Rushcliffe Care Limited

Oakford Manor Nursing Home

Inspection report

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Date of inspection visit:
26 July 2016

Date of publication:
26 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

This unannounced inspection took place on 26 and 28 July 2016. The service was last inspected on 10 and 11 March 2015 when we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan to demonstrate how they would make improvements to meet the regulations. The provider sent us their action plan, and on this inspection, we found that improvements had been made.

Oakford Manor is registered to provide accommodation for up to 50 people. At the time of our inspection, 40 people were living there. The service is registered to care for people who need nursing or personal care. The service provides personal and nursing care for adults and older people with a range of medical conditions, including dementia, multiple sclerosis, motor neurone disease and people who have experienced strokes.

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 were not consistently protected from the risk of infection. Although staff had recently received training in infection prevention and control and were knowledgeable about their responsibilities, they did not consistently demonstrate this in their practice.

There were sufficient staff to ensure that people's needs were met in a timely manner. People's care and nursing needs were assessed and recorded, risks identified, and steps taken to reduce the risk of avoidable harm. People had their care reviewed on a regular basis, and they and their relatives were involved in this.

Staff understood how to keep people safe from the risk of potential abuse. Where incidents occurred, the provider notified the local authority. However, the provider did not consistently notify CQC about these incidents. People, staff and relatives felt confident to raise concerns about care.

People felt the care provided kept them safe, and relatives also felt this was the case. People and relatives spoke positively about staff, saying they were cared for by staff who treated them with kindness, dignity and respect. They were encouraged to continue with hobbies and interests, and to maintain relationships that were important to them. People were also cared for by staff who were knowledgeable and skilled to provide personal and nursing care to the training standards set by the provider.

Medicines were stored, documented, administered and disposed of in a safe way and in accordance with current guidance and legislation.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 (MCA), including how to

support people to make their own decisions. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

People and their relatives were positive about the quality and choice of food and drinks. We also found that people were supported to maintain their health and to access healthcare services when required.

The provider had a clear complaints policy, and people and relatives felt able to make a complaint or raise concerns. The provider investigated complaints according to their policy, and created opportunities for people to provide regular feedback about the service, which was acted on.

There were systems to monitor and review all aspects of the service, and these were undertaken regularly. This meant the provider was able to identify areas of good practice and areas for improvement, and to make changes to improve the quality of the service. People, relatives, and staff felt supported to make suggestions or raise concerns about any aspect of the service. There was an open and inclusive culture within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff were trained and knowledgeable about infection prevention and control but did not consistently demonstrate this in their practice. People felt safe and were protected from the risk of avoidable harm. Staff knew how to keep people safe, and felt confident to raise concerns about people's care. Medicines were managed safely. There were sufficient staff to meet people's needs and keep them safe.

Is the service effective?

Good

The service was effective.

The provider and staff understood and followed the principles and requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have a healthy balanced diet, and staff ensured people had access to health and social care professionals when needed. Staff received training in a range of skills the provider identified necessary to deliver personal and nursing care.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate. Staff cared for people with dignity and respect. We saw positive interaction between people and staff, and people's right to family and private life was promoted.

Is the service responsive?

Good

The service was responsive.

People were provided with the care they needed, by staff who knew them well. People were involved in making choices about their care, and had regular opportunities to take part in activities that met their personal preferences. The provider regularly sought people and relatives' views and made improvements to the service.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff felt able to make suggestions and raise concerns. The provider regularly audited the quality of care and the home environment to ensure that people received a consistent quality service. Notifications were not always submitted to CQC.

Oakford Manor 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 was planned to check 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 26 and 28 July 2016 and was unannounced. The inspection visit was conducted by one inspector, a specialist nurse advisor, 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. Our expert-by-experience has experience of caring for someone living with dementia.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, notifications of serious injuries or allegations of abuse. We spoke with the local authority and health commissioning teams and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

During the inspection we spoke with fifteen people who used the service. We spoke with eight relatives who were visiting people living at the service. We spoke with one volunteer, two care staff, one nurse, the activities coordinator, two kitchen staff, and the registered manager. We also received the views of two health and social care professionals. We looked at a range of records related to how the service was

managed. These included eight people's care and medicine administration records, two staff recruitment and training files, and the provider's quality auditing system.

