

Bupa Care Homes (BNH) Limited

Oakcroft House Nursing Home

Inspection report

Oakcroft Road
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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 House is a nursing home that provides up to 40 beds for people who require nursing care. The accommodation is arranged across three floors.

There was a registered manager in place and present on the day that we visited. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 safeguarded from the risk of abuse and people said they felt safe. Staff were able to tell us how they safeguarded people from the risk of abuse. People were protected and their freedom was supported and

Summary of findings

respected as there were risk assessments for people which were detailed and informative and included measures around how to reduce the risk of harm. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

There were sufficient members of staff on duty to meet people's needs. We saw that there were enough staff to meet everyone's needs in a timely way. People and visitors and staff felt that there were enough staff. Only suitably qualified staff were recruited. Staff told us that before they started work at the service they went through a recruitment process and had to provide evidence of their identity and background checks.

Medicines were stored and administered appropriately and audits of all medicines took place. People told us that they got their medicines on time. One person said "If I am in pain or need anything I will tell the nurse and they will sort it out for me."

People said that staff understood their needs. One person said "The care is of a good standard, they (staff) do all they can, staff move me with a hoist and they take great care when they are doing it"

Staff were competent and skilled to undertake their role and staff were up to date with all of the service mandatory training. We observed staff to be experienced and knowledgeable.

People had access to the local GP on a weekly basis or sooner if needed and other health care professionals such as the dentist, optician and physiotherapist. One person told us "The GP comes to visit the home if we need anything."

We saw staff sought people's consent to ensure people were happy for them to support them. People confirmed that they were asked consent before care was provided. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. There were detailed capacity assessments for people. Where there

were concerns about people's human rights being deprived due to their lack of capacity, the provider had sought advice and authorisation from the local authority. Staff we spoke with had an understanding of the MCA.

People at the service told us that they enjoyed the food. One person said "The food is very good and you always get a choice". There was appropriate monitoring of people's nutrition (including weighing people regularly) and input from other professionals.

People at the service told us that staff were caring. One person said "Staff are lovely, very friendly; they can't do enough for you." We saw from the interactions we observed that the staff team were thoughtful and caring. One member of staff said "I love working here, I love helping people." People told us their privacy and dignity were respected and we saw evidence of this during the inspection. People were given choices about the care they received such as when they wanted to get up and what they wanted to be called.

People's relatives told us they were free to visit their family members at any time and were able to join them for meals and other social occasions. People and relatives were involved in their plan of care. One person told us "Staff always make sure I have everything I need."

People's needs were assessed and care was provided based on their identified needs. Full reviews of people's care took place regularly which included their health action plan and risk assessments. Daily records compiled by staff detailed the support people received throughout the day.

People enjoyed the activities on offer at the service. One person said "I enjoyed it (the entertainment), it was very good, everyone was singing along to the old songs." There was a range of activities available to people which included games, musical entertainment, church services and themed days. We saw various activities taking place on the day.

People who used the service told us they would know how to make a complaint if necessary. There was a copy of the complaints policy in the information pack in each person's room and a copy in reception. There had been no complaints at the service this year.

There was a registered manager at the service on the day of the inspection. People, visitors and staff were positive

Summary of findings

about the leadership and management of the service. One person said “I think the manager is wonderful.” One member of staff said “Managers are always visible, I feel supported, if we have any problems we are looked after well, (the manager) would jump in and help out if needed. I feel very valued.” Staff were encouraged and supported to develop their skills and to undertake additional qualifications.

There was a comprehensive system of quality assurance in place that included residents meetings and a detailed auditing system. The detail of these audits showed how staff strived for best practice at all times. People’s records were kept safe and secure.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We were informed of significant events in a timely way. This meant we could check that appropriate action had been taken.

The last inspection was on 24 October 2013 where no concerns were identified.

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.

There were enough qualified and skilled staff at the service to meet people's needs.

Staff were aware of the risks to people and how to manage them. People were receiving all of their medicines as prescribed.

Staff were recruited appropriately. Staff understood what abuse was and knew how to report abuse if required.

Good



Is the service effective?

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and people's capacity assessments were completed appropriately.

Staff were supported and had the most up to date training and supervision of the work that they undertook.

People were supported to make choices about food and said the food was good.

