

Bupa Care Homes (BNH) Limited

# Oakcroft House Care Home

## Inspection report

Oakcroft Road  
West Byfleet  
Surrey  
KT14 6JG

Date of inspection visit:  
10 January 2018

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07 February 2018

### 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

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.

At the last inspection, the service was rated Good.

At this inspection we found the service Good.

Why the service is rated Good

Staff managed risks to people safely. Where incidents had occurred, the staff took appropriate action to keep people safe. Staff understood how to identify and respond to suspected abuse. People lived in an environment in which the risk of infection spreading was appropriately managed. People's medicines were managed safely and appropriately.

Staff treated people in a caring, considerate and respectful way. People told us that they felt staff were kind towards them. People's choices were considered in the delivery of care. Visitors were encouraged and made to feel welcome at the service.

People were supported to prepare and eat food that they liked in line with their dietary requirements. Staff had sufficient training and supervision to carry out their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs and choices were assessed and people were involved in important decisions and choices. Staff worked alongside healthcare professionals and other organisations to meet people's needs.

There were sufficient numbers of staff to support people. People received personalised care that reflected their needs, interests and preferences. People had access to activities that reflected what was important to them. Regular reviews were undertaken and any changes to people's needs were actioned by staff. Staff communicated any changes in care with each other. The provider had a clear and accessible complaints procedure.

The registered manager worked alongside staff and was actively involved in people's care. Systems were in place to involve people and staff in the running of the service. The provider carried out checks on the quality of the care that people received and maintained up to date records. The provider built links with organisations and agencies to ensure that people benefitted from.

Further information is in the detailed findings below

## 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 remains Good

Plans were in place to manage risks to people and where incidents occurred, staff responded appropriately. Staff understood how to respond to suspected abuse.

People received their medicines safely, from trained staff. Staff followed best practice with regards to infection control

There were sufficient numbers of staff to meet people's needs. The provider carried out appropriate checks on new staff to ensure they were suitable.

### Is the service effective?

Good ●

The service remains Good

People's needs and choices were assessed in line with best practice. Staff enabled people to make decisions in line with the Mental Capacity Act. Where restrictions were put in place, the correct process was followed.

People were supported to eat food in line with their dietary needs and preferences. Staff worked with healthcare professionals to meet people's needs.

Staff were trained to carry out their roles. Staff received an induction and had regular one to ones with their line managers to discuss their practice.

### Is the service caring?

Good ●

The service remains Good

People were treated in a kind and caring manner by staff. Staff provided people with emotional support when needed.

Staff delivered care in a respectful and dignified way. People choices over how they wanted their care to be delivered was respected by staff.

People's rooms were homely and visitors were welcomed at any time.

### Is the service responsive?

Good ●

The service remains Good

People received personalised care specific to their needs. Care plans reflected people's needs and interests. People took part in activities that they enjoyed. Care needs were reviewed regularly and any changes were actioned by staff.

There was a complaints policy in place that was accessible to people

### Is the service well-led?

Good ●

The service remains Good

The provider had systems in place to regularly assess and monitor the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

Staff were encouraged to contribute to the improvement of the service and staff felt valued.

The management and leadership of the service were described as good and very supportive. Records were maintained securely.

Notifications were sent in to the CQC where needed.

# Oakcroft House Care 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 a comprehensive inspection. This inspection took place on 10 January 2018 and was unannounced. The inspection team consisted of 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 service.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a 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.

As part of our inspection we spoke with 14 people, four relatives and one visitor. We spoke with the registered manager and seven care staff. We read care plans for 12 people, medicines records and the records of accidents and incidents, complaints and safeguarding. We looked at mental capacity assessments and applications to deprive people of their liberty. We looked at records of audits and surveys.

We looked at records of staff training and supervision. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of staff meetings and evidence of partnership working with external organisations.

# Is the service safe?

## Our findings

People told us that they felt safe at the home. One person told us, "I feel safe, staff look after me well." Another told us, "Staff look after you."

Risks to people were assessed and plans were identified to keep people safe. People's records contained a risk assessment tool that identified levels of risks and plans were drawn up in response to them. For example, where people had bed rails there were appropriate assessments in place in relation to their risk. Risk assessments covered a range of risks and they had been reviewed monthly to identify any changes. For example, where people had to be evacuated there were plans in place to provide staff with guidance on how to best support the person.

Actions were taken and lessons were learnt in response to incidents and accidents. Where incidents and accidents had occurred, these were documented and staff recorded the actions that they had taken. Records showed that staff responded appropriately and we noted that the provider had oversight of any incidents that occurred. For example, where people had fallen appropriate referrals had been made to the falls team to assess them.

