

Portland Care Services Limited

# Oakfield 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 ●

# Summary of findings

## Overall summary

### About The service

Oakfield Nursing Home provides residential and nursing care for up to 56 people. Situated on the A6 between Garstang and Lancaster, the home has easy access to the motorway network. The home has a large car park and accessible gardens with disabled access to the building. At the time of the inspection visit there were 53 people who lived at the home.

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

People we spoke with told us they felt safe and staff had enough time to support them. Safeguarding procedures continued to protect people from the risk of abuse and keep them safe. The management team recorded and audited any incidents and accidents and learned from them. Staff continued to be recruited safely and the service was staffed with a good skill mix to enable people to be well supported. Medicines were managed safely by trained nurses. Infection control systems and audits continued to ensure a clean environment and reduce any risks. The provider ensured safety checks of the home environment were completed.

The registered manager ensured staff received an effective induction and training programme that was continually updated. People spoke positively about the quality of meals and praised the cooks for choices. One person said, "We are lucky we have great cooks." People received support with their healthcare needs promptly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People we spoke with and our observations confirmed staff and management team were kind, caring, and treated people with respect. Information about local advocacy services was available, to ensure people could access support to express their views if required.

Activities were varied, and people told us there were trips and entertainment regularly provided. Activity co-ordinators were employed to support people and their interests. People's communication needs had been assessed and where support was required these had been met. People knew how they could raise concerns about the service and a complaints procedure was in place.

The management team were clear about their roles and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. The registered manager and management team used a variety of methods to assess and monitor the quality of the service on a regular basis.

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

### Rating at the last inspection

The last rating for this service was good (published 28 April 2017)

Why we inspected

This was a planned inspection based on the previous rating

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about 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?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Oakfield Nursing Home

## 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.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority and Healthwatch Lancashire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and we used this to plan our inspection.

#### During the inspection

We spoke with 11 people who lived at the home, two family members, the registered manager and deputy manager. We also spoke with the five members of care staff, two nurses and the cook. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

We looked at care records of one person and arrangements for meal provision. We also looked at records relating to the management of the home, recruitment of a staff member and medicines records of two people. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

#### After the inspection

We continued to communicate with the provider to corroborate our findings and further information was sent by the provider in response to the feedback provided during the inspection visit.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected and upheld. Staff understood their responsibilities around safeguarding people and training was provided for them. A staff member said, "Training is not an issue and the manager is so supportive and ensures safeguarding training is up to date."
- People were kept safe and comments confirmed this. One person said, "No problem we have a lot of people around, so I do feel safe. A relative said, "I am around a lot of the time and people react quickly to helping residents be safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The management team managed risk through their procedures. There were in depth risk assessments to guide staff on safe working practices. These supported staff to keep people safe from avoidable harm and promote independence. For example, we observed safe practices when staff used equipment for people to reduce risk of falling. A staff member said, "We have risk assessed everyone in falls and they are so informative it definitely helps."
- The management team reviewed incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. Regular audits were completed, and lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Staffing and recruitment

- Staff continued to be recruited safely. The management team continued to ensure checks had been carried out prior to staff commencing employment at Oakfield Nursing Home. A recently employed member of staff said, "I had a good experience when starting and received a lot of support that gave me confidence."
- The service was staffed sufficiently, and staff spoken with confirmed this. We observed staff were visible around the building to support people. All staff spoken with were happy with staffing levels and felt they had time to spend with people. This was confirmed by people we spoke with.

Using medicines safely

- Medicines continued to be managed safely, and people received their medicines when they should. Our observations and people spoken with confirmed this.
- Staff who administered medicines were qualified nurses with appropriate training. We observed medicines being administered in the morning and saw good practice from nurses.
- The provider had systems to audit medicines to check people had received their medicines as they needed. These were completed regularly and ensured practices were safe.

### Preventing and controlling infection

- The registered manager continued to have safe and effective infection control procedures. Personal protective equipment such as aprons and gloves were available around the building. We saw staff make use of these to ensure correct practices were followed and reduce the risk of infection.
- Staff received training and regular infection control audits were undertaken to ensure standards were maintained.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team assessed people's needs and preferences in relation to their care and developed a care plan to ensure their needs could be met. Records were consistent, and staff provided support that had been agreed during the assessment process. This thorough process supported staff to plan and carry out effective care for people.
- The registered manager continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. For example, the management team and staff applied their learning in line with current good practice guidelines. Such as recommended by National Institute for Health and Care Excellence (NICE) on the management of pain and through implementing a falls strategy. This enabled good outcomes for people and supported people to have a good quality of life at Oakfield Nursing Home.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and continued to carry out their roles effectively. Staff told us they regularly updated training sessions and were supported to develop their skills through specialised training. For example, a staff member told us they were completing a professional qualification in care and leadership. They said, "We have a brilliant manager and so supportive when it comes to training events." All new staff had received a thorough induction on their appointment to ensure they had appropriate skills to support people with their care.
- Staff told us they felt supported by the management team and received regular supervision and appraisal of their duties.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff ensured people's nutritional needs were managed to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed.
- People were provided with meals and drinks they enjoyed, and only positive comments were received, such as, "The food here is delicious, there is a good variety and people get offered choices. And, "I can have a snack or a cup of tea any time I want." Also, "The food is very good, there is plenty of choice and its always like that."
- Staff had completed nutritional assessments to identify people's needs and any risks they may have when eating.
- Lunch was organised, managed well and sufficient staff were able to support people who required help. We observed people were supported in a sensitive way when requiring assistance at meal times.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The management team continued to work effectively with healthcare professionals to ensure people's healthcare needs were met. People's physical, nursing and mental healthcare needs were documented in care records. This supported staff to identify signs of deteriorating health and take appropriate action.
- People were supported by staff to attend healthcare appointments when required and they confirmed this when spoken with. Staff supported people in managing their health and wellbeing needs by making appropriate referrals to specialist services.

