

Acegold Limited

Oakfield Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakfield Care Home is a care home and was providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 28 people.

The home is laid out over three floors: the basement, ground and first floor. Each floor offers bedroom accommodation and all of the bedrooms, except one, include en-suite facilities. The ground floor incorporates a lounge, dining room, the registered manager's office and medicines room. The first floor is made up of bedrooms, the nurse's station and administrator's office. The basement offers further bedrooms, a hairdressing salon, the kitchen and laundry room. Each floor provides access to communal toilet and washing facilities and can be accessed by the lift. A chair lift is available from the ground to the first floor. There is level access to gardens that surround the property and parking to the front.

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

Overall staff were employed safely; however, we did identify that some staff recruitment records did not include a full employment history. The provider contacted us after the inspection and confirmed this information had been collected and recorded in relevant files. People told us they felt safe and staff knew how to protect people from potential harm and abuse. Potential risks to people were assessed and monitored. Guidance was available for staff about how to keep people safe. People received their medicines and topical creams as prescribed. The provider ensured people were protected from the potential risk of infection.

People told us they were supported by staff who were kind and caring, our observations confirmed this. People were supported to retain their independence and express their views. Staff ensured people's dignity and privacy was upheld.

People's needs and choices were assessed and reflected in their care plans. Guidance was also available for staff so they knew how to meet people's needs. Staff told us they received relevant support and training to carry out their roles. People were supported to eat and drink enough.

At our last inspection we made a recommendation for the provider to review their processes in relation to the mental capacity act (MCA). At this inspection we found sufficient improvements had been made and the provider was acting in line with the principles of the MCA. 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.

Staff and people spoke positively about the registered manager, staff confirmed they worked as a team to meet the needs of people. There were governance systems in place that were used to identify errors and omissions. Notifications were submitted to the commission as required. The provider had built links with local schools and religious organisations.

Rating at last inspection

The last rating for this service was Good (published June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Oakfield Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector.

Service and service type

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

Notice of inspection

The first day of the inspection was unannounced, the second day was announced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, registered manager, senior care workers and care workers. We spoke with one healthcare professional who was visiting the service.

We reviewed a range of records. This included four people's care records and multiple medication records.

We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Staffing and recruitment

- Overall, staff were employed safely. This included checks with the applicant's previous employers and the disclosure and barring service [DBS]. However, we did identify some staff recruitment files that did not include a full employment history. The registered manager contacted us after the inspection and confirmed that the missing information had been collected from the relevant staff and was now included in the relevant files.
- The registered manager used a staffing tool to ensure there were sufficient numbers of staff to meet the needs of people. The tool looked at the level of support people required to undertake certain tasks, for example going to the toilet and moving around. The registered manager reviewed the tool monthly and when people's needs changed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe because there is always someone around and I have a buzzer. If I ring my buzzer, they [staff] come." Staff told us they felt people were cared for in a safe way. Comments from staff included, "People are 100% safe - we look after people very well, people are safe, we treat them like our parents."
- Staff spoke confidently about how they would protect people from potential abuse and told us what actions they would take if abuse was witnessed or suspected. One staff member said, "I would look for bruising and marks, flinching could be a sign of physical abuse. [I would] report suspected abuse instantly, remove the abuser - I would call the police if it was physical or sexual abuse and I witnessed it. I would keep them [people] safe."
- The registered manager contacted the local safeguarding team when concerns were identified.

Assessing risk, safety monitoring and management

- Potential risks to people's safety were assessed. For example, when people were at risk of falling and choking. The risk assessments included guidance for staff about how they should support people to remain safe.
- When potential hazards were identified, staff were informed, and relevant guidance was available. For example, one person was prescribed potentially flammable creams and information was clearly displayed so staff were aware and knew what actions to take.

Using medicines safely

- Medicines were managed safely. This included ensuring guidance was available for staff about 'as required medicines', for example the maximum dose a person could take in a 24-hour period and the minimum spacing between doses.

