

Oakcroft Nursing Home Limited

Oakcroft Nursing 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 

Overall summary

Oakcroft Nursing Home provides personal care, including nursing care and accommodation for up to 28 people. On the day of the inspection 22 people were using the service. It is located in a large house with a garden.

The previous inspection of the service took place on 26 February 2014. It was found to meet all the regulations inspected at that time. This unannounced inspection took place on 29 July 2015.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the provider and registered manager were committed to improving the quality of the service. They held regular meetings with people, relatives and staff to obtain their views. They listened to people and acted on their suggestions. The management team checked the quality of care and support people received and ensured staff kept accurate and up to date records.

Summary of findings

People had the opportunity to follow their individual hobbies and interests. They said they enjoyed using the service. People told us staff were kind and friendly and treated them with respect. The building was clean and well-maintained and people had a choice of meals.

People received safe and effective care. The registered manager had ensured staff understood their work role. Staff received training and support which equipped them to meet people's needs.

Risks to people were assessed and managed effectively. There were enough suitable staff on duty to meet people's needs.

Staff knew people well and understood how to communicate with them so they could be involved in identifying their needs and planning their support. Relatives told us staff also involved them in this process.

People were supported in accordance with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People received their medicines safely as prescribed.

Summary of findings

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. People received their medicines safely as prescribed. Staff assessed the risks to each person's health and safety and delivered support to keep them as safe as possible.

There were enough staff available to meet people's needs. The registered manager checked that new staff had suitable skills and knowledge to care for people. Staff knew how to recognise and report any concerns about abuse or neglect.

Good



Is the service effective?

The service was effective. Staff were trained to identify and meet people's care and support needs. Staff upheld people's rights in relation to the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. Staff ensured people accessed the healthcare they required.

Good



Is the service caring?

The service was caring. People said the staff were kind and polite. Staff knew people well and understood how to communicate with them. They upheld people's right to privacy.

People and their relatives were involved in planning people's support.

Good



Is the service responsive?

The service was responsive. Staff assessed people's individual needs and planned and delivered appropriate support.

People's support was regularly reviewed and updated if necessary to ensure people's current needs were met. Staff asked people about their preferences and hobbies. People were supported to follow their interests.

People and their relatives were asked for their views of the service and any concerns they raised were followed up.

Good



Is the service well-led?

The service was well-led. The registered manager and provider were open to suggestions about how to enhance people's experience of the service.

Staff said the working atmosphere was good.

The management team made checks on the quality of record keeping and the delivery of people's care and support. They made improvements when necessary.

Good



Oakcroft Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 July 2015 and was unannounced. Two inspectors carried out the inspection.

Before the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people using the service and three relatives. We interviewed the registered manager and four care and support staff. We spoke to a chef. We tracked how staff planned and delivered four people's care and support by reading care records and observing how their support was delivered. We undertook

a Short Observational Framework for Inspection (SOFI) during the lunchtime meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We read three staff recruitment records. We reviewed two staff supervision and appraisal records. We reviewed information about the training and supervision of staff. We checked that medicines were stored correctly and reviewed four medicines administration (MAR) charts.

We read notes of meetings the provider and registered manager held with people and relatives. We reviewed team meeting notes and feedback and compliments. We read the contract monitoring report which the local authority had completed in March 2015. We reviewed reports of audits undertaken by the management team on the quality of the service.

After the inspection we spoke with a local authority contract and quality assurance officer.

We obtained people's permission to use the quotes in this report.

Is the service safe?

Our findings

People told us they received their medicines safely. Staff had fully completed medicines administration record (MAR) charts with details of the medicines people had received. It was clear that people had received all of their prescribed medicines at the correct time of day and at the right dose. Some people were prescribed creams and lotions. Staff had ensured people were appropriately supported with these. For example, records showed staff had assisted a person to apply a cream to their skin after bathing, in line with the prescriber's instructions.

People received their medicines from staff who were competent in this area. Records showed staff who administered people's medicines were registered nurses who had received additional training on this subject. Medicines were locked away securely. Staff complied with legal requirements in relation to the storage and monitoring of controlled drugs. They told us medicines administration arrangements were regularly checked and audited by senior staff. Reports of medicines audits showed that any issues for improvement had been followed up and the appropriate actions taken.

Risks to people were assessed and managed. For example, staff assessed risks to people's skin. When appropriate, staff had put plans in place to relieve pressure and reduce the risk of people's skin breaking down. During the inspection, we observed that staff delivered people's support in line with these plans. For example, they encouraged a person to change their sitting position and supported them to move from their wheelchair to a more comfortable chair. Some people received their support in bed and were unable to reposition themselves. Staff had completed turning charts which showed how they had assisted people to move and relieve pressure on their skin.

