

Oakhurst Court Limited

# Oakhurst Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Oakhurst Court Nursing Home is registered to provide nursing and personal care for up to 42 older people. At the time of our inspection there were 29 people living at the service.

People's experience of using this service: At our inspections on 4 July 2017 and 22 September 2017, we asked the provider to take action to make improvements in relation to the safety of people, how people were being safeguarded against the risk of abuse, staff training, the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), the involvement of people in their care, how people were respected and activities provided., Improvements were also required in the leadership at the service, quality assurance processes and how complaints were being responded to. At our inspection in February 2018 we found improvements had been made. The service was rated Requires Improvement to ensure the improvements were embedded into practice.

At this inspection we found that whilst the service had continued to develop in many areas, people's care was not always person-centred and care plans did not always contain information regarding specific conditions or health issues. People who spent the majority of their time in their rooms did not always have regular social contact to support their needs. The registered manager told us they continued to develop care plans and additional training in relation to supporting people living with dementia and person-centred care was planned in the near future. We have made a recommendation regarding this continued emphasis on providing person centred care.

Although safe infection control procedures were followed there remained malodours in areas though the service. The registered manager and staff continued to look at ways to address this. Improvements have been made to the environment to support the needs of those living with dementia. However, further work is required to ensure that the decoration provided is meaningful to people. We have made recommendations regarding these areas.

People told us they felt safe living at Oakhurst Court and safeguarding process were in place to protect people from potential abuse. There were sufficient staff available and people did not have to wait for their care. Health and safety checks were completed and accidents and incidents were monitored for any trends.

People were supported by staff who treated people with kindness and affection. Staff spent time with people in communal areas and a range of activities and visiting entertainers were planned. People's religious and cultural needs were supported. Staff encouraged people to maintain their independence and ensured their dignity and privacy was respected. The care people wished for at the end of their life was recorded and the registered manager told us this was an area of on-going development.

Healthcare professionals were involved in people's care and advice provided was followed. Safe medicines practices were followed and people received their medicines in line with their prescriptions. People's legal rights were protected as the principles of the Mental Capacity Act 2005 were followed. People told us they

enjoyed the food provided and alternatives were offered when requested.

People, relatives and staff told us they felt the service was managed well and their views on the service provided were sought and acted upon. Quality assurance systems were used to maintain and develop the service and action plans were continually monitored. Links had been formed with the local community which had led to regular visits from community groups and the church. People told us they knew how to raise a complaint and felt this would be addressed by the registered manager.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published on 19 April 2018)

Why we inspected: This was a planned inspection based on the previous rating

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We will check that the provider has made the improvements we identified as necessary through further inspections.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of three inspectors, a nurse with specialist knowledge of a service of this nature, 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 care service.

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 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: The inspection was conducted on 8 March 2019 and was unannounced.

What we did: Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection

As part of our inspection we spoke with five people who lived at the service and two relatives. We observed the care and support provided to people. We also spoke with the registered manager, deputy manager and seven staff members. We reviewed a range of documents about people's care and how the home was managed. We looked at nine care plans, four staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the service provided. One relative told us, "I feel she is safe here, she doesn't seem worried when we leave and when we used to take her out, she was always happy to come back. Everything is always disclosed."
- Staff received safeguarding training and were able to describe the different types of potential abuse, signs of concerns and reporting procedures. One staff member told us, "If I saw anyone being harmed I would tell the deputy and manager. I would let the next of kin know and if I needed to, tell social services."
- Information about safeguarding procedures was displayed and gave contact details for the local authority safeguarding team.
- The registered manager had ensured that any incidents or concerns had been appropriately reported and investigated.

Assessing risk, safety monitoring and management

- Risks were assessed and management plans implemented where required.
- Care records contained risk assessments in areas including moving and handling, falls, skin integrity and malnutrition.
- Staff were aware of the risks to people's well-being and ensured plans were followed. Where people required specific pressure relieving equipment to prevent skin breakdown this was in place. People had received assessments for the use of mobility aids and staff encouraged their use.
- Where people required support to transfer between seats, staff offered people constant reassurance and used safe practices.
- 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.
- The provider had developed a contingency plan which ensured people would continue to receive their care in the event of unforeseen circumstances arising.
- People lived in a safe environment. Health and safety audits were completed regularly and any actions transferred to the service action plan.
- Fire checks were completed at appropriate timescales and records were maintained.

