

Hampshire County Council

# Oakridge House Care Home with Nursing

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Oakridge House Care Home with Nursing is a care home service which also provides nursing care to 58 people aged 65 and over at the time of the inspection. The service can support up to 91 people. The service supports older people who may have a physical disability, sensory impairment or who are living with dementia.

Oakridge House is a two-storey building. The home is comprised of two units; one for residential and one for nursing care. The units are further divided into areas.

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

People using the service were not always safe as the service had not regularly assessed and put in place measures to reduce risks to their health, safety and wellbeing. Staff were not always up to date in safeguarding and safety related training.

Recruitment processes needed to be more robust to ensure staff were fit to work in the care industry.

Generally, medicines were administered by competent staff but the recording of medication was not always clear or accurate.

We identified records were not always up to date, complete or accurate and systems to review the quality of the service did not always identify areas of improvement.

There were systems in place to monitor and improve the service, however these required further improvements. This was because incidents were not always followed up or had lessons learned and there was not a proper oversight of training. The registered manager had worked on the above during and after the inspection, and recognised that improvement was needed.

Staff understood signs of possible abuse to people and how to raise concerns internally if needed. Staff appeared to have a suitable understanding of people's needs around mealtimes with people supported to eat and drink enough.

For more details, please see the full report which is on the Care Quality Commission (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 20 September 2018).

### Why we inspected

The inspection was prompted in part by a report from the coroner raising concerns about practises at

Oakridge House. The information CQC received indicated concerns about the management of falls, staffing and training. We also received concerns about risk management and handling complaints. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakridge House Care Home with Nursing on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Oakridge House Care Home with Nursing

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand the service's preparations to prevent or manage an infection outbreak, and to identify good practice we could share with other services.

#### Inspection team

The site visit was completed by two inspectors and an assistant inspector.

#### Service and service type

Oakridge House Care Home with Nursing 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.

The service had a manager registered with CQC. 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

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

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy managers, nurse, care workers and activity staff. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### 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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were enough staff to keep people safe and meet people's needs. During our inspection we saw staff attending to people in a positive and unhurried manner and call bells were answered promptly.
- Disclosure and Barring Service (DBS) checks were carried out prior to staff starting work with risk assessment when needed. However, some staff files checked had gaps in work history and did not include satisfactory evidence of conduct in previous employment relating to health or social care. The registered manager assured us they were taking action to address this.
- Staff underwent training such as health and safety, moving and handling and fire safety. There was a system in place for monitoring training. However, this was ineffective. This was discussed with the provider and they are in the process of rectifying this.

### Assessing risk, safety monitoring and management

- When people moved to the home, initial assessments were completed to ensure the service could meet their needs. However, we found inconsistencies with the quality of risk assessments. Some were very thorough and kept people safe. Some were contradictory and might have an impact on people being cared for safely and in a way that met their needs. Immediately following the inspection, the registered manager took action to update people's care plans and risk assessments to ensure staff had up to date information.
- Where safety incidents had occurred, for example falls and medicine errors, sufficient action was not always taken to minimise the risk of re-occurrence and seek guidance and support from health care professionals. The registered manager took action immediately following our inspection to follow up on any incidents and implemented a system to ensure any risks were minimised.
- The provider ensured equipment staff used in the provision of people's care was checked and maintained. The provider ensured the building and associated utility services were safe. There was some confusion with staff around the emergency evacuation process and roles. We highlighted this with the registered manager who was in the process of rectifying this.
- Risk from legionella was being managed by the provider. Regular tests and surveys were carried out which identified issues and work that needed to be done. This had been scheduled by the provider at the time of inspection.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems, processes and practices in place to safeguard people from the risk of abuse. Staff had access to relevant training, safeguarding policies and guidance. However, we did find that staff were not always up to date in safeguarding training and practise. This was discussed with the registered manager who confirmed action would be taken to address this.
- The registered manager ensured any concerns about people's safety were reported and logged. We

identified an incident which had not been reported promptly. We discussed this with the registered manager.

- Staff were aware of the risks of abuse and poor care, and what to do if they were to witness or suspect instances of abuse. Staff were confident if they were to raise a concern it would be dealt with appropriately.
- People we spoke to told us they felt safe. One person told us when they didn't get on with a carer it had been sorted out, they said "Yes safe, (I) can speak up."

