews. A person told us, "I have a red folder with all my details, it helps the staff know more about me, they talk me through it quite a bit and always ask me questions and then add to it. It really makes me feel involved and also makes me realise that all the staff know about me. A relative told us, "I'm always involved with care plans and reviews."
- People's care plans were person-centred. People's care plans contained details which reflected their individual needs and strengths which staff responded to. For example, one person who had been displaying behaviours that may challenge, had detailed guidance for staff to use when supporting this person in order to calm any developing situations. We observed staff responding to this person as per their care plan when they tended to them in a calm and reassuring manner to defuse a potential incident.
- The provider had made improvements to care records for people with mental health concerns. The provider had also liaised with the community mental health team and Intensive support team to ensure all guidance was included. One person had a detailed care plan around looking out for potential triggers and signs of any mental health deterioration. This allowed early intervention and the right support to be sought and introduced to this person.
- Staff understood people well. We observed staff supporting people with a sense of pride and kindness which reflected in the happiness of the person. One person whose care plan stated they can display aggressive behaviour if upset or confused was supported to take on fluids but had become agitated with their drink. Staff very calmly spoke to them with a relaxed attitude which the person responded well to and encouraged them to drink without the situation escalating.
- The provider had improved activities for people to ensure they were person-centred. Staff had spoken with all residents and family to compile a new list of people's interests and hobbies. For example, two people who had interest in birds were supported to walk the grounds and feed different birds and talk about which ones they had spotted.
- People's involvement in activities was monitored to identify anyone at risk of isolation. Staff kept a daily log of all people's involvement which enable staff to easily spot if someone was not engaging and they could

be encouraged or seek alternative activities. One person, who had declined to be involved in some group activities asked for staff to come to their room for a chat and a hand massage.

- The provider ensured a variety of activities and events were available for people. We saw from pictures taken people had been taking part in bakery sessions, musical events, arts and crafts, pet therapy and themed events such as Wimbledon and the Olympics. One person told us, "I feel like I can do activities that I enjoy, they respect when I don't want to do something but usually they will ask me if I want to do something different instead."
- The provider had made improvements around the environment to make it more dementia friendly. Although improvements were seen the manager told us this was an ongoing process with further improvements planned. People had pictures of themselves removed from their bedroom doors as they had not been identifying with them. These were replaced with a picture of a past event or job, something the person was responding to from a period in their life. This also encouraged more active discussion and enabled people to reminisce about important periods of their life.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt confident that any concerns would be addressed. One person told us, "I feel very confident to raise any issues. I know that any of the staff members would make it their utmost priority to sort it as soon as possible, they really are wonderful." A relative told us, "I look at everything with (relative) to make sure she is okay. I have no problems raising anything, I know they will act, they have done."
- The provider had systems in place to help people, relatives and others complain if they needed to. The manager and staff encouraged anyone with a concern to tell them about it so they could, where possible, put it right. People, relatives and others could also use the provider's formal complaints procedure.
- The manager kept a record where a complaint had been made. The record showed the manager had responded to these in line with the complaints policy and developed action points. For example, an action was to improve communication with relatives about clinical issues. Relatives we spoke to confirmed this area of the service had improved.

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 information and communication needs, and preferences were identified in their care plan and met by staff. For example, one person's care plan stated he preferred staff to speak with him at his level so he could understand what was being said. We observed staff putting this into practice during the inspection.
- Staff continued to support people to use various electronic communication devices. These included tablets and mobile phones to keep in touch with family and friends who were unable to visit the care home in-person during the COVID-19 pandemic.
- The manager had systems in place to help staff communicate with people. For example, pictures of different foods and signage to show where bathrooms and toilets were. Information about the service was available in large print or other formats on request.

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, the provider had systems in place to ensure people were supported at the end of their life.

- The provider supported people to discuss plans for end of life care. One person who had expressed a wish to make plans had detailed information around how they wished to be supported.
- Relatives had provided positive feedback about how the service supported their loved one at the end of their life. We saw comments from relatives expressing how staff had acted with kindness and compassion and made people comfortable during end of life care.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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; 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

At the last comprehensive inspection in July 2019 we recommended that the registered manager and provider continue to develop the service to ensure people consistently receive person centred and responsive care. We found the provider had made improvements.