Not all of the people living at the service were able to fully express their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection, we found a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriate steps had not been taken to ensure there were sufficient members of staff to provide care in a timely manner. On this inspection, we found that this had been addressed.

There were enough staff to keep people safe and meet their needs. People and relatives felt there were enough staff available. One person said, "They (staff) come quickly when I need." A relative commented, "They (staff) are kept very busy," but did not have any concerns about the level of staffing. Staff said that there were generally enough of them to be able to meet people's needs, but several staff said that staff sickness could put pressure on them. One staff member said that this had happened the day before our visit, so the registered manager had supported them to ensure people received personal and nursing care in a timely manner. The provider had contingency plans in place to ensure additional staff were available if staff were off sick.

Staff told us, and we saw there was always at least one staff member present in the lounge areas of the service to ensure that people who needed assistance received it in a timely manner. We saw that staff responded promptly to people's requests for support, and to people using the call bell system. The registered manager showed us a dependency tool was used to help calculate staffing levels needed based on people's level of dependency and the amount of support they required. The staffing rotas reflected the staffing numbers determined by the dependency tool. We saw that the registered manager had ensured extra staff on shifts where there was an identified need for this. For example, to provide people with support to attend hospital appointments. Health and social care professional did not raise any concerns about staff numbers or deployment in the service. This meant the provider ensured there were enough staff available to meet people's needs and keep them safe.

People were not consistently protected from the risk of infection. We found a shower room containing a dry bar of soap. The soap was cracked and presented a risk of infection. We spoke with staff about this, but two hours later, found that the soap had been used and left in the shower. We spoke with the registered manager and they assured us they would take action, and also speak with staff about the daily checks carried out to ensure the premises were clean and hygienic.

Staff told us they were providing barrier nursing for one person. This is when staff take additional precautions to prevent the spread of infection. There were no signs to indicate this, and the person did not have a specific risk assessment or care plan in place to ensure they received the correct care. We saw one staff member provide care without wearing the appropriate personal protective equipment. We spoke with the registered manager, who showed us that the person did not need barrier nursing. This meant that staff were not clear about whether the person had an infection or whether additional protective measures were necessary. Although staff had recently received training in infection prevention and control and were knowledgeable about their responsibilities, they did not consistently demonstrate this in their practice.

People, relatives and staff felt there was enough domestic staff to ensure that the service was cleaned properly. The provider had a detailed daily, weekly and monthly cleaning schedule, and we saw daily cleaning tasks being carried out. The domestic staff were responsible for ensuring this was done and we saw this was being carried out as planned. The provider had clear accessible policies and procedures for cleaning and minimising the risk of infection.

People told us they felt safe living at the service. One person said, "I feel very safe here." A relative said they were, "Very pleased with the standard of care." Another relative said, "I can go home and sleep sound knowing [family member] is well looked after."

People were kept safe from the risk of avoidable harm. Risk assessments were carried out in relation to nursing and personal care activities, and were reviewed every month. These identified the level of risk and what actions staff should take to minimise the likelihood of harm. People were involved in reviewing risks to them where this was possible. Staff understood how to manage and minimise the risk of avoidable harm to people.

Accidents and incidents were recorded, and the registered manager monitored and reviewed the outcome of any actions needed. For example, one person had a review of their medication and a referral for specialist medical investigations after several falls. Each fall was investigated and measures put in place to reduce the risk of harm from any future falls.

Staff demonstrated a clear understanding of how to keep people safe from abuse and the risk of avoidable harm. Staff felt confident to raise concerns about people's care, and knew who to share their concerns with. Staff also knew and felt confident to report concerns to the local authority or the Care Quality Commission (CQC) if they felt this was necessary. For example, one staff member said, "[Whistleblowing] means we can report any concerns without any comeback on us." Staff felt confident to recognise signs of abuse and gave examples of what they would look for and what action they would take. Staff felt supported to speak up and felt concerns would be treated seriously. Contact details were displayed around the home for everyone to use if they had concerns about people's safety or the risk of abuse.