People's weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

Care plans were extensive and were kept up to date with people's needs.

There were activities that suited everybody's individual needs.

People knew how to make a complaint and who to complain to.

Good



Is the service well-led?

The service was well-led.

There were appropriate systems in place that monitored the safety and quality of the service.

People's views were used to improve the quality of the service.

Good



Summary of findings

People and staff thought the manager was supportive and they could go to them with any concerns. The culture of the service was supportive.

Oakcroft House 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 was an unannounced inspection which took place on the 8 October 2015. The inspection team consisted of two inspectors and a specialist nurse.

Prior to the inspection we reviewed the information we had about the service including the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service

does well and improvements they plan to make. We also reviewed all of the notifications of significant events that affected the running of the service. A notification is information about important events which the service is required to send us by law

During our inspection we spoke with the registered manager, 11 people that used the service, two relatives, one health care professional and seven members of staff. After the inspection we spoke with one social care professional. We looked at five care plans, recruitment files for staff, medicine administration records, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. We observed care being provided during the inspection.

Is the service safe?

Our findings

People were safeguarded from the risk of abuse. People told us that they felt safe at the service. One person told us “Yes I feel safe with staff; they are very gentle with me.”

Another person when asked why they felt safe said “Because the standard of care is good, there are enough staff and they are supervised well.” One relative said that “I feel very comfortable going home and feel (the family is safe) because there are enough staff to meet needs.”

Staff were able to tell us how they safeguarded people from the risk of abuse. One told us “I would firstly report my concerns to the manager and then social services if I needed to.” Another said that they would escalate their concerns to senior management if needed and contact social services if they needed to. There was a safeguarding policy that guided staff on the correct steps to take if they had a concern and staff knew how to access this. All of the staff at the service had received training in safeguarding people. Staff understood how to whistle blow if they had a concern that they wanted to report. A copy of the policies were kept in the staff room and could also be accessed in the office and online.

People were protected and their freedom was supported and respected. There were risk assessments for people which were detailed and informative and included measures around how to reduce the risk of harm. There were risk assessments around nutrition, mental health and moving and handling. There were additional assessments around the risk of pressure sores, choking and falls. One person was at risk of falling. We saw that staff ensured this person had their call bell within reach when they were in bed and that there was someone there to support them when they were walking with a frame. Risk assessments were assessed monthly and more often if this was needed. Staff understood the risks to people. One member of staff told us “One person does have mini strokes, I always make sure that we keep checking on (the person) throughout the day.” Another member of staff said that one person was at risk of slipping out of their chair and that a belt would not be appropriate for this person. They said that would take extra care that this person was always supported by staff. We saw evidence of this happening on the day.

The environment was set up to keep people safe. Equipment was available for people including specialist beds, pressure relieving mattresses, walking frames and

hoists. People were able to move around the home freely if they wanted to including moving from floor to floor. Any incidents and accidents to people were recorded and new risks assessments put in place if needed. Staff told us that incidents were always recorded and a senior member of staff was made aware. The registered manager analysed all accidents and incidents to look for any trends and to take action where necessary. One person was referred to the falls clinic and was provided with a frame to help support them to walk.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans which were regularly updated. A copy of this was kept at reception in the event of an emergency.

There were sufficient members of staff on duty to meet people’s needs. Each day there were two nurses on duty and in the mornings there were seven carers to assist with personal care and four carers in the afternoon. We saw that there were enough staff to meet everyone’s needs in a timely way. People and visitors felt that there were enough staff. One person said “There are enough staff, I’m never kept waiting” whilst another person said “Staff are always around, they come and see me in my room, the call bell is there so I can call staff when I need to.” Staff we spoke with felt there were enough staff to meet people’s needs. Comments from staff included “We have a good staff team who have been here for years” and “There are enough staff, everything that needs to be done gets done.”

Only suitably qualified staff were recruited. Staff recruitment files contained a check list of documents that had been obtained before each person started work. We saw that the documents included records of any cautions or conviction, two references, evidence of the person’s identity and full employment history. Staff told us that before they started work at the service they went through a recruitment process and had to provide evidence of their identity and background checks.