Staff understood their roles in safeguarding people from abuse. Staff had been trained in how to identify potential abuse and they knew how to respond if they suspected abuse had occurred. Staff were able to tell us the processes for raising safeguarding and were aware of how to whistle blow if necessary. There had been one recent safeguarding and records showed that staff had responded to it appropriately.

People's medicines were stored and administered safely. Medicines were stored securely and in line with the manufacturer's guidance. The provider carried out daily checks to ensure medicines were stored at the right temperature and regularly audited their management of medicines. People's records contained important information about health conditions and their allergies. Medicine charts contained recent photographs, allergy information, medicines information (with double signatures when handwritten) and protocols for as needed medicines. Where people had pain patches there were body maps in place showing where the patch was located and the date it was changed. Staff that administered medicines had received training and their competence had been assessed.

People were protected against the spread of infection within the service. The environment was clean and smelt pleasant. Bathrooms were clean and tidy, sluice rooms were locked and the laundry room was tidy and organised. Handwashing prompts were seen around the service and staff were observed washing their hands regularly. Staff had received training in infection control which they put into practice to keep people safe.

There were sufficient numbers of staff present to keep people safe. Staffing numbers were based on people's needs and activities. During the inspection we observed staff spending time with people. Recruitment files showed appropriate checks had been carried out to ensure staff were suitable for their roles.

# Is the service effective?

## Our findings

People were enabled to make choices and decisions about their care in a way that was appropriate to their needs. People's needs were assessed and they were supported to make choices in ways appropriate to their needs. Care and support was planned and delivered in line with current evidence based guidance. BUPAs 'Resident Care' standards incorporated relevant guidance that was specific to the services they delivered. For example, from the National Institute for Health and Care Excellence, British Journal of Nursing, Royal College of Nursing and NHS England. We found that the care being provided was effective and produced positive results for people. For example, there was evidence in one person's care plan that a dietician had been involved in drawing up a feeding regime for them in relation to their PEG feed (a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach.) The Speech and Language Therapist had been involved with people in relation to their swallowing difficulties.

The building was suited to people's needs with signage displayed around the home in an accessible format. Rooms and corridors were spacious as there were people at the service that used walking aids and wheelchairs. One person told us, "They recently did some work to the floor in the patio area next to lounge to make it all one level which is much improved, easier for people with wheelchairs."

People were supported by staff that were trained and supervised to carry out their roles. One person told us, "All the staff are very good. Never heard one of them say 'I can't do that'."

Staff received an induction when they first started at the service. Regular and updated training was provided to staff including, dementia training, moving and handling and health and safety. Nurses were kept up to date with their clinical training. Staff also received training specific to people's needs. For example, staff received training in end of life care. Staff received regular supervisions and appraisals and they told us that these one to one meetings gave them opportunities to discuss their performance and any training needs. One member of staff said, "Supervision helps you pick up on any problem."

People's nutritional and hydration needs were met. People's care plans contained information about foods that they liked and each person was supported by staff to prepare meals in line with these preferences. One person told us, "The food is very good. The food is traditional." Where people had specific dietary needs, these were recorded and acted upon. For example, where people were on a soft or pureed diet this was known by staff in the kitchen and meals were prepared in this way. People had access to drinks throughout the day. .

Staff worked alongside healthcare professionals and other organisations to meet people's needs. People's care plans contained information about their medical conditions and any treatment that they were receiving. For example, one person had a visit by the GP for a review and as a result a referral was going to be made to the physiotherapist. We also saw that staff had called the ambulance during our inspection in relation to a person as they were concerned about the chest pains they were having. People's records contained evidence of visits to the GP, dentist and optician.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that people's mental capacity was assessed where appropriate. Assessments were decision specific and where people lacked the mental capacity to make a decision a best interest decision was made and documented. These involved relatives and healthcare professionals. Where restrictions were placed upon people, an application was made to the local authority DoLS team.



## Is the service caring?

### Our findings

People told us that staff were kind and caring. Comments included, "All the staff are very good and go the extra mile", "Staff are very kind to me" and "Staff do their jobs very well."

People were treated with kindness and compassion throughout our inspection. We heard one person speaking to a member of staff about how they were feeling. The member of staff displayed an empathic response to the person, listening to them and trying to give them a boost. They kept the person engaged in the craft activity they were doing. During lunch staff were attentive to people's needs. One member of staff was heard saying, "Shall I bring you out the tea trolley and bring you a nice fresh cup of tea?" One member of staff told us, "I treat people like an extension of my family."