Staffing and recruitment

- People and their relatives told us they felt there were sufficient staff available. One person told us, "I think there are enough staff, they do work very hard. Whenever I ring the buzzer they come very quickly."
- There were sufficient staff deployed to meet people's needs safely. Staff were available in communal areas at all times and call bells were answered promptly. There was a relaxed atmosphere and staff had time to spend with people. One staff member told us, "We have enough staff to look after people."

- Robust recruitment procedures were in place to ensure staff employed were suitable. Application forms and interview records were completed and references were obtained from previous employers.
- Disclosure and Barring Service (DBS) checks were in place for all staff. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

#### Using medicines safely

- Safe medicines processes were followed. People told us they felt confident with the support they received with their medicines. One person said, "I get my medication at the same time every day."
- Medicines were stored securely and administered by trained staff. 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.
- Protocols were in place where people received their medicines covertly (without their knowledge or consent). There was evidence that covert administration had been discussed, agreed and signed off between the person's GP, pharmacist and family members.
- Where people were prescribed medicines to be administered as and when required, guidance was available to staff detailing how these should be administered and for what reason.
- People's medicines were reviewed annually by a healthcare professional and any recommendations discussed with them and their family members if appropriate.

#### Preventing and controlling infection

- People lived in a clean environment although we found malodours in some areas of the service which remained throughout our inspection. Records showed the registered manager had implemented deep cleaning of some areas of the service and that external contractors had been organised to clean lounges on a monthly basis. The registered manager told us they were working hard with staff and the housekeeping team to ensure any malodours were eradicated.
- Cleaning schedules were in place and records showed these had been followed. Colour coded equipment was used by housekeeping staff to minimise the risk of cross-infection.
- The laundry area was organised to ensure that clean, dirty and soiled items were separated.
- Staff had access to personal protective equipment for use when supporting people with their personal care. One staff member told us, "We wear gloves for personal care. They're always available and we don't run out of stock."
- Mattresses and bedding were clean, intact and regularly checked.

We recommend the service continues to look at ways in which malodours can be eradicated.

#### Learning lessons when things go wrong

- Systems were in place for recording, reporting and monitoring accidents and incidents.
- Accident and incident forms were completed and reviewed to ensure appropriate actions had been taken to keep people safe.
- The registered manager completed a summary of all accidents and incidents in order to identify trends and minimise the risk of them happening again.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into the service to ensure they could be met. People and their relatives were involved in the assessment process.
- Clear links could be seen from pre-admission assessments to people's support plans.
- Nationally recognised assessment tools were used to monitor people health and well-being in areas such as malnutrition and skin integrity.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were skilled. One person said, "I know the staff. I get moved with a hoist, they seem to know what they are doing."
- Staff received an induction into the service and told us they had found this useful. One staff member told us, "(Deputy manager) did my induction. We went through the fire evacuations and I was introduced to everyone. I worked with the night manager for a while until I was okay with everything I needed to know."
- The registered manager maintained a training matrix which showed staff had completed training in areas including safeguarding, fire safety, health and safety and infection control. Staff told us they found the training useful and ensured they completed updates regularly. One staff member told us, "Training always changes so I want to do the updates and make sure I apply for them."
- Staff had completed on-line training in supporting people living with dementia. The registered manager told us they were due to start more in-depth face to face training in this area. Staff confirmed they were aware of this.
- Staff told us they felt supported in their roles and received regular supervision. Supervision records showed that in addition to one to one meetings, this was used to observe staff practice, check knowledge and discuss policies and procedures.
- Nursing staff received clinical supervision from the regional manager in line with their performance development plan.
- Following supervision cycles the registered manager developed an action plan where items raised requiring follow-up were listed such as training needs and areas of interest.

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

- People and their families told us the food was of a good standard. One person told us, "The food is nice, if it's something I don't like, I can choose something else. I have a cooked breakfast Monday, Wednesday and Friday." One relative said, "He likes the food and they always make sure he eats well."
- People's nutritional needs were met. People's weight was monitored regularly and any significant changes were acted upon. The service was liaising with the community support dietician to ensure they were working

to current guidance in preventing malnutrition.

- People were offered a choice in the morning although were able to change their mind of request an alternative if they did not like this option when their lunch arrived. However, a visual choice of food may be more meaningful for people living with dementia.
- Where people required support to eat this was done in a sensitive manner and at the person's own pace.
- Staff were aware of people's dietary needs. Recommendations from the speech and language therapy team were followed where people required their food to be of a modified consistency.