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath. A new extension was completed and designed for people who required nursing care support. People were complimentary about the building. One person said, "It is beautiful and fit for purpose."
- We saw dementia friendly signage around the building that supported people to mobilise in familiar surroundings.

Ensuring consent to care and treatment in line with law and guidance

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The management team had made DoLS applications when required.
- We saw people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. Consent to care and treatment in the care records had been signed by people with the appropriate legal authority to do so.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be treated with respect and extreme kindness, by staff who promoted equality and valued diversity. Comments from people confirmed this and included, "The staff are caring, they don't rush me." And, "Excellent staff who treat me so well." A relative said, "The staff are all so good and really caring people from top to bottom."
- The culture of the service was caring, kind and compassionate. This reflected the attitude of staff and management team. One person said, "You can only describe the staff as compassionate and caring."
- We observed caring and friendly interactions between staff and people living at Oakfield Nursing Home.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- The service had carefully considered people's human rights and supported them to maintain their individuality. Documents included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives continued to be consulted about care and make decisions for their wellbeing. Every effort was made to ensure people and relatives were supported to contribute to their care, so the management team and staff understood their preferences and wishes. This included people who could not communicate verbally. Communication methods such as large print, and other methods of communication were utilized to help people. This encouraged people to make decisions for their care where possible and understand the support they needed.
- There was information available about access to advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with respect and their dignity was upheld. We saw this was demonstrated by how staff supported people. For example, staff knocked on the door before entering people's bedrooms, also supported people sensitively and discreetly when in communal areas and bedrooms.
- Staff were knowledgeable about accessing services, so people could have equipment and adaptations to be able to support them and promote their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive care and support which was personalised to them. Staff had an in-depth knowledge of people they supported. Staff were fully familiar with people's likes, dislikes and preferences including past times, signs of distress or pain and people's individual choices. They also understood people's individual communication methods. This created a person-centred environment for people to express their views.
- People told us staff gave them choices and they were able to make every day decisions about their care and how they wished to spend their time. This included involvement in regular reviews and care plans were updated when needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team had identified how people needed information to be provided and people's communication preferences and were contained in their care information. Part of the staff team spoke community languages which enabled people and their relatives to communicate in their first language if that was their choice.
- Assistive technology was used to good effect, for example with people able to access to WIFI if they wished to, for their phones or computers.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in events at the home and develop relationships. There continued to be designated activity co coordinators employed to provide for example, board games and one to one engagement. A relative said, "Whenever staff walk through a room there is always engagement and I am confident that this is always the case."
- People were able to have visitors at any time. Relative we spoke to confirmed this. Information about who was important to each individual was recorded in their care record. One relative said, "I visit any time and I am welcomed at any part of the day with a cup of tea and biscuits."

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and dealt with appropriately. People knew how to make complaints and

felt confident these would be acted upon. The registered manager told us they learned from complaints or concerns as a positive experience to improve the service. No formal complaints had been received since the previous inspection.

- People told us they had no reason to complain about anything however they were sure concerns would be dealt with appropriately.

#### End of life care and support

- Detailed information about people's end of life care and advanced care plans were in place for people to record their future requirements and wishes. The service continued to be recognised by the National Gold Standards Framework (GSF) in aiming to achieve excellence in end of life care. The GSF is an external organisation supporting providers to develop evidence-based approaches to optimising care for people approaching their end of life. Compliments had been received from relatives and friends where the home had supported people with end of life care.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team planned and delivered effective, safe and appropriate person-centred care. Current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of people were met.
- The service continued to have systems to make sure people received care which met their needs and reflected their choices.

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; Continuous learning and improving care

- The management team encouraged candour through openness. People told us good communication and relationships had been developed between staff, the management team, people who lived at the home and relatives.
- The management team continued to regularly assess and monitor the service through formal and informal methods such as audits, and meetings with relatives, staff and people at the home. The management team had acted upon any findings from the audits to improve the service.

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

- The registered manager was experienced and had a good management team who were knowledgeable about the needs of the people they supported. A staff member said, "We have a great team at the moment with a wealth of experience."
- Discussion with staff confirmed they were clear about their role and between them provided a consistent and organised service.
- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations.

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

- The registered manager created an open culture and encouraged people to provide their views about how the service was run. For example, one person said, "The manager seems to have her eye on the ball and nothing much escapes her, she is responsive when I feel changes need to be made."
- Relatives and relevant others were regularly involved in consultation about the provision of the service

and its quality. A relative spoken with confirmed this.

#### Working in partnership with others

- The management team continued to work in partnership with other organisations to ensure sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs and social workers. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.