

Sanpas Limited

# Oakwood 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

This inspection took place on the 30 March 2017 and was unannounced. The service is registered to provide accommodation with personal care and treatment for up to 29 older persons mostly with dementia and palliative care needs. At the time of inspection there were 27 people in residence being supported and cared for. At the last inspection in February 2015, the service was rated 'Good' and at this inspection we found the service remained a 'Good' service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive safe care. Staff were appropriately recruited and there were enough members of staff to provide care and support so that people felt safe in the home. Staffing levels were kept under review to ensure that people's needs were met in timely way.

People were consistently protected from the risks of harm. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

People continued to receive effective care and treatment. People had detailed personalised plans of care in place to inform and enable staff to provide consistent care and support. They received their medicines in a timely way. People had enough to eat and drink and enjoyed a varied and nutritious diet. The staff support, training and professional development systems ensured staff had the right skills, knowledge and experience to effectively meet people's needs on a daily and long term basis.

People were enabled to make choices about the way in which their care and support was provided. There were positive relationships between people using the service and the staff. The staff were caring and treated people with respect, kindness and compassion. They had a good understanding of each person's care and treatment needs.

People's representatives knew how to raise a concern or make a complaint and the provider responded appropriately to any concerns or complaints. There were systems in place to monitor the quality and standard of the service. Timely action was taken to address any shortfalls and make improvements. The registered manager was readily approachable by staff and service users alike for guidance and support.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well-led.

# Oakwood 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 unannounced comprehensive inspection was carried out by one inspector and took place on the 30 March 2017.

Before our inspection we reviewed the information we held about the service. This included previous inspection reports, information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. We also contacted Healthwatch Northampton which works to help local people get the best out of their local health and social care services.

We took into account people's experience of receiving care by listening to what they said, talking with staff and by observing interactions in communal areas between staff and people in residence throughout the day.

We spoke individually with three care staff, the nurse-in-charge, the registered manager and one of the directors. We also met and spoke with three people as well as with four visiting relatives. We looked at the care records for four people. We also looked at three records relating to staff recruitment and training as well as records relating to quality monitoring and the day-to-day management of the home.

# Is the service safe?

## Our findings

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment policies and procedures in place. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

People's needs were safely met by sufficient numbers of competent staff on duty to meet people's assessed needs. The registered manager was a qualified nurse and the staff team included another nurse-in-charge of the shift, five care workers, as well as kitchen and domestic staff. Staff had the time they needed to focus their attention on providing people with safe care. One person said, "I know I'm safe here because they (staff) are always on hand when I need them." A visiting relative said, "I never feel that I have to worry about (relative) care. (Relative) is in safe hands."

People's risk assessments were reviewed regularly and updated as and when people's needs changed over time. Their care and support needs were regularly reviewed by the nurse-in-charge so that risks were identified and acted upon as their needs and dependencies changed. Risk assessments were also included in people's care plans and were regularly updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety. Risk was well managed and promoted people's rights and freedom.

People were protected from harm. Staff were vigilant and acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. The provider continued to work co-operatively with the Local Authority to ensure people's on-going safety.

People's medicines were safely managed in line with the provider's policies and procedures. They received their medicines and treatment in a timely way as prescribed by their doctor. Medicines were locked away safely when unattended and appropriately stored for future use.

The premises were in good repair throughout and there were appropriate contingency plans in place to deal with emergencies. Staff had the guidance and training they needed to keep people safe.

## Is the service effective?

### Our findings

People received care from staff team that had the knowledge and acquired skills they needed to carry out their roles and responsibilities effectively. They continued to receive care and treatment from a staff team that knew their duties. They went about their duties purposefully in an organised manner so that people consistently received timely treatment when they needed it. There was a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in caring for people with nursing and dementia care needs. People's needs were met by staff that continued to be effectively and regularly supervised and had their job performance regularly appraised.

People received their support and care from a staff team that were working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions about their care and support. Appropriate assessments had been carried out to determine people's ability or otherwise to make decisions.

Staff acted upon the advice of other professionals that had a role in ensuring that each person's healthcare needs were met. Any changes in people's health were recognised quickly by the staff and timely action was taken to ensure they received the treatment they needed.

People were supported to eat and drink enough and to maintain a varied and healthy balanced diet. We saw lunch served and people were not rushed and enjoyed their meal. Where people were unable to express a preference the kitchen staff used information they had from the person's relatives about likes and dislikes. Staff also monitored the way the person ate the meal, for example if the person's responses indicated they had enjoyed the food. They also checked to see if the person had eaten a good helping or had left most of the food uneaten. People that required help with eating their meal received the assistance they needed. One visiting relative said, "(Relative) doesn't eat much now but from what I've seen (relative) enjoys what is served. The meals are always nicely presented."

## Is the service caring?

### Our findings

People's dignity and right to privacy was protected by staff. We heard staff speaking with people in a respectful way when they were providing support. Staff spoke with people using their preferred name. They had insight into people's behaviours that were a consequence of their dementia and they showed sensitivity and thoughtfulness when interacting with people. Throughout the day staff interacted well with people and engaged them in conversation and activities of daily living.

People appeared relaxed in the company of staff and judging by the positive way in which they interacted with staff they were comfortable in their presence. They were respectful when approaching people and listened to what people were saying to them. They explained what they were doing so that people felt reassured.

People had received the support they needed to maintain their day-to-day personal appearance. We saw that people's privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people's personal care needs. People were assisted to their room whenever they needed support that was inappropriate in a communal area. The staff we spoke with were knowledgeable about people's individual needs and how best to support and enable them to be as independent as possible.

People continued to be supported to maintain links with family and friends. Visitors to the home were made welcome. A relative said, "We are always made to feel really welcome when we visit and are never made to feel we are in the way. All the staff are friendly and do their best to keep (relative) comfortable."

## Is the service responsive?

### Our findings

People's need for care and treatment had been initially assessed prior to their admission to the home. People received individually personalised care and support following on from the initial assessment and subsequent reviews of their care and support needs. Detailed support plans had been developed in conjunction with people living in the home and where appropriate their relatives.

People continued to receive the timely care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed over time. People benefited from receiving care from staff that were knowledgeable about their needs. The staff were able to tell us about each person's individual choices and preferences about how they preferred to be supported.

People's representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team.



## Is the service well-led?

### Our findings

People's care records were kept up-to-date and were accurate. Care records accurately reflected the daily care and treatment people had received. Records relating to staff recruitment and training were also appropriately kept. They were up-to-date and reflected the training and supervision staff had received to date and what was due. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and were updated when required.

People received a service that was monitored for quality throughout the year using the systems put in place by the provider. These included a number of internal checks and audits carried out on a regular basis by the registered manager and provider. Systems to manage medicines were regularly audited to ensure the safe management of medicines. Water systems were checked annually for Legionella and other equipment, such as the fire alarm system and domestic appliances were also checked on a regular basis.

People were assured of receiving care and treatment in a home that was appropriately managed on a daily as well as long term basis. The staff we spoke with all confirmed that the provider, registered manager and other senior staff were readily approachable and sought to promote a culture of openness within the staff team. Compliments received about people's experience of the care provided, as well as criticisms and the remedial actions that were required, were shared with care staff at team meetings and at shift handovers. Records were kept of what was discussed at meetings and staff were encouraged to give their views about how the service could be improved.

Staff were also satisfied with the level of managerial support and supervision they had received on a daily and long term basis to enable them to carry out their duties.