Medicines were stored appropriately and audits of all medicines took place. The medicine room was observed to be clean and well arranged. Medicines were locked up and secure in the cupboard and trolley. There was a record of medicine room and fridge temperatures which were within the correct range. Medicine was labelled appropriately and

Is the service safe?

there was an up to date medication policy in place. People's Medications Administration Records (MAR) were legible, printed with a key to any codes used and completed without any gaps. MAR charts indicated name of the person, date of birth, photo, the start and end date, details of medicines and any allergies, and initial of staff member for each dose administered. We observed that

disposable medicine cups were being used for serving medicine which was good practice in relation to infection control. Regular audits of the MAR charts and medicines were also taking place. People told us that they got their medicines on time. One person said "If I am in pain or need anything I will tell the nurse and they will sort it out for me."

Is the service effective?

Our findings

People said that staff understood their needs. One person said “The care is of a good standard, they (staff) do all they can, staff move me with a hoist and they take great care when they are doing it, it used to hurt me at the previous home but it doesn’t hurt me here (at the service).” Another person said “Staff help me get up and go to bed. “One relative told us “The standard of care is good, the nurses provide good nursing care.”

Staff were competent and skilled to undertake their role. The staff we spoke with told us they were able to get support when needed. They said that there was a ‘Good’ staff team to rely upon for support as well as the nurses and the registered manager. Staff told us they were provided with an induction and had the opportunity to shadow more experienced staff when they had started work in the service.” We saw evidence of the induction process used and documents to verify that staff received supervision, appraisals and training to support their skills and knowledge. The nurse’s competencies were extensively assessed by the registered manager to ensure that their clinical practices were current. This included wound care management, pressure sore prevention and diabetes care. Staff had regular one to one and group supervisions with their manager. One member of staff said “It’s a way of getting feedback about my performance and I appreciate having them.” Staff were up to date with all of the service mandatory training.

We observed staff to be experienced and knowledgeable. Nurses gave examples of the clinical care being provided to people and where they had accessed external health care professionals to provide additional support. We saw when necessary people were referred to a dietician or speech and language team (SALT). Although some people were being cared for in bed there were no people with pressure sores as staff were ensuring that people were turned in bed to reduce the risk of this. We did mention however to the registered manager that there was no recording of when staff turned people in bed (to let staff know when it was last done). They told us that they would start completing these straight away.

People also had access to the local GP on a weekly basis and sooner if needed and other health care professionals

such as the dentist, optician and physiotherapist. One person told us “The GP comes to visit the home if we need anything.” Another person said “If I needed to see the doctor I would just ask.”

We saw staff seek people’s consent to ensure people were happy for them to support them. People confirmed that they were asked consent before care was provided. One member of staff said “If people refuse care I would never put pressure on them, I would give them some time and then come back and offer again.”

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. There were detailed mental capacity assessments for people around specific decisions that needed to be made. For example around people having bed sides and people’s capacity to made decisions about their care. Where there were concerns about people’s human rights being deprived due to their lack of capacity, the provider had sought advice and authorisation from the local authority. Staff we spoke with had an understanding of the MCA.

People at the service told us that they enjoyed the food. Comments from people included “The food is very good and you always get a choice” and “The food is great, they (staff) always make sure I have plenty to drink” and “I can eat as much as I like, you never go hungry or thirsty” and “You can’t fault the food here, it’s wonderful.” People said that they got the support they needed from staff with their meals. One person said “They (staff) always make sure I have plenty to drink, I also have a special mug as I can drink by myself but staff helps me to eat as I cannot do that.”

There was a menu displayed outside of the dining rooms, on the table and in each person’s room. People were asked what they wanted prior to the meal being served. On the day of the inspection one person in their room asked for something off of the menu and we saw that this was provided. During meals people in their rooms were given their meals first so they didn’t have to wait and staff supported them if needed. People who were in the dining room were supported if needed. Staff did not rush people

Is the service effective?

and there was a pleasant atmosphere with people and staff chatting with each other. We saw that people had access to snacks and hot and cold drinks when they wanted throughout the day.

There was appropriate monitoring of people's nutrition (including weighing people regularly) and input from other professionals such as a Speech and Language Therapist (SALT) or a dietician, this advice was being sought and

followed. The chef was aware of people's dietary needs such as pureed meals and any allergies. People's cultural needs were also catered for if needed. One person said "We always have fish on a Friday; I have to as I am catholic." People were asked to feedback on what they liked and didn't like on the menu. One person suggested more sausages on the menu which was accommodated.