The provider undertook pre-employment checks to ensure prospective staff were suitable to care for people. This included checking references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is suitable to work with vulnerable people. All staff had an induction and probationary period to give the provider an opportunity to check they had the skills and values needed for the role.

People were supported to remain safe in the event of an emergency. Staff understood what their role and responsibilities were if there was an emergency or unforeseen event. The provider had up to date personal emergency evacuation plans for everyone who lived at the location. These contained important information about how people needed to be supported in the event of an emergency, for example, fire evacuation. The provider had a contingency plan in place to ensure people continued to receive support in the event of the building becoming unusable, for example, if there was a fire or disruption to utilities.

Staff told us, and records showed that safety checks were carried out on equipment in accordance with the manufacturer's instructions. For example, we saw staff visually inspect a sling for hoist equipment before using it, and records showed that these were also checked regularly in accordance with legislation requirements and best practice guidance. We noted that some equipment was not labelled as having been checked, although other records confirmed that they had. We spoke with the registered manager about this, and they took immediate action to rectify this with the company who inspected the equipment.

People's medicines were managed safely. Staff had received training in the safe management of medicines and demonstrated that they understood how to do this. Staff told us and records showed that they knew what action to take if they identified a medicines error. We identified an issue with the way in which covert medicines were being given to one person. We spoke with the staff member and registered manager about this, and saw that action was taken immediately to ensure that the person consistently received their medicine as prescribed. The provider had up to date guidance for staff which was accessible for staff who dealt with medicines. We saw all medicines were stored, documented, administered and disposed of in accordance with current guidance and legislation. Staff took time to explain to people what their medicines were for, and checked that people were happy to take their medicines.

Good

Is the service effective?

Our findings

People and their relatives felt that staff were knowledgeable and skilled to provide care. One relative said, "Staff are very responsive to any issues." Another relative said they were kept informed about their family member's health and staff sought appropriate medical advice in a timely manner. A third relative described staff as, "Competent and well-trained."

Staff were knowledgeable about people's individual needs and how to support them. They told us they used prompt cards to support effective handovers of information between shifts. One member of staff showed us the card, which included prompts to remind staff about effective communication, ensuring care plans and risk assessments were updated with relevant information, and what information needed to be shared about people's nutritional needs. They explained and we saw how it was used to ensure all staff were up to date with people's individual care and nursing needs.

Records showed that staff received ongoing training in skills the provider felt necessary to maintain a good standard of care. This included moving and handling people safely, supporting people with their communication, tissue viability, nutrition, and dignity and person centred care.

All staff had a probationary period before being employed permanently and undertook an induction period of training the provider felt essential to meet people's health and social care needs. New staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of standards linked to values and behaviours that social care and health workers apply in their daily working life. During the induction period, staff worked alongside (shadowed) experienced colleagues so they could learn people's individual needs and preferences. This meant the provider could ensure that new staff developed the skills and experience needed to provide personal and nursing care.

There were regular staff meetings which enabled staff to discuss information relating to care. Staff told us, and records showed they had individual meetings with their supervisor throughout the year to discuss their performance and training. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. People were assessed in relation to their capacity to make decisions about their care. Where they were able to make their own decisions, their

care plans recorded this. Where people lacked capacity to make certain decisions, the provider followed the principles of the MCA to ensure best interest decisions were made lawfully. However, the recording of capacity assessments did not always clearly identify which decisions were being assessed. We spoke with the registered manager about this and they assured us they would address this. Staff had a good understanding of the principles of the MCA, including how to support people to make their own decisions. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to provide restrictive care that amounts to a deprivation of liberty. The provider had assessed people as being at risk of being deprived of their liberty and had made applications to the relevant Supervisory Bodies appropriately for a number of people. However we identified that there were other people who were at risk of being deprived of their liberty. We discussed this with the registered manager, and saw that they had a plan in place to ensure the applications were made. This meant people's rights were being upheld, and restrictions in people's care were lawful.

