

Oakhurst Court Limited

Oakhurst Court 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

Oakhurst Court Nursing Home is registered to provide nursing and personal care for up to 57 older people. At the time of our inspection there were 43 people living at the service. Some people using the service were living with dementia.

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

People felt safe using the service because they were supported by staff who knew their needs well and knew how to manage risks associated with their care. Staff understood their responsibilities in terms of keeping people safe from abuse and avoidable harm. Action had been taken to reduce the risk of the spread of infection and the provider had ensured practices were updated according to national guidance during the COVID-19 pandemic.

People's needs and choices were assessed and planned for, and their preferences had been considered. Staff were safely recruited and inducted. They had access to training and supervision to ensure they had the skills to support people effectively.

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 were supported by staff who knew them well and had the information required to meet their needs. People and relatives were all consistently positive about the staff and the support they received.

Staff supported people to access healthcare services as required. Any specialist support was recorded, and actions completed. People were supported to access activities, outings and celebrations. Friends and relatives were welcomed into the service and people were supported to maintain relationships.

The manager provided clear direction and positive leadership. Staff felt valued and supported and were confident that people received good care. Systems and processes for monitoring quality and safety were effective.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 August 2021).

Why we inspected

The inspection was prompted in part due to concerns received about governance and safeguarding concerns. A decision was made for us to inspect and examine those risks. We found no evidence during this

inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Oakhurst Court 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 Health and Social Care Act 2008.

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

Oakhurst Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the manager was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and a healthcare professional who works with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We made observations of people being supported. We spoke with five members of staff including the manager, a nurse and care staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. People and their relatives told us they felt safe living at Oakhurst Court. One person told us "Yes [I feel safe] because the staff are nice people."
- A relative told us, "I very much feel that [person] is safe as the staff are very attentive and caring and I am very pleased that [person] lives in such a good home."
- Staff had a good understanding of their roles and responsibilities in relation to safeguarding and received training in this area. One member of staff told us, "If I was concerned I would talk to my line manager and the safeguarding lead."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

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

- Risks associated with people's care were well managed. Detailed risk assessments and care plans were in place, so staff knew how to support people. People had risks associated with skin integrity, there were risk assessments and care plans in place which detailed the support people would need to minimise the risk.
- Tools for assessing risks to people were used effectively. The Malnutrition Universal Screening Tool (MUST) and the Waterlow Assessment Tool for risk of pressure areas were used by staff to help manage risks to people and were regularly reviewed.
- The manager described how they and their team learned from incidents which had taken place in order to improve people's care. For instance, the service was taking part in a scheme to help discharge people from hospital more quickly and following an incident improvements had been made to assessments being carried out before people were admitted to ensure that all of their care needs could be met.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency such as a fire or flood which meant people had to leave the service. There were personal emergency evacuation plans (PEEP) explaining to staff the support they would need to evacuate the building in an emergency situation.

Staffing and recruitment

- There were enough staff deployed to support people safely. People told us they did not have to wait long for care and our observations supported this. A relative told us, "When I am visiting [person] in their room, if she needs anything, we ring the buzzer, and a member of staff always comes straight away."
- There was an established staff team at the service which meant the need to use agency staff had decreased recently. This helped people to receive consistent care from staff that were familiar to them.
- Staff were recruited safely. Checks included verification of identity, references from previous employers

and the Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- We observed that best practice was not always followed when medicines were administered. This included a thickener for liquids being left out where people could access it. We raised this with the manager who addressed it immediately to ensure people received their medicines safely.
- There was clear guidance in place for staff about how to support people safely with their medicines including how to support individuals with their PRN (as and when required) medicine.
- Medication was ordered, stored and disposed of appropriately. Staff completed medication administration records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- Staff received relevant training before they were able to give people medicines and the manager checked staff competency in relation to the administration of people's medicines regularly.

Preventing and controlling infection

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

Visits for people living at the home were facilitated in line with the current guidance.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. 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

- People's needs were assessed by the management team prior to them moving to the service to ensure that Oakhurst Court was able to meet their needs. Assessments from health and social care professionals were also used to plan effective care.
- The provider had responded to changes in people's needs, adapting their care as appropriate. For example, people who were at risk of falls had equipment put in place to help reduce the risk.
- Assessments guided by national framework and standards were completed to ensure that people's needs were assessed and met. For those people living with dementia this included how dementia affected them and how to best support them with this.