Is the service caring?

Our findings

People told us that staff were caring. One person said “We can have a laugh together (with staff).” Another person said “Staff are lovely, very friendly, they can’t do enough for you” whilst another person said “That sister, she is a scream.” One relative said “Staff are caring; it’s just their general attitude to their job (that’s caring).”

We saw from the interactions we observed that the staff team were thoughtful and caring. During lunch one staff member saw that a person was getting anxious. They said “Do you want me to help you? How small would you like the food to be cut up, what hand would you like to hold your fork?” Another member of staff asked someone (who was getting agitated) whether they wanted a cup of tea and to go and sit in the lounge. The member of staff supported the person into the lounge; made sure they were comfortable in their chair and brought them a cup of tea. The person appreciated this and was left happy. We saw staff act very quickly if they felt people needed someone or something. One lady was looking for a tissue, a member of staff offered them a tissue but also offered everyone else one as well.

Staff told us about how they felt about working at the service. One said “I love working here, I love helping people.” Another member of staff said “I love it, I like going home knowing I’ve helped someone and that I’ve made a difference to someone’s day and that I’ve put a smile on someone’s face.” Another member of staff told us “I would have my relative here, I can’t think of anything that needs improving here.” We saw the registered manager engaging in conversations and laughter with people. One person got up to dance with the registered manager which you could see people engaging in and enjoying. There was clapping and cheering from people.

Staff when needed would support people if they needed to go out. One person told us that a member of staff went with them to a family members wedding to provide to support. They told us that without that they would not have been able to go. Whilst we were talking to a relative a

member of staff came over and asked where they would like to sit with their family member when they had finished talking and told them they would have a hot drink waiting for them. During our inspection a person (who was confused and lived locally to the service) had been brought in from outside to keep warm whilst they contacted the person’s family. Staff ensured the person was comforted and looked after.

People told us their privacy and dignity were respected. Staff ensured that they knocked on people’s doors and waited for a response before they went in. One relative said that staff would ask them politely if they could wait in another room whilst giving personal care to their family member. One person said “They treat me with dignity when doing personal care.” Staff told us that they made sure they treated people with dignity and respect. They said that they would make sure that doors and curtains were shut when giving personal care.

People who used the service told us they were able to choose when to go to bed and when to get up the next morning. One person said “I can choose when I want to get up and staff help me to get dressed.” We saw care plans provided staff with detailed information about people’s preferences about daily and night time routines. Preferences extended what people wanted to be called. One person told us “I don’t like endearments; staff call me by my first name.” People were encouraged to make their own decisions each day and we saw this in practice.

People’s relatives told us they were free to visit their family members at any time and were able to join them for meals and other social occasions. We saw staff greet visitors genuinely and welcomed them into the service. One relative told us that they appreciated this and that they were always offered meals if they wanted to join their family member for lunch.

People and relatives were involved in their plan of care. One relative told us that they were asked about their family member’s history, personal preferences and what was important to that person. One person told us “Staff always make sure I have everything I need.”

Is the service responsive?

Our findings

People's needs were assessed and care was provided based on their identified needs. Comments from people included "Staff understand my needs and ensure I have everything" and "I needed a special bed and they have provided this for me, it is lovely and comfortable."

Care plans were comprehensive and detailed people's care needs with a description of their medical history, moving and handling, skin care, life style and how people needed and wanted to be supported. Full reviews of people's care took place regularly which included their health action plan and risk assessments.

Care was also reviewed as and when it was needed depending on any changes in a person's health and social care needs. One person developed a wound; we saw that a wound care plan had been put in place which included a body map, photo and details to staff on how best to manage the wound which had now healed. Another person had concerns with their eyesight. There was a care plan around them needed regular eye drops and to ensure that they always had their eye glasses to hand. We saw that this was being done.

Daily records compiled by staff detailed the support people received throughout the day. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. Where a change to someone's needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes. This was done on the daily handover and in people's notes. In the staff room there was also a large white board with a 'Snapshot' of people's needs, in addition to this (for any new staff) there was a one page summary care plan so staff were aware of the care that people needed.