People told us that they liked the food and that they were offered choices. One person said," The food is very good," and another commented, "They come round and say what the choices are, and ask us what we want." We saw that one person did not like the options available at lunch time. Staff spoke with them about alternative meals and made them the food they preferred. People were provided with adapted cutlery and equipment to enable them to eat independently. People who needed assistance to eat were provided with support in a discreet way. Staff knew who needed additional support to eat or had special diets, for example, fortified diets or appropriately textured food and thickened drinks. People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals.

People felt that staff would support them to maintain their health and enable them to access healthcare services when required. One relative said, "[Family member] gets good medical care, I can't fault anything." Staff were knowledgeable about people's needs in relation to external healthcare services, and records showed that people were supported to receive healthcare when this was needed. For example, one person wanted aspects of their care and support to be different. The provider had arranged a review with the person, their relative and health and social care professionals to discuss what care they needed and what options were available. Records also showed that people were supported to attend external health appointments when these were scheduled. This meant people were supported to access health services when needed and in a timely manner.

Good

Is the service caring?

Our findings

People were supported by staff who demonstrated kindness and a positive caring attitude. People and their relatives said that staff were caring, and praised the quality of care. One person said, "I am very happy here – it's a good place to be." Another person said, "(Staff) are lovely. They're very kind and caring." A relative told us, "Care is excellent. No regrets at all – we have done the right thing." Another relative spoke about how staff were able to reassure their family member, commenting, "The staff are kindness themselves."

Throughout the two days of our inspection visit, staff supported people in a caring, friendly and respectful way. They ensured people were comfortable and took time to explain what was happening around them in a patient and reassuring manner. Staff spent time with people who appeared anxious or agitated. Staff explained to us they needed to take time to try to establish what people wanted to do and actively listen to what they were saying, or what their body language was communicating. For example, we saw staff speak with a person who was anxious about being supported with continence care. Staff calmly and quickly ensured that the person's dignity was not compromised, and provided reassurance about the situation. This had a positive effect on the person and their anxiety reduced. Staff also demonstrated the same caring values towards relatives. For example, we saw staff take time to listen to a relative who was upset about their family member. They were patient, offering a drink and reassurance. We saw this helped reassure the relative, who commented, "I think the world of you (to staff) and the home."

People were supported with their medicines and care needs in a dignified way. Staff understood how to support people with dignity and maintain their privacy. For example, staff asked people about personal care in a discreet manner, and when people were supported to the toilet, staff did this in a way that maintained people's privacy and dignity. For example, staff described the importance of closing bedroom and bathroom doors when supporting people with personal care. During our inspection visit we saw staff demonstrate that they provided care in ways that protected people's dignity and privacy.

The provider had displayed information about local advocacy services, and staff understood how to support people to access these. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them and to have their views and wishes considered when decisions are being made about their lives.

People were supported to spend private time with their family members if they wished. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting hours. This showed people's right to private and family lives were upheld and their human rights respected.

Good

Is the service responsive?

Our findings

People told us they enjoyed the range of activities offered and we were shown photographs of different activities throughout the year. One person showed us photographs of them enjoying a trip out. They described what they had done and how much they had enjoyed it. Another person told us that they were responsible for helping to set tables for meals and do some cleaning. They said, "It's very important I keep busy." Staff confirmed that the person was encouraged to do this as it helped maintain their independent living skills and gave them a sense of purpose. Staff also confirmed that the person had requested and received a name badge because it was important that their contribution in the service was acknowledged. A relative described how staff had supported their family member to continue with an interest that had been central to their working life, and said, "Staff really put themselves out."

The provider employed a full time activity coordinator to ensure that people were supported to maintain their hobbies and interests. Records showed there was a range of daily group and individual activities within the home. People were supported to participate in trips and events in their local community. Examples we saw were photographs around the home of people participating in activities and visits to a local farm. The activity coordinator demonstrated comprehensive knowledge of people's personal preferences, and activities and hobbies were organised to reflect these. For example, one person needed support to be able to take part in an art activity, which they enjoyed. We saw how the activity coordinator had worked with the person to make adjustments for them so that they could continue to enjoy art activities. The staff and registered manager told us they continued to develop links with the community and that staff were involved in supporting people to use local facilities. For example, a local school choir had recently visited and there was a forthcoming tea-dance at a local community centre. People and staff told us about a recent visit from staff of a local supermarket, who had worked to improve the garden area at the front of the building.