Staff had plans to manage and reduce risks in relation to people's mobility, hygiene and health. Staff had developed plans to reduce identified risks. Some people used a wheelchair. Plans explained how staff supported people to use their wheelchairs safely. We observed staff followed these plans. For example, they assisted people to use their wheelchair footplates appropriately to ensure they were protected from accidents and injuries.

People told us there were enough skilful staff on duty and they did not have to wait for their care and support. Our observations confirmed this. A person's relative told us, "I am in and out of here all the time, there are always plenty of staff about." Staff told us the staff team was stable and experienced. They said the management team ensured staff sickness and leave were covered. The registered manager had ensured that nurses working at the service had proved their competence to practice with the Nursing and Midwifery Council and had kept their professional registration up to date.

Records showed that the registered manager followed robust recruitment procedures. She assessed the skills of job applicants at interview and obtained references and criminal records checks. The registered manager evaluated the skills of new staff during a probation period. She only confirmed their employment after she had assessed they were competent to safely support people.

People were safe when they used equipment. Records showed staff arranged for equipment, such as hoists and wheelchairs, to be expertly checked and serviced. The premises were well-maintained and was clean. A relative told us, "It is always lovely and clean here. It always smells fresh."

Is the service effective?

Our findings

People told us staff understood their health and support needs. A person said, “I am happy here and I am well looked after.” A relative said, “From what I have seen, the staff are very attentive and understand how to care for people.”

Staff had the necessary skills and knowledge to meet people’s needs. The registered manager reviewed each staff member’s training needs through an annual appraisal of their competence. She then ensured staff received appropriate training. Staff told us there was a training programme and they attended in-house courses and training arranged by the local authority. They said they had received helpful training on how to support people with their health needs in relation to conditions such as diabetes and dementia. Staff were able to explain how they gave people with these conditions appropriate care and support.

Staff said the registered manager, clinical lead nurse and all the nurses working at the service, gave them on the job mentoring and support. Staff said they were learning about people’s health conditions and support needs. For example, a member of staff was able to explain to us the steps they took to keep a very frail person as healthy as possible.

Staff had regular refresher training on key topics such as moving and positioning people safely. During the inspection we observed that staff were skilled in supporting people to move and transfer with equipment such as hoists. A member of staff was able to explain how they ensured they moved people safely, “I talk with the person about what is happening and make sure the equipment is safe before I start.”

Staff told us they received regular one to one support from a member of the management team. Records showed managers check that the member of staff’s training needs were being met and gave them the opportunity to raise any concerns about their work.

The registered manager understood how to ensure people’s rights were upheld in relation to the Deprivation of

Liberty Safeguards (DoLS). She had appropriately made DoLS applications to the local authority and was awaiting a response from them. Staff understood the principles of the Mental Capacity Act 2005. They told us they presumed people had the mental capacity to make decisions unless a mental capacity assessment had shown this not to be the case. During the inspection it was evident that staff asked people for their consent when offering support.

When appropriate, people’s records included mental capacity assessments in relation to specific decisions. Where people had been found to lack the mental capacity to make a decision, relatives and people who knew them well had made a “best interests” decision on their behalf.

People told us they were able to have the medical treatment they needed. A person said, “I can ask to see the GP if I need to.” Records included reports from GPs and health specialists, such as chiropodists and opticians, and information about future health interventions. Staff had supported people by arranging their attendance at follow up appointments. A person’s relative told us, “The staff are very watchful and get the doctor in when necessary.”

People were supported to have enough to eat and drink. A relative told us, “[My relative] has dementia and has been losing weight. The staff are really trying to help with that. They arranged for them to see the speech and language therapist and have special fortifying drinks and encourage them to eat. The staff are giving a lot of attention to trying to get them to eat as well as possible.”

Records included information on the assistance people needed to eat. We observed that staff delivered the individual support people required at lunch time. For example, they supported some people to eat and assisted others by cutting up their food.

People said they were offered a choice of different food at each meal. At lunch time we saw people were given the meal they had selected from the menu. The chef explained to us how they ensured people received food that was appropriate for them. For example, some people needed to eat food that was pureed and received it this way. Food was well presented and people said they enjoyed eating it.

Is the service caring?

Our findings

People were positive about the way they were treated by staff. A relative told us, "I cannot fault the staff." During the inspection we observed how staff interacted with people. They were polite and friendly. They showed consideration by crouching down to talk to people who were sitting down. Staff said they knew people well. Records included information on people's personal history and background. Staff said they used this information to converse with people about their interests.