Staff support: induction, training, skills and experience

- People received care from staff who had the right mix of skills and knowledge. Staff received all the training they required to meet the needs of people they supported.
- A relatively new member of staff told us, "During my first full week every single day I was shadowing one of the seniors. I had manual handling supervision to make sure I knew what I was doing. If anyone needed two to one support I was always with a more experienced member of staff."
- People described staff who provided them with care at home as competent, one relative told us, "When you see the staff, they all seem to be working well and know what each other is doing." Another relative said, "The staff seem to understand and to be trained to handle each person. They never push anyone to do anything, they will leave a person and then go back to them and revisit a situation or they will get another member of staff."
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations as well as identify areas of learning and development.

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

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank.
- People who required their food or drink to be a certain consistency had it prepared for them in the correct way and there was clear guidance in place for staff regarding this.
- Feedback about the food provided was positive. One person told us, "If they bring something I don't like then I tell them and they bring me something else." A relative told us, "[Person] has always been happy with the food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People and their relatives told us they were supported to access healthcare services when they needed to, and records supported this. One relative told us, "They are alert to [person] getting urinary tract infections, they will call me and say that [person] isn't herself and that they will get a urine sample and contact the GP." Another relative said, "[Person] has leg ulcers, the staff are caring for her legs and making sure they are okay."
- The care staff and management team worked closely with health and social care professionals and kept records of any interactions with them. They followed up any concerns they saw or were reported to them and recorded actions taken. For example, we saw that someone's care plan included information from health professionals about how to effectively support someone to manage their diabetes.
- Health and social care professionals spoke positively about working with the service. One professional told us, "I found [manager] to be authentic and open...the residents appear to be well cared for."
- People's oral health needs were assessed, and they were supported to access dental services. Staff supported people with their oral care and promoted good oral hygiene.

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

- The provider ensured the design and layout of the home was suitable for people living there. Communal areas were comfortable and homely. The bathrooms were suitably equipped to meet people's mobility needs.
- People told us they were happy with their bedrooms and the communal areas. People had personalised their bedrooms with their own furniture, decorations, pictures and ornaments.□
- The service had several different areas where people could choose to spend their time and people had access to outside space that was safe.

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 MCA 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care was provided in line with the principles of the MCA. Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. One member of staff told us, "It's about doing things for them in their best interest."
- People who lacked capacity in relation to some aspects of their care were supported to make their own decisions for choices such as what clothes to wear and what food they would like to eat.
- The manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. DoLS had been applied for appropriately for people who had been assessed as not having capacity for aspects of their care and support.
- Mental capacity assessments had been completed with people where staff were unsure whether or not

they had capacity in relation to an aspect of their care. Where people were found not to have capacity to make decisions, best interest decisions were carried out involving relevant people including families and professionals where appropriate.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed that staff were kind, caring, friendly and attentive. Staff spoke very kindly to people, using endearments when speaking with them. Staff spoke with people all the time when passing them, or seeing them walking around, always checking they were okay.
- People's individual needs had been considered in respect of their religion and culture. Staff helped people to access recordings of local church services if they wished to go but were unable to do so.
- Staff we spoke with knew people well. They spoke about the people they cared for with empathy and respect. It was evident staff had built positive relationships with people and knew what mattered to them.

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

- Relatives confirmed they were involved in decisions about people's care and records showed relatives had been included and kept informed appropriately.
- People made many of their own decisions about their care, such as what time they wanted to get up, what they wanted to eat and how they wanted to spend their day. One relative told us, "The carers are very kind, they will always ask [person] if she would like to do something, they always ask first."