- People we spoke with told us they received their medicines and topical creams when they should.
- The provider had recently worked with an external pharmacy who audited how medicines and topical creams were managed in the service. The provider had acted to rectify shortfalls identified by this audit this included introducing additional secure storage for certain medicines.

Preventing and controlling infection

- People were protected from the potential spread of infection. Staff had access to personal protective equipment [PPE] such as gloves and aprons when they needed them. We observed staff cleaning during both days of the inspection.
- Staff received training in relation to health and safety and infection control.

Learning lessons when things go wrong

- The provider learned lessons when things went wrong. This included reviewing accidents and incidents as a way of identifying themes and trends and preventing a recurrence.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We made a recommendation at the last inspection that the service review their procedures to ensure they were compliant with the principles of the MCA.

- At this inspection we found sufficient improvements had been made and the service was working in line with the principles of the MCA. This included completing assessments of people's capacity to make specific decisions and working with a best interest assessor to ensure that, where people lacked capacity to make certain decisions, decisions were made in the person's best interest.
- At the time of our inspection there were four people living in the home who were subject to DoLS authorisations. The provider applied for DoLS correctly and monitored current applications to ensure changes were reported to the local authority when required.

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

- People were supported to develop care plans that included information about their needs and choices. For example, what time the person liked to go to bed.
- The registered manager visited people before they moved into the home and undertook a pre-assessment. This meeting helped to determine if the home was suitable for the person and if the home was suitable, provided the opportunity to gather relevant information about the person's care needs.
- The provider recently developed an oral healthcare assessment form so staff had access to relevant

information about how they should support people to maintain oral hygiene.

Staff support: induction, training, skills and experience

- We reviewed the staff training matrix and found staff received training relevant to their roles, for example safeguarding and manual handling training.
- Staff told us they received training and support that helped them to carry out their roles. Comments from staff included, "The team know what they are doing, our training [coordinator] is on the ball and lets us know what we have to do - everyone seems to care" and, "Senior carers do supervision for carers - we have a flash [quick] meeting 11am every day, then there is a carers and nurses meeting with the manager - if we have problems we can discuss them."

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

- People told us they enjoyed the food offered and were supported to eat and drink enough. Comments from people included, "The food is good" and one relative said, "The food's very good [person] has no complaints."
- When the provider received feedback about people's experiences of food, they acted to make improvements. For example, replacing margarine spread with butter. The registered manager told us they were excited about plans to implement a new and more varied menu in the near future.
- When risks were identified in relation to food and drink, there was comprehensive guidance available for staff. For example, one person required a diet of modified food. The person's care plan included photographs of what the food should look like and additional guidance for staff.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with external and internal professionals to ensure people received effective care. One staff member told us they had worked with a physiotherapist to support a person to walk independently.

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

- The home was well-maintained, clean and free from malodours.
- The provider was planning to make improvements to the environment, including introducing and upgrading equipment available to people.

Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access the healthcare they needed. Comments from people included, "I get a doctor come once a week and if there is anything, I want to ask them I put my name down and they come to see me." One relative said, "[Person's name] has the chiropodist and that's pretty regular."

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.

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 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 they were supported by staff who were kind and caring. Comments from people included, "Everyone has been so kind" and, "Staff are very kind - the nurse and the handyman put some pictures up for me - the staff are very good." Comments from relatives included, "Some of the staff really go the extra mile and are very welcoming."
- We observed kind and caring interactions between people and staff during both days of the inspection.
- People's equality characteristics were met. For example, the service explored people's religious beliefs and arranged for different religious organisations to attend the home and meet with people. One person said, "The nice thing is on a Sunday a man comes from my church and visits me."

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

- People were supported to make decisions about their care and express their views. The registered manager was accessible and visible around the home through a daily 'walk around'. People also had access to a telephone in their bedrooms and could contact the registered manager by phone if they chose.
- The provider facilitated monthly meetings that people and their relatives could attend. Prior to these meetings, people were offered the opportunity to feedback directly to a staff member, so they weren't under pressure to speak publicly.