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

- At our last inspection in February 2018 we made a recommendation regarding ensuring that the environment was set up to meet the needs of people living with dementia. At this inspection we found improvements had been made.
- Some people's rooms were highly personalised and contained photographs, ornaments and personal furniture. However, others were sparsely decorated and contained few personal items of interest to them.
- Contrasting colours had been used in areas to help people with orientation and spatial awareness. For example, red toilet seats had been fitted to make the contrast in the bathroom clear for people. There were a number of lounges and small seating areas where people could sit quietly if they preferred.
- The registered manager told us the on-going refurbishment of the service included ideas to ensure the environment was dementia friendly. Following the inspection, they sent photographs of the refurbishment of one communal lounge which was being decorated to create a calm environment for people. Other areas had also been decorated with full wall murals with the aim of orientating people and providing interest.
- There was a lift available for people to move between floors and bathrooms had been adapted for people with mobility issues.
- People had access to the garden and staff told us a shelter was erected in the summer to protect people from the sun.

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

- People told us they had access to healthcare professionals when required. One person told us, "I can see the doctor. I've just had my medication reviewed, I have had my eyes checked and the chiropodist comes."
- Where changes in people's health occurred, prompt action was taken to refer to healthcare professionals. Records showed that people were supported to attend appointments.
- Records showed people had access to a wide range of healthcare professionals including the GP, optician, chiropodist, mental health professionals and dieticians.
- The service had worked alongside the intensive support team to develop ways of supporting people with complex needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's legal rights were protected as the principles of the MCA were followed.
- Capacity assessments had been completed in a variety of areas including key padded doors, receiving personal care, consent to care and where appropriate, the administration of medicines covertly.
- Where people were found to lack capacity, best interest decisions were recorded. These involved people's families, staff and healthcare professionals where appropriate and the least restrictive options were discussed. For example, a best interest decision for one person who was known to refuse important medicines recorded that they should be offered their medicines first and they should only be administered covertly if they refused.
- DoLS applications had been submitted to the local authority in line with legislation. The registered manager maintained a DoLS tracker which was regularly reviewed to ensure any further actions and re-applications were completed in a timely manner.

# 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

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 and their relatives told us that staff treated them with kindness. One person told us, "No-one harasses me here, they have been very considerate. I've had the best care since I have been here." One relative told us "The staff are very kind, superb in our experience and one of us visits every day."
- People appeared relaxed in the company of staff. There were signs of affection shared between people and staff and people were heard to use terms of endearment towards the staff supporting them. We observed one staff member sit beside someone and stroke their hand asking if they were okay.
- Staff took time to reassure people when they were anxious. One person was beginning to raise their voice and appeared confused as to where they were. Staff provided reassurance before engaging the person in conversation. Plans were in place to offer support to one person who was experiencing confusion following a recent bereavement. Staff were working with the person's family to ensure they received the support they required at this time.
- Staff took a genuine interest in people's well-being. One person told us they had not been well for a few days so were pleased to be up and sitting with others in the lounge. A number of staff came to ask the person if they were feeling better and told them they had missed their company. We observed staff stop to ask people how they were when they passed them in the corridor.
- People were supported to practice their religion. Religious services were held on a weekly basis and people we spoke with said they enjoyed this. Where people had specific requests in relation to their religious beliefs these were respected and information was available to staff within support plans.
- The provider's PIR stated, 'We have a new faith area, quiet area for residents to pray to encompass all faiths'. This showed respect for people's different religious beliefs. However, the area was set up in a relatively busy part of the service where people using it may be disturbed.
- The provider had implemented an LGBT policy and people and staff were asked if they had any needs in respect of this.
- Visitors were made to feel welcome and there were no time restrictions on when people could receive their visitors. One relative told us, "We can visit any time day or night." This was confirmed in the provider information return. We observed staff greet visitors by name and have a conversation with them.

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

- Communication books had been designed for people who had difficulty communicating due to their health issues or language barriers. Staff told us they found these useful when communicating with people. One member of staff said, "It helps us to feel we are still involving the residents."
- Staff sought people's permission before providing their care and explained to them what would be happening. For example, before helping people with aprons at lunchtime staff asked people if they wanted to wear one to protect their clothes.

- Staff knelt or sat beside people when speaking with them and checked if they needed anything before leaving.
- People and their relatives were involved in developing and reviewing their care plans. One relative told us, "We were involved in her care plan and it is reviewed." The deputy manager told us that, where appropriate, relatives were being invited to care plan reviews. This gave them the opportunity to review the care provided and discuss any changes required.