A person told us, "I like it here it is a friendly place." Staff told us they were busy but had time to talk to people whilst they supported them. During the inspection we saw staff talking with people in a friendly way. A relative told us staff arranged birthday parties and other celebrations at the service. They said, "The staff come across as very caring at these events they really want people to enjoy them."

People told us that staff respected their dignity and privacy. We observed that staff were discreet when offering people support. A member of staff told us, "We always make sure curtains to the person's room are closed if we are giving personal care. We also make sure we cover the person up as much as possible and they are comfortable with what we are doing."

Staff ensured people and their relatives were involved in planning people's care and support. People told us staff asked them how they wished to be cared for. A relative told us, "My relative has dementia so I act for them. I am fully involved and kept in the loop about everything."

We observed staff asking people how they wanted to be supported. Staff encouraged people to make choices and have support that met their individual needs and preferences. For example, at lunch, a member of staff asked a person if they would like salad cream on their salad and checked with them how much they wanted.

Staff had a good understanding of each person's individual communication needs and how to support them to express the views. For example, they explained how one person liked to communicate using writing. We observed staff showing people different types of drink so they could easily make a choice of drink.

The registered manager ensured the service showed that people were valued as individuals. For example, when a person died people were supported to remember them. She arranged for a framed photo and description of the deceased person to be displayed in the service.

Is the service responsive?

Our findings

People told us they received care and support which met their needs. A person's relative told us, "From what I have seen [my relative] is always well cared for. They need a lot of care because they had a stroke and the staff make sure they are OK."

Records were well organised and up to date. They showed the registered manager had visited people in hospital prior to them starting to use the service. She had assessed people's needs in relation to maintaining their health and well-being and obtained information about their interests and preferences. Staff had developed plans to meet people's individual needs. For example, a person's records explained they had mental health needs and were low in mood. The records explained how staff supported the person to be as well as possible. For example, they supported them to take medicine to manage their mental health and engage in activities that interested them. During the inspection we saw staff supporting the person in line with their care plan.

Staff had reviewed care plans to make sure they were up to date and effectively met people's current needs. For example, staff had updated a person's care plan to explain how staff should support them with their medical needs as their health deteriorated. Staff kept daily records which showed people received care and support as planned.

People were given support to follow their interests and hobbies. The activities coordinator kept a record of what each person had said about their interests and the support staff had given them. This showed that each person had received appropriate assistance to take part in activities they enjoyed. On the day of the inspection most people took part in a craft activity which they told us they enjoyed. One person was supported to take part in a quiz. Another person told us they preferred to spend most of their time in their room watching TV.

A relative told us, "Staff have really helped [my relative] to come out of their shell when they have been down in the dumps. Even though they are very frail they make sure they come down and join in with things."

The service had a complaints procedure which was prominently displayed. People and their relatives told us they knew how to raise a concern if they had one. They told us they had confidence in the registered manager to sort out any problems they had. No recent complaints had been made. People's relatives had sent a number of compliments to the service.

The registered manager had sent a questionnaire to people and relatives to obtain their views of the service. We read the responses received. People were positive about the service in relation to how they were treated by staff and the delivery of their care and support.

Is the service well-led?

Our findings

Relatives told us the provider visited the service about twice a week to talk with people and relatives. He held regular meetings with people. We saw he had followed up on feedback from people to improve the service. For example, records showed he had worked with people to obtain their ideas and improve their satisfaction with the menu.

There was a registered manager in post and people and staff told us she ensured the service was well-led. A relative told us, "In terms of the way this place is run - I can't fault it."

Staff told us the registered manager, the clinical lead nurse and other nurses worked effectively together as a management team. They said they made sure staff understood how to support people and meet their needs. Staff said the management team gave them feedback on the quality of their work in an encouraging supportive way. Team meeting notes confirmed this.

Staff told us there was an open, happy working atmosphere at the service. A member of staff, "I started here as a volunteer and applied for a job as I really liked the staff and the way people were cared for." On the day of the

inspection two volunteers were at the service. We saw they spent time talking with people and supporting them with their leisure activities. Staff told us the service regularly had volunteers who were often health and social care students on placement.

Links to the local community were strong. For example, two different religious leaders attended the service each week to talk to people and conduct religious services.

A member of staff told us, "[The management team] check up on us and are very hot on certain things. We know we have to keep our records up to date. We know that everyone is working to the same standard and that helps us all get on." We saw that the management team had undertaken regular audits. For example, infection control procedures and the quality of support plans had been checked. It was evident that areas for improvement were identified and actioned.

The local authority had carried a quality assurance review of the service in March 2015. This confirmed the service met the required standards. A contract and quality assurance officer from the local authority told us, "The provider and registered manager are very open and responsive to any suggestions we have in relation to improving the service."