

Portland Care Services Limited

Oakfield Nursing Home

Inspection report

Lancaster Road
Forton
Preston
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PR3 0BL

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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

Oakfield Nursing Home provides residential and nursing care for up to 37 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 31 people who lived at the home.

At the last inspection the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The registered manager had addressed the recommendation from the last inspection by improved care plans so that they included more individual histories and profiles of people. This gave staff more information of individuals and helped develop relationships further.

The management team had systems in place to record safeguarding concerns, accidents and incidents and taken necessary action as required. Staff had received safeguarding training and this was confirmed by talking with staff and training records looked at.

Records looked at and talking with staff and the management team found staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs. Staffing levels were observed to be sufficient to meet the needs of people who lived at the home.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. In addition qualified nurses provided support for people with nursing needs. We found staff were knowledgeable about support needs of people who lived at Oakfield Nursing Home.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes were recorded.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

We found medication procedures at the home were safe. Nurses responsible for the administration had the competency and qualifications required. Medicines and controlled drugs were safely kept with appropriate arrangements for storing in place.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We observed lunch served which was a relaxed social occasion for people. Comments about the food from people who lived at the home included, "The food is excellent." Also, "The meals are prepared just right."

We observed the management team and staff demonstrated a caring, compassionate and kind attitude towards people who lived at the home. Relatives and people who lived at Oakfield Nursing Home we spoke with confirmed this. Our observations, evidence from relatives who wrote to the home and comments we received confirmed this. For example one relative wrote, 'We thank the care and compassion shown to our [relative]. The sum of all your all contributions to [relative] was an outstanding package of high quality care.'

People who lived at the home told us they were encouraged to participate in a range of activities that had been organised. An activity co-coordinator was employed to ensure people could follow their chosen interests and hobbies. One relative said, "They have a good person who does a lot for the residents in terms of entertainment and games and things."

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager used a variety of methods to assess and monitor the quality of care at Oakfield Nursing Home. These included regular audits of the service and staff and 'resident' meetings to seek the views of people about the quality of care being provided.

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.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service was responsive.

Care records were more personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were stimulated and occupied.

The management team and staff worked closely with people to act on any comments straight away before they became a concern or complaint.

Is the service well-led?

Good ●

The service remains good.

Oakfield 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 checked 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 inspection visit took place on the 01 March 2017 which was unannounced.

The inspection team consisted of an adult social care inspector, an adult social care inspection manager 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. The expert-by-experience had a nursing care background.

Before our inspection visit we reviewed the information we held on Oakfield Nursing Home. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the home including eleven people who lived at the home, seven staff members, the registered manager and deputy manager.

We looked at care records of two people who lived at the home, training and recruitment records of staff members and records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

Prior to our inspection visit we contacted the commissioning department at Lancashire Council, Lancashire Clinical Commissioning Groups (CCG), and Health watch Lancashire. Healthwatch Lancashire are an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Oakfield Nursing Home.

Is the service safe?

Our findings

We spoke with people who lived at the home and relatives who all said they had confidence in staff and the management team to keep people safe and provide the care people need. Comments received included from people who lived at the home, "Yes I feel extremely safe lots of people around day and at night time." Also, "It is a really good home and very secure which makes me feel at ease."

The management team had procedures in place to minimise the potential risk of abuse or unsafe care. Records we looked at and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. For example one staff member when asked what they would do if they witnessed an incident said, "Straight away inform the matron, if they were not around inform the manager. Also if I was not satisfied I would follow the whistleblowing process which I know." This showed staff understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed. The management team had cooperated and worked with safeguarding teams when concerns had been referred to them to investigate.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by staff had been recorded in care records. For example call bells had been positioned correctly also sensor mats to ensure people's safety at night time.

We found staff had been recruited safely, appropriately trained and supported. This was confirmed also by talking with staff members. They had knowledge and experience required to support people with their care and nursing needs. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff and nurses were available to provide care for people who lived at the home needed.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed. We observed the nurse on duty administering medication during the lunch time round. We saw the medication trolley was locked securely whilst attending each person. People were sensitively assisted as required. No controlled drugs were being administered at the time of the inspection. However a separate locked facility was in place and appropriate recording systems.

We looked around the building and found it was clean, tidy and maintained by domestic staff and maintenance staff. We noted staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the home. These were observed being used by staff undertaking their care and nursing duties. This meant staff were protected from potential infection when delivering care and undertaking cleaning duties. We also

found the management team had appropriate arrangements in place for the removal of clinical waste.

Is the service effective?