- People told us they were happy living at the home. One person told us, "It's alright here, very nice. They (staff) all know me very well." Another person told us, "I am very happy living here."
- People and relatives gave positive feedback about the manager. One person told us, "She (manager) is a lovely person, she is very kind and always around for a chat if you need her." A relative told us, "(Manager knows me, she understands me, they've got everything spot on now."
- Staff told us they felt well supported by the manager. Staff felt they worked well as a team and had all the training and information to meet people's needs. A staff member told us, "(Manager) is supportive, she is coming every morning to handover when we speak about the resident's needs." Another staff member told us, "(Manager) is good, I think she is approachable. The other carers are good as well. Some of the older ones are really helpful."
- The manager had made improvements to ensure person-centred care was delivered. Since the last inspection the manager has worked to review all care plans and ensure they contain up to date information which is person-centred. We saw examples of care plans which contained all relevant information for people's health needs developed with the person or their family.
- The manager understood their responsibilities under the duty of candour and ensured improvements were made if investigations identified these were needed.
- The manager was aware of their responsibilities of making sure they were open and honest with people and their relatives. We saw relatives were copied into correspondence with health and social care professionals regarding any concerns or incidents that occurred at the service.

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

- Improvements had been seen with further robust quality control measures being introduced. However, we identified a need to closely monitor how and when daily notes were recorded. We found that some people's

notes had not been completed in a timely manner. There was no impact seen on people and although staff gave assurances and our observations did not highlight any concerns, it was difficult to see on some people's records what they had to eat and drink on the day of inspection. Staff told us they were able to recall what people had when they filled in the records, in some instances a few hours later after the person had been provided the food or drink. We spoke with the manager about this who gave us assurances staff would be supported to ensure all records are completed in a timely manner. We will check this at our next inspection.

- The manager had established effective audit systems and processes for reviewing the quality and safety of the service. The manager used the systems to identify necessary learning and areas for improvement. For example, quality checks completed on care plans have led to the improvements made in ensuring the content is person-centred.
- The home had a manager who was in the process of registering with the CQC. The manager was supported by a management team which had recently been formed. The manager told us, "I am in a good position with (clinical manager) and (team leader) who can really give me some good support. We are in a very good place and the provider has been supportive in getting us there with what we need."
- The manager understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed and there were systems in place to notify CQC of incidents at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider acted to obtain people's views and opinions by using feedback forms. We observed from records the feedback provided was mainly very positive around the care provided for people.
- Relatives felt that the communication had improved. Relatives gave feedback about how through the COVID-19 pandemic they were kept updated and continually involved. A relative told us, "They have been very good at keeping in contact." Another relative told us, "I feel now they are very good. If there are any problems, they communicate. The communication has vastly improved."
- Staff were well supported and encouraged to input their own ideas to improve a person's experience. Staff could do this via their supervision, meetings or raise something at any time with the management team.

Working in partnership with others; Continuous learning and improving care

- The manager and staff team worked closely with a range of health and social care professionals to seek advice and guidance related to people's health and wellbeing. We saw an example of partnership working where the staff team had worked closely with the community mental health team and intensive support team in order to obtain suitable advice and support for people. A professional health worker told us, "They really take on board the advice and support we provide. One person we are involved with has really improved their condition since being at Oakhurst and that is down to the staff following advice and being open and flexible to try new ideas with people."
- The provider had established links into the local community. These links were being reintroduced following the COVID-19 pandemic to ensure people could access different and relevant areas of the community. Visits were being completed by local religious groups to support people with their beliefs and religious views. Alongside this the manager had booked in pet therapy sessions for people as this had proved really popular.
- The manager attended regular meetings and forums to expand and share experiences. The manager told us about their experience with attending a managers' network where ideas and guidance from the NHS was provided with guest speakers for specific topics such as pressure areas and staffing and recruitment.