People's care plans contained information about their likes and dislikes, hobbies and friendships, and key information about life events. Where it was not possible to obtain this information from people directly, staff asked family members to provide information they felt was important about people's lifestyle choices. Records also contained information about people's communication styles, and we saw staff understood and used this guidance. For example, one person's verbal communication had deteriorated, and staff used picture cards to support their communication when making choices about care.

People and relatives could not recall being involved in reviews or decisions about their care; however staff told us and care records showed that people and their relatives were involved in planning and reviewing their care. Relatives were involved in people's care planning where people consented to this, or where this was in people's best interests. For example, one person was unable to understand their care needs, so a relative was involved in reviewing the quality of care provided. We saw that the family member had provided information about the person's likes, dislikes and personal history.

One relative said communication from staff about their family member's care was very good. Another relative told us how they were involved in discussions about their family member's care. Records we looked at supported this. The provider held regular meetings for people and their relatives to discuss the quality of

the service, forthcoming events and improvements to care, and carried out surveys. We saw information displayed in the home to say what issues had been raised and what action the provider was taking to improve the quality of the service.

People and their relatives knew how to make a complaint, and felt confident that any issues they raised would be dealt with appropriately. The provider had a clear policy on complaints management and information about this was displayed in the home. We reviewed two formal complaints and saw the provider had dealt with these in a timely manner and in accordance with their policy and procedure. For example, a complaint about cleanliness had been made. Records showed the provider had met with the relative, and demonstrated they had taken action as a result. The registered manager confirmed that issues raised were dealt with quickly to prevent them from escalating to a formal complaint.

Good

Is the service well-led?

Our findings

At our previous inspection, we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because moving and handling equipment had not been serviced adequately. On this inspection, we found that this had been addressed. Moving and handling equipment was regularly serviced and maintained, and this meant people were protected against risks associated with unsafe equipment.

In addition, at our previous inspection, we found a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records were not stored securely and confidential information was left unattended. On this inspection, we found that this had been addressed. Confidential information relating to people's care was stored securely in areas which only staff could access.

The registered manager understood their role and responsibilities in ensuring that the service provided care that met the regulatory standards. However the provider had not consistently notified CQC in relation to safeguarding concerns. Records showed four incidents which the provider should have notified us about. Although the local authority had been notified, CQC had not been informed. We discussed this with the registered manager, and they assured us that future notifications would be in accordance with the requirements of the regulations.

People and relatives consistently spoke highly of the registered manager and staff team. One person said, "The staff are very friendly and try and help you." Another person commented, "I don't think it could be any better." A relative said, "[Registered manager] is very friendly and approachable."

Staff told us they felt supported by the registered manager and by their colleagues. They understood their roles and responsibilities, and felt supported and listened to if they raised concerns or had suggestions to improve care. Staff had regular supervision and staff meetings with the registered manager where they felt able to discuss concerns about the service and make suggestions. One staff member said, "[Registered manager] is very supportive and approachable." We saw that the registered manager had an 'open door' policy and throughout our inspection, people, relatives, and staff came to speak with them frequently.

The provider had systems to monitor and review all aspects of managing the home. This included essential monitoring, maintenance and upgrading of the facilities, and regular monitoring of the quality of care. For example, accidents and incidents were monitored and analysed regularly to establish if appropriate action was being taken to reduce the risk of potential harm to people. The registered manager also carried out monthly audits of people's risk assessments and care plans to ensure they reflected people's current personal care and nursing needs.

We saw organisational policies and procedures which set out what was expected of staff when supporting

people. Staff had access to these, and were knowledgeable about key policies. We looked at a sample of policies and saw that these were up to date and reflected professional guidance and standards. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the manager would take appropriate action. This demonstrated an open and inclusive culture within the service.