Respecting and promoting people's privacy, dignity and independence

- Guidance in people's care plans identified what tasks people could undertake independently. For example, one person's care plan said, "[Person's name] is able to eat and drink independently." Staff confirmed they supported people to retain their independence. Comments from staff included, "Every day we try and keep people independent - words, prompt and encouragement."
- Staff spoke confidently about how they ensured people's privacy and dignity was maintained. One staff member said when delivering personal care, "We make sure the doors are shut, anybody entering must knock - always lie a towel over the person so they are not exposed - keep it dignified."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were supported to maintain maximum control of their lives; people's care plans included guidance for staff about how they could do this. For example, one person's care plan said, "Team to offer [person's name] the choices available for him to feel independent and also so he has control of his life."
- When people had specific healthcare needs, there was guidance for staff about how to identify a potential deterioration. For example, one person was at risk of having urinary tract infections. The person's care plan guided staff about potential symptoms, such as increased confusion.

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.

- The provider worked to ensure people's communication needs were met. For example, one person's care plan guided staff to communicate with a person through writing.
- People's communication preferences and needs were documented in their care plans.

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 that were important to them and visitors were welcome to the service without restrictions.
- An activities coordinator supported people to access activities and trips relevant to them, this included a trip to the local garden centre and visits with a dog who attended the service monthly.
- The provider had recently produced a photograph book that included images of people enjoying activities. Photographs we reviewed included people attending a picnic, barbecue and holding animals provided by a local wildlife organisation.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable to complain if they needed to. Comments from people included, "I would ask to speak to [registered manager's name] to complain – [they were] very good when [they] came to speak to me."
- Complaints we reviewed were acknowledged and dealt with appropriately.
- The provider maintained a log of compliments. Compliments we reviewed included, "Thank-you so much for allowing me to share Christmas lunch with my [relative]" and, "Thank-you for all you do, we appreciate

you all year round."

End of life care and support

- People's end of life care needs were explored and basic information was recorded about the person's wishes .

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 good. At this inspection this key question has remained the same. 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

- There was a positive culture in the home and staff told us they worked well as a team. Comments from staff included, "We work well as team and treat people as if they were family" and, "I love it here - we are a family and look after each other."
- Staff and people confirmed they could speak with the registered manager if they had concerns. Comments from people included, "[Registered manager's name] is very good and will listen to you, [they're] very kind - which goes a long way" and one staff member said, "[Registered manager] is a lovely manager, [they're] approachable."

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

- All services registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been managed. We found statutory notifications had been submitted as required.
- The registered manager was proud the service had achieved a rating of 9.4 out of ten through reviews left on an independent website, by relatives and people who had received support from the service.
- The provider had a programme of quality audits and checks in place. These were used to identify shortfalls, errors and omissions and prompted the provider to take corrective actions.

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

- The provider engaged with people using the service. For example, providing people the opportunity to discuss their experiences of the service, including food, safety and the environment, on a one to one basis.
- The registered manager operated an open-door policy and people in the home contacted them in different ways, including via email.

Continuous learning and improving care

- The provider and registered manager were looking at ways to improve the service and access learning. This included analysing occurrences in the home, such as falls, to understand themes and prevent a potential recurrence.
- The provider communicated planned improvements with people and their relatives, this included

updating people about changes to furniture that would be more 'user friendly'.

Working in partnership with others

- The registered manager was proud the service had worked with healthcare professionals and the local authority on a pilot scheme. Part of the project involved filling a bag with relevant information that maybe required in the event of an emergency that resulted in a person leaving the home. Information was included about medicines, end of life care preferences and how the person communicated.
- The provider had built links with organisations in the local community, including local schools. The children received relevant training prior to attending the home and visited with people to do crafts and celebrate occasions, such as Easter, throughout the year.

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

- The registered manager was aware of their responsibility to act in line with the duty of candour.