

Oak Health Uk Ltd

# Oakdene Rest Home

## Inspection report

165 Minster Road  
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Sheerness  
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14 October 2020

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

# Summary of findings

## Overall summary

### About the service

Oakdene Rest Home is a residential care home providing accommodation and personal care for up to 26 older people. Most people were living with dementia. There were 26 people living at the service at the time of the inspection.

### People's experience of using this service

People and their relatives were very positive about the care and support they received at Oakdene Rest Home. People felt safe and well-looked after. Staff were described as 'kind', 'caring' and 'attentive'. Relatives said they were kept up to date with changes and significant events in people's lives.

We identified an area for improvement with regards to preventing and controlling infections. The registered manager and cleaning staff were not wearing single use face masks. The registered manager was signposted to relevant national guidance and changed their mask to single use once this had been pointed out to them.

Staff continued to have a good understanding of potential risks to each person and how to keep people safe. One person's care plan was updated immediately after the inspection to reflect staff practice.

Systems to monitor and improve the quality of the service continued to be effective. Additional cleaning hours had been rostered to ensure effective cleaning during the pandemic.

The management team knew people well and there continued to be an open and positive culture which benefitted people's well-being.

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

### Rating at last inspection

The last rating for this service was Good (published 14 December 2019).

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about the management of risks and infection control practices. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. Targeted inspections do not look at an entire key question, only the part of the key question we are

specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### 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?**

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Oakdene Rest Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on a specific concern we had about infection control practices, the management of risks and quality assurance processes.

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 two inspectors 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection here

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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who lived at the service and four members of staff. This included the registered manager, deputy manager, team leader and senior carer. We telephoned five relatives to gain feedback about their experiences of using the service.

We reviewed a range of records. This included three people's care plans and associated risk assessments, accidents and incidents and quality checks and audits.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key questions at the next comprehensive inspection of the service. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Staff continued to have a good understanding of potential risks to each person and how to keep people safe.
- Assessments of potential risks to people included the risk of them falling, their skin breaking down and of them receiving poor nutrition. Equipment had been obtained for people cared for in bed to relieve the pressure on their skin. Staff also supported people to move in bed and to apply creams as a barrier to protect their skin. Equipment had been obtained for people cared for in bed to relieve the pressure on their skin. Staff also supported people to move in bed and to apply creams as a barrier to protect their skin.
- Feedback from people and relatives was the service was a safe place to live in. One person told us, "I definitely feel very safe here." A relative told us, "She is definitely safe in their care. Whenever we visit there is consistently good care and everyone seems so well looked after. The staff are kind and attentive."
- Relatives said they were kept up to date with any changes or increased risks to their family member. A relative told us, "She had a fall in the middle of the night and they notified me immediately. In fact, I chatted to her whilst she was on the floor awaiting the ambulance."
- The environment was kept safe through regular checks and maintenance of the gas and electricity supply and fire fighting equipment. Each person had a personal emergency evacuation plan (PEEP) setting out how they could be safely evacuated from the service in the event of a fire. Assessment of risk had been identified and taken so people could smoke safely.

### Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. We observed care staff were following PPE guidance and this was confirmed by relatives. One relative told us, "We have been guided with the use of PPE and the staff have been seen to adhere to the guidelines too." Another relative said, "The staff are always using PPE, I have never not seen them in full PPE." However, the registered manager and cleaning staff were not wearing single use face masks which met the required specifications. This was immediately addressed during the inspection. We signposted the registered manager to resources to develop their approach.
- 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 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.



# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key questions at the next comprehensive inspection of the service. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- Systems to monitor and improve the quality of the service continued to be effective. A range of audits were regularly carried out and reviewed by the registered manager. These were monitored by the operations manager who requested specific actions to be taken to rectify any identified shortfalls.
- The registered manager gave examples of how the service had improved since our last inspection. The service's refurbishment programme had continued with the redecoration of people's bedrooms. A bathroom had been adapted to a wet room so people could choose to have a shower or bath. Additional cleaning hours had been rostered to ensure effective cleaning during the pandemic.
- Lead roles had been assigned to take responsibility for specific areas such as safeguarding and the cleanliness of the home. A senior staff member recorded the details of any accident or incident including the time of day it had occurred. This record was reviewed by the registered manager to see if there were any patterns and help reduce the impact on people of these events reoccurring.
- Records continued to be adequately maintained to reflect people's change in need. The exception to this, was one person's care which had changed significantly in the last few weeks. Staff understood how to safely care for the person, but this was not reflected in their care plan. This person's care plan was updated immediately after the inspection, to ensure they received continuity of care.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from people, relatives and staff, was there continued to be an open and positive culture at the service which benefitted people's well-being.
- One person told us, "I get on well with all staff, they are very kind and do anything for you." Another person said, "All the girls are great and know what they are doing...I can rely on them."
- Comments from relatives included, "X is exceptional as a manager and she acts as our eyes and ears. She discusses everything fully with us. Mum likes the staff and the staff like mum. The care is gentle and entirely safe"; "Mum has settled so very well and appears to have developed bonds with the staff. I listen to how staff interact with others and it is lovely. The manager keeps us very well informed. This also reassures us."
- Staff felt well supported by each other and the management team. They described an open-door culture where they felt comfortable raising concerns or issues within the staff team.