People enjoyed the activities on offer at the service. Comments from people included "There is lots to do here" and "We had a quiz this morning which I enjoyed." When asked about whether people enjoyed the entertainment comments included "I do enjoy the entertainment, I like a good sing song" and "I enjoyed it, it was very good, everyone was singing along to the old songs" and "It was great, it reminded me of when I was little and everyone singing along."

There was a range of activities available to people which included games, musical entertainment, church services and themed days. One person asked if they could have a 'Pie and Mash' themed activity. This had been planned for November where jellied eels were going to be on offer along with someone coming to the service dressed as a Pearly King and Queen. We did raise with the registered manager that one of the activities was only being supported by one member of staff. We found that the activity needed to be stopped to provide comfort to some people which was causing some other people to get agitated. The registered manager told us that they would ensure that there were at least two members of staff on certain activities to help support.

We saw various activities taking place on the day. People were playing a game of dominos, which everyone seemed to enjoy. There was good interaction between staff and people. There were discussions about childhood and there was a lot of laughter. People got up and walked around to stretch their legs but were kept in the loop of the game. There were people who were in their rooms who told us that although they were unable to attend the activities staff still made sure that they went and sat with them to talk or play games. One person told us that they knew they could attend activities but was happy to stay in their room where they had Plenty' of visitors. One said "The (activities) coordinator does come in to chat to me; I do go and have my hair done as well."

People who used the service told us they would know how to make a complaint if necessary. There was a copy of the complaints policy in the information pack in each person's room and a copy in reception. People told us that they would feel comfortable complaining if they needed to. One said "If I'm unhappy, I would speak to the staff or the nurse." Another person said "I'm quite capable of complaining but I haven't felt the need to." There had been no formal complaints in the last year at the service. Where one person had raised a concern over the food the regional manager met with person for lunch to discuss their concerns. The person told us that they appreciated how this had been handled and said that they food had improved. There was a full compliments folder which the manager ensured was shared with staff. Comments included "Thank you for the lovely food on offer today" and thanks from relatives whose family members had been cared for in the service.

Is the service well-led?

Our findings

There was a registered manager at the service on the day of the inspection. Without exception people and visitors were positive about the leadership and management of the service. One person said “I think the manager is wonderful.” One relative said “The management is excellent; they are very attentive and have a grasp of urgent situations when they need dealing with.”

Staff at the service also told us that they felt supported and valued by the management team. One member of staff said “Managers are always visible, I feel supported, if we have any problems we are looked after well, (the manager) would jump in and help out if needed. I feel very valued.” Another member of staff said “The manager is always present, visible and on the floor. He is very approachable. I feel very valued and supported” and another said “I’m very much supported here, the manager has made allowances for my personal circumstances.” Appraisals took place for all staff to give them an opportunity to discuss their performance over the year and any objectives to set for the coming months.

Staff communicated through team meetings. This was an opportunity for staff to discuss any matters in relation to their work or things they needed to help them to do their job. This was also an opportunity to remind staff about practices. For example one meeting there was a discussion around improving the cleanliness and for staff to ensure that they signed their pages in and out.

There was a culture within the service that valued the individual and placed caring for people at the centre of what they did. One member of staff said “I want to ensure that people have a fulfilled life here.”

People and staff were also asked to complete an anonymous survey and all of the comments were positive. Although there were no concerns raised the manager used this to remind staff of the good work they were doing and to continue this. Staff were encouraged and supported to develop their skills and to undertake additional qualifications. Staff were completing diplomas in health and social care and the new care certificate. This ensured that staff were up to date with current best practice.

There was a comprehensive system of quality assurance in place that included residents meetings and a detailed auditing system. These included audits of accidents and incidents, medicines, infection control and health and safety. Action plans with deadlines were put in place to address any shortfalls and to improve the quality of the service. It was identified that a new activity schedule needed to be created and saw that this had now been undertaken. The detail of these audits showed how staff strived for best practice at all times. People’s records were kept safe and secure. They were organised and arranged in a way where staff could access information quickly and easily.

We saw that the registered manager, deputy manager and the regional manager were present and visible around the service throughout the inspection. Despite the regional manager not being at the service every day they knew about people living there and engaged with them fully whilst we were there.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We were informed of significant events in a timely way. This meant we could check that appropriate action had been taken.