Respecting and promoting people's privacy, dignity and independence

- We observed one person being supported in a communal area with an aspect of their care needs which would have been more dignified if done in privacy. We raised this with the manager who assured us it was an isolated incident and addressed it immediately with the member of staff involved. Staff were also then enrolled on dignity training as a refresher.
- People told us they were treated with respect. One person told us, "Staff are pleasant, all of them really, they knock before coming in [my room]."
- People's care plans contained information on what the person could do themselves and how staff could support them. Staff demonstrated a good understanding of the importance of promoting people's independence. One member of staff told us, "If people can do things for themselves, you should encourage them to do so."
- We observed that staff respected people's privacy. Staff knocked on people's doors and waited for a response before entering their room and closed their doors before supporting them with personal care.
- People were smartly dressed and looked well cared for. People were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean, shaving, manicures, and access to visits with the home's hairdresser.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. 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

- We observed that people's care was person-centred and individualised and people were supported by staff who knew them well. One relative told us, "[Person] can become quite vocal, she can't tell the staff that she is in pain as she has lost her speech, but the staff know how to respond to her and understand that if she is rubbing her legs for example that she may be in pain."
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preferences. One person's care plan included information about the time they liked to wake up and which radio station they liked to listen to in their room.
- Care plans included information about people's interests and hobbies which staff said helped them to engage with people. One member of staff told us how reading this had helped them to engage someone living with dementia in a regular activity that was mentally stimulating. Another member of staff told us, "Definitely in their care plans there is always something that can help them to become more comfortable or something to read."

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.

- People's communication needs were met. We observed that staff communicated well with people and understood their individual communication needs. One person's first language wasn't English and we saw some staff were able to communicate with them in their native language.
- Where people's communication abilities were limited, they had information in their care plans to support staff to know how best to interact with them. This included using picture cards to help people make choices.

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 had access to a range of activities. One relative told us, "There is always something going on, the staff will organise singing, games, crafts and pizza making. [Person] will often walk away, and the staff understand that, but they know that she enjoys music and singing so will encourage her to join in with those kind of activities."
- Staff worked positively with people and offered reassurance to help include them in activities and social events. One member of staff told us, "We get to hear from people by chatting to them what they want to do. I

have a list of everyone's favourite activities."

- One person had been supported by staff to attend a recent family wedding. Staff had stayed with them for the day to enable them to be there.

Improving care quality in response to complaints or concerns

- People told us that they knew how to make a complaint if they needed to and they felt confident that these would be dealt with appropriately. One relative told us, "[Person] had a fall and I did complain about that, but it was handled very well and someone higher up in the company contacted me...they put a plan in place to increase the observation of [person] and she has not fallen since."
- The provider had a complaints policy which detailed how people and their relatives could raise concerns if they were dissatisfied with the service they received, and this explained the providers process for responding to this.
- Records showed that when complaints had been received, these had been responded to and dealt with in a timely way.

End of life care and support

- People's individual preferences and wishes about their end of life care had been discussed with them and their family and incorporated into their care plan. This included if they wanted to be resuscitated, and any funeral arrangements they wished to share with the service.
- The service provided compassionate end of life care to people. Staff worked with healthcare professionals to ensure people's needs were met and consideration was given to the emotional needs of people living at the service during this time.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were effective systems and processes used to assess, monitor and review the quality and safety of the service and manage risk.
- Staff were supported to express their views and contribute to the development of the service at team meetings. Staff told us that they felt comfortable to share their views about the service with the manager.
- People and their relatives were encouraged to share their thoughts, views and suggestions about the provision of care provided. Relatives told us that they felt confident making suggestions and raising concerns with the provider. One relative said, "Everything that the staff do with [person's] care plan will involve me being part of it."
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.
- The service had been without a registered manager for several months however the previous registered manager still worked for the provider and was visiting the service regularly to support the new manager. The new manager had been in post since March 2022 and was in the process of registering with CQC.

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

- The manager promoted a positive culture and encouraged the views of people staff and others. One member of staff told us, "Manager is really good, and is very organised. It is very easy to approach her with any questions. She is a very reliable manager."
- People were involved in the planning of their care. Staff knew people well and could tell us what was important them. We observed kind and caring interactions between people and staff.
- The manager told us they had an open-door policy and staff told us they felt supported. One member of staff told us, "The good thing with [manager] is that everyone respects her very well, she is very supportive."

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

- The manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. A relative told us, "The staff always keep me up to date about anything. [Person] had a bump on her arm, and they rang me as soon as they noticed it."

- Concerns, incidents and accidents were consistently reviewed. The provider was open and transparent and willing to learn and improve people's care.

Working in partnership with others

- Partnership working was embedded in the home; the provider engaged with relatives and staff and involved people in decisions regarding their care.
- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.