#### Using medicines safely

- People received their medicines safely from competent staff. However, we found that one nurse had yet to receive their medication training. This nurse had received a competency check which reduced the risk to people.
- There was an incident where a person had missed their new medication overnight which had not been followed up. The registered manager took action on the inspection to resolve this although a check for possible harm had not been completed. Following the inspection the registered manager put in place a new system to minimise re-occurrence.
- The records used to monitor medication administration and stock count were confusing. The registered manager changed the records following the inspection to make it clearer.
- Staff had access to up to date medicines policies and guidance. For example, staff used a recognised pain scale to determine if people needed medicines prescribed for use 'as required' to alleviate any pain.

#### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Visitors waited in reception for the result of a COVID-19 test. We would expect them to be away from staff and people until the result was known. The registered manager planned to use a room off reception to achieve this. We were told that testing for visitors was every three days, instead of every visit to comply with government guidance. The registered manager told us that visitors would be tested on every visit. Shared items in reception were not disinfected between use which could be a way of spreading infection. On inspection the ventilation throughout the home could have been improved, especially in shared areas.

We have also signposted the provider to resources to develop their approach.

- The service appeared visibly clean throughout.
- Staff were observed to follow the provider's infection control policy and wore the personal protective equipment provided, to reduce the risk of people acquiring an infection. There was sufficient provision of hand washing facilities, for people, staff and visitors.



- Staff had completed food hygiene training and correct procedures were observed during lunch on inspection.

#### Learning lessons when things go wrong

- There was not a thorough system in place to ensure staff were updated with lessons learned following incidents. The registered manager took this onboard and said they would update the incident forms in future and communicate with staff.
- Staff understood their responsibilities to raise any concerns and when to report incidents internally using incident forms. However, we found that not all staff we spoke to understood what whistleblowing was. The registered manager assured us they would take action to address this.

# 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 now changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits were being carried out by the registered manager and their team. Some of these audits included reviewing people's care plans and risk assessments. The audits had not always identified where updates were required to reflect people's current needs. Following our inspection the registered manager assured us that they would be reviewing people's care plans and risk assessments as well as strengthening their auditing process.
- The registered manager recorded the monthly numbers of falls, accidents, medicine errors and other incidents within the service. We noted the same themes were identified each month, in relation to the number of falls people experienced and skin tears or injuries sustained. Evidence of action being taken was not always readily available and had to be requested a number of times. However, we did see a review of falls and action being taken for one of the people supported. Appropriate measures were in place to promote healing of skin tears or pressure ulcers once identified.

Continuous learning and improving care

- The provider had an action plan in place and was working towards improving the service. However, some of the concerns we found during our inspection had not been previously identified. Following our inspection the provider assured us they would review these and would be improving their quality assurance processes. This included introducing a new staff training matrix to gain better oversight of staff training.

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

- Staff at the service were involving and engaging people throughout the day. However, some improvements could have been made to seek the views of people using the service in more formal and regular ways, such as through the use of surveys. Most relatives we spoke to were complimentary about the engagement with the service.
- People were referred to external healthcare professionals when needed and their advice was followed as required.
- The provider had taken steps to gather staff views with a focus on improving staff wellbeing. This took the form of Welfare Surveys, an independent helpline and a staff wellbeing hub. This helped staff feel supported by the provider at a very difficult time.

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

- Records demonstrated people's relatives had been informed when things went wrong, and incidents happened. A complaint from one person's family had not been dealt with to their satisfaction and they contacted CQC, who raised it as a safeguarding. Following local authority involvement, the registered manager had worked with the family and social worker to achieve better outcomes for their loved one.

Working in partnership with others

- The service worked alongside a range of statutory stakeholders, including the GP, commissioners and Social Services. The registered manager had worked collaboratively with the local authority safeguarding team to address an identified issue.

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

- Staff told us they felt supported and able to raise concerns.
- Staff appeared to have a good knowledge of how to support people at lunchtime. Pleasant interactions were observed during this time with people able to choose items outside of the menu. One member of staff we spoke to was aware of the risk of malnutrition for the person they were supporting, spending more time to encourage a fortified drink.