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. We observed staff knocked on people's doors before entering and asked people if they would prefer their door open or closed when they left.
- Staff were able to describe the ways they ensured people's dignity was respected. One staff member told us, "We are always knocking on doors, making sure they are shut and curtains closed for personal care. We are listening to our residents and what they want us to do."
- People were supported to maintain their independence. Staff encouraged people to mobilise where possible and relevant aids were provided. People were provided with adapted crockery and cutlery to support them to eat independently.
- Staff understood the need to ensure people remained independent. One staff member told us, "It's very easy to think, 'I'll do it, it will be quicker', but it's so important to help them maintain any independence they have."

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations have not been met.

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

- People's care records were not always personalised. Care plans did not always provide guidance for staff in relation to specific conditions and how people should be supported with these. Where guidance was provided, this was not always followed by staff.
- One person's care records reflected they had a history of significant mental health concerns. No care plan was in place to guide staff on signs which may show the person's health was changing and how they should respond should this happen. We spoke with one staff member about the person's health. They were unaware of the possible implications of the person's condition or the possible side effects of their medicines.
- One person's records showed they had a number of health conditions including anxiety and depression. Although this was referenced within their care plan additional detail to support staff understanding would have been beneficial. The person did not enjoy participating in group activities and showed a reluctance to leave their room. Their care plan gave guidance to staff regarding what interactions they may respond to. Daily engagement records showed the person's welfare was regularly checked and some staff took time to engage the person in activities. However, records did not reflect this support was consistently provided. We spoke with one member of staff about the person's needs. They were aware how the person communicated but were unable to tell us what activities could be offered or how to approach the person to help them with their anxiety. The registered manager told us they had worked closely with the mental health team for the person but had been told there was no further input they could offer.
- We spoke with a second person who spent the majority of time in their room. The person told us they did not enjoy the group activities provided but felt isolated without any company.
- Further improvement was required regarding how staff responded to those people's needs who were living with dementia. For example, people were not always offered a visual choice of the menu at lunchtime, introducing this would help people living with dementia to make a choice at the time based on smell, sight and taste.
- We observed staff supporting a group of people with individual activities in the morning. Whilst staff interacted well with the majority of the people, they did not engage with one person. The person had a newspaper in front of them although they made no attempt to look at this and staff offered no encouragement during the 25 minutes we were observing.
- A number of corridors were decorated with artificial flowers hung from ceilings, and a clothes line hung with baby's clothes. Baskets hung on walls contained a wide variety of items including instruments and kitchen utensils. We did not see anyone engage or respond to any of these items and staff were not seen to encourage this. We spoke with one staff member who told us, "I haven't seen anyone looking at them." The registered manager told us the dementia environment was based on people, their past experiences, lifestyles and jobs. However, we asked two staff members the relevance of the decoration and they were not aware of any specific reasons or individual points of interest to people. One staff member told us, "It's

something for them to look at if they want to."

The 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 was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- In other areas we found that people's care was personalised. Staff were able to tell us about the needs of people they were supporting and the activities they enjoyed.
- One person told us they struggled with staff coming into their room to provide support with cleaning and had therefore come to an agreement regarding how to support them. They told us, "They come and clean my bathroom every day and usually the room has a thorough clean once a week, I can't cope with it more frequently."
- Staff understood how to approach people to offer support. We observed staff supporting one person who liked to walk around but had become confused as to where they were. They greeted the person warmly and told them they had been looking for them. The person responded positively and sat with the staff member for a while engaging in activities.
- Detailed information was available to staff regarding people's life histories, hobbies and interests and family life. Staff showed an interest in people's lives and were able to tell us about people's careers and what interested them.
- People told us they had a choice whether they wished to join in activities. Where people chose to participate, they told us they found these enjoyable. One person told us, "They always tell me if there is a special activity that I enjoy so that I can join in. They bring a newspaper up to me every day." A second person told us, "We have had visits from farm animals and at Christmas and Easter and other special days we have a party and friends can come."
- One the day of our inspection people were supported with a range of individual activities including art, puzzles, looking through books and newspapers. In the afternoon a musical entertainer visited which people clearly enjoyed. Staff supported people to sing along and dance to the music.