Staff were respectful of people's privacy and dignity when providing care. One person said, "Staff are very patient." Throughout the day we observed staff being considerate and knocking on people's doors before entering their rooms. Staff demonstrated a good understanding of how to promote people's privacy. People's care records factored in people's preferences and wishes for example, around what time they wanted to get up and what time they went to bed. Staff respected these wishes. One member of staff told us, "It's a mixture of older and younger staff and they are all respectful towards people."

Visitors were welcomed to the service when they wanted. During the inspection we saw people being visited by their relatives and friends. Relatives were encouraged to have lunch with their family members.

People were able to personalise their room with their own furniture and personal items and each room was homely and individual to the people who lived there. It was clear from people's rooms what their interests were and things they enjoyed.

Staff expressed to us how they felt about working with people at the service. One told us, "It's knowing the little things that I could do for people that make a big difference to them." Another told us, "its nice working here. People are so friendly."

## Is the service responsive?

### Our findings

Care plans were kept up to date and reflected people's current needs. We observed that in the afternoon there were three people that had been in bed all day. When we checked their care plan we saw that these people preferred to stay in bed due to their medical needs. Staff liaised with healthcare professionals about the people's diagnosis and how best to support them. Another person had diabetes and managed this themselves. However there was detailed guidance in the care plan for signs to look out for should the person become unwell. Staff understood the importance of communicating changes to people's care with each other. One member of staff said, "The nurse in charge will tell us about the risks to people in the handover."

The provider had systems in place to ensure people received appropriate end of life care. At the time of inspection, nobody was receiving end of life care. However, people had plans in place in which their wishes were recorded. We saw feedback from relatives whose family members had been supported at the end of their lives. One relative stated, "Thank you for all your kindness, care and thoughtfulness looking after my mum. I know she appreciated it." Another stated, "Thank you so much for looking after my father. You made his last few months comfortable and happy."

People's care plans contained evidence of regular reviews that involved people and when things changed, these were documented. For example, one person had been originally assessed as being at risk of malnutrition. Since moving in to the service they had gained weight and their care plan had been updated to reflect that the risk had reduced.

Activities were organised for people that reflected their interests. One person told us, "I like the activities. I enjoy the exercises. It's really fun." One member of staff told us, "Activities are good. The coordinator has brought a fresh look to it all." Staff knew people's interests and preferences well and activities were tailored to this. For example, one person really enjoyed knitting and there was a knitting activity that took place weekly. There were entertainers that came to the service and regular trips were organised outside of the service.

People were supported to complain should they wish to. Information on how to complain was available in the rooms and in the reception of the service. There was a record of complaints and we found that these had been investigated and responded to in full. For example one relative had raised a concern about a letter that they had received from the service finance department. We saw that this had been responded to and that the relative was satisfied with the response.

## Is the service well-led?

### Our findings

People and staff benefitted from a registered manager who was committed to working with people and improving the service. Comments from people and relatives included, "(The registered manager) is very committed and caring", "(The registered manager) is a good leader" and "He is on hand, if you need to speak to him." The registered manager regularly worked alongside staff supporting people and knew people very well. We observed the registered manager interacting with people warmly.

All staff told us that the registered manager was approachable and encouraged good team work. They told us that the registered manager insisted on working as a nurse on one morning a week. One member of staff told us, "He is very hands on. He understands how difficult the job can be." Staff felt valued and involved in the running of the service and we saw evidence of their views being gained to make improvements.

The PIR that was completed reflected the work that was being undertaken in the service. It was clear that the manager understood the areas that required improvement and what they needed to do to achieve this.

The provider had plans to improve the service and actions were implemented in line with them. At the time of the inspection, work was underway to refurbish the home. We observed that this was being done in a way that reduced the impact of the works on people. Regular audits were carried out to assure the quality of the care that people received. Audits covered areas such as health and safety, infection control and documentation. People's care records were up to date and reviews occurred frequently to identify any changes in need. Daily notes were written in a format that was holistic and captured all aspects of people's day.

People had the opportunity to attend residents meetings to feedback on any areas they wanted improvements on. We saw minutes of the meetings along with actions from the previous meetings. One relative told us that their family member was finding the noise, in particular door slamming, very disturbing. The relative discussed these concerns with the registered manager who arranged for the person to be moved upstairs where it was quieter.

The provider worked alongside relevant organisations to meet people's needs. Information from a variety of agencies was added to people's notes. The provider had developed strong links with local schools and the Brownies who visited regularly.

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. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.