#### 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, "If I needed to complain I would go to see the manager. I haven't had anything to complain about." A second person told us, "If I had a complaint I would tell the staff to sort it out."
- There was a complaints policy in place which gave guidance on how to raise concerns and information as to how this would be investigated and addressed.
- The registered manager maintained a complaints log which showed that concerns raised had been responded to within the policy timescales.
- A review of complaints was completed in order to establish any trend or themes.

#### End of life care and support

- No one was receiving end of life care at the time of our inspection. However, basic information was in place regarding how people would like to be cared for at this stage of their life.
- The registered manager told us that more detailed plans were implemented as people's health deteriorated. These plans contained more personalised information regarding how people would like their care to be provided. The registered manager told us they were working towards ensuring this level of detail was discussed with people and their families at an earlier stage.
- The service had received cards from relatives expressing gratitude about the care their family members had received at the end of their life.

## 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

Service management and leadership was consistent. Regulations were met. Leaders and the culture they created had developed positive changes within the service although further attention to ensure people's care was consistently person-centred was required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

- Whilst further improvements to the service had been made since our last inspection, work was still required to ensure the service was consistently person-centred and responsive to people's needs.
- The registered manager acknowledged that whilst care records had greatly improved this was an on-going piece of work to ensure they fully reflected people's needs. Staff members confirmed this was the case and told us the registered manager was keen to see developments in this area. One staff member told us, "We are always looking and changing the care plans now. The manager tells us all the time to keep them updated."
- The registered manager completed audits of a number of care plans each month on a rotational basis. Completed audits showed that actions to ensure information was more detailed were set for staff to complete. However, this did not always include ensuring that care plans regarding specific needs were included.
- The registered manager and provider showed a commitment to developing the service further. As reported, in-depth dementia training was due to be rolled out to staff. Additional training in providing person-centred care was also being started with staff members. The provider information return stated, 'We are on a drive for person-centred care courses to be completed by staff, even though it is touched on in the care certificate we are prioritising a specific person centred course for staff to do'. We will assess the effectiveness of these measure at our next inspection.

We recommend the registered manager and provider continue to develop the service to ensure people consistently receive a person centred and responsive service.

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

- People and their relatives told us they felt the service was well-led and the registered manager was approachable. One person told us, "I think the home is well managed. The manager is very nice and efficient and there is a very good assistant manager." One relative told us, "I think the manager is great and she seems interested in the residents. I think she has tried to make it like a home. They introduced china cups which are easy for my mother to hold." A second relative said, "I know the manager and I think she runs the home well."
- Staff said they felt supported by the management team and understood the vision of the service. One staff member told us, "The manager and director are really understanding and are helping us. They want



everything to be correct and we are a strong team now. We all want the residents to be happy and well looked after." A second staff member said, "We love (registered manager), she is helping us to improve."

- Audits were completed on a regular basis to monitor the quality of the service provided. These included, medicines, health and safety, daily room checks, training, supervision, call bell monitoring, hand hygiene, infection control and recruitment.
- Where shortfalls were identified these were added to the service action plan and shared with the relevant staff involved. The action plan was continually monitored to ensure that deadlines were met. The provider also conducted audits of the service to support the manager in identifying concerns and give feedback on good practice.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. Records were securely stored.

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

- People and their relatives were involved in the running of the service. Quarterly meetings were held to discuss any changes and give people the opportunity to offer suggestions for improvements. Minutes showed that discussions included any staffing changes, external funding support, building maintenance, infection control and laundry. In addition, people and their relatives were invited to contribute to menu planning and offer ideas for different options.
- Surveys were distributed to gain people's views of the service. Outcomes from the February 2019 survey were largely positive with 100% of those responding saying they were happy at Oakhurst Court, that staff were kind and they would know who to complain to if they were upset about anything. Where suggestions were made, an action plan was completed to look at how these could be implemented.
- Staff meetings were held showed good attendance. Staff told us they were able to make suggestions and felt these were listened to. One staff member told us, "They do take note of what we say. For example, we said to them about having lamps in people's rooms and they ensured it was done."

Working in partnership with others

- Positive relationships had been developed with health and social care professionals. Care records evidenced a multi-disciplinary approach to people's care where a range of professionals were involved.
- Links had been built with the local community. The registered manager told us, "We've worked really hard to get involved. We now have the local florist bringing fresh flowers every day and the local ballet class and Beavers visit. The farm is bringing animals over. We've taken people over to watch the local cricket match and visited the tea rooms. We really feel we're getting to be part of the community."

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure people's care records were personalised, that staff understood the support people required and that steps were implemented to minimise the risk of social isolation