Our findings

We found by our observations and discussions with staff and the management team people received effective care. This was because they were supported by a staff team that were trained and had a good understanding of people's needs and support they required. For example staff we spoke with told us they knew the residents well as the occupancy was around 28 to 31 people. One staff member said, "We have good care staff, well trained and nurses on duty. We build good relationships as the home has small numbers of residents up to 31 at a time which helps."

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).

The registered manager and staff demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection. The registered manager had requested 26 people to be assessed by the local authority.

Staff recorded in care records each person's food and fluid likes and dislikes. This ensured people were provided preferred meals in order to increase their nutritional intake. People were weighed regularly and more frequently if loss or increase was noted. Drinks and snacks were given out at around 10.30am. However if anyone asked for a drink at any time they were provided with one.

We observed lunch served which was a relaxed social occasion for people. Assistance was given if people needed it but it was not overpowering assistance. There were aids to help people be as independent as they could. We noted plate guards, adapted cutlery and lidded cups were used where necessary and sensitively for people who required help. Comments about the food from people who lived at the home included, "The food is excellent." Also, "The meals are prepared just right."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. A relative said, "I am well informed. When a doctor calls I am always telephoned to keep me up to date and I am informed of any changes. They don't need to but they do." The records were informative and had documented the reason for the visit and what the outcome had been.

We looked around the building and grounds and found they were appropriate for the care and support provided. For example to support people who lived with dementia people's bedrooms were painted different colours to help people identify familiar surroundings. The outside garden areas were enclosed and large. People who lived at the home had access to the grounds which were enclosed and safe for people to use. This provided people with the opportunity to exercise and sit in the garden area. The design of the

building provided space to enable people to walk around safely. The building was well lit and made as much use of natural light as possible.

Is the service caring?

Our findings

People who lived at the home and relatives told us they experienced high standards of care and support. Relatives and people who lived at the home told us staff and the management team had a caring manner and kind attitude to support people. For example comments from people who lived at the home included, "The care is grand." Also, "My care is excellent." And, "All of them unbelievable, so kind and caring it is a joy being here." A relative said, "My [relative] was in another home and the difference is fabulous the care is outstanding." Also, "My [relative] has been here a number of years and the care is absolutely fabulous."

People gave examples of the impact, kindness and care had on people who lived at the home. For instance a staff member found out people liked particular sports. They found items for the person's rooms to make the person feel better. Relatives commented how much they appreciated the thought. One relative wrote, 'It was so unexpected that you would take the time out to do that. It all shows how [relative] is loved by all the staff at Oakfield.' A staff member told us how more cheery and happy one person was following the input of items in their room. They said, "[Resident] smiles a lot more now, it is so nice to see." There were other examples of staff input with people and their love of hobbies to make them feel better.

The management team demonstrated a compassionate awareness, enthusiasm and understanding to end of life care. Comments from relatives who wrote to the management team included, 'The care and compassion shown to [relative] and myself during the time was above and beyond anything I could have hoped for.' Also, 'We feel [relative] had excellent end of life care, delivered with both love and understanding.'

We found the system for support for people on end of life care was very good. For example relatives were given a choice to sleep over and be provided with food during their stay. Also the management team and staff were prepared even at weekends so people did not have to go to hospital and could be cared for in the home. For example extra staff on duty. In addition they had introduced a 'memory tree' on a wall. This was a drawing of a tree with the names of eight most recent people who died named on it. One person visiting said, "What a lovely touch."

The service had been awarded the National Gold Standards Framework (GSF) in aiming to achieve excellence in end of life care in 2016. Oakfield Nursing Home had achieved the highest GSF 'beacon award' because of their excellence in providing care. The GSF is an external organisation supporting providers to develop evidence-based approaches to optimising care for people approaching their end of life. The registered manager and staff had received training and quality assurance assessments to check they were meeting the required standards.

We found the management team demonstrated an understanding of people's needs. For example we discussed care of some of the people at the home. Individual conversations with the management team showed they were able to discuss in detail their care needs and personality of the people we discussed. One person who lived at the home said, "[Manager] is great always around and always helping."

We observed staff were patient, respectful and skilled at developing strong relationships with people who lived at the home. For example time spent with people was encouraged by the management team so that people were able to bond with each other. One staff member said, "[Manager] always encourages us to talk with people and spend time getting to know them. This is why I love this home it is resident led." One person who lived at the home said, "They take the time out which is what I like. I have made many friends amongst the staff."

We observed all staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on all doors before entering. They also without exception called people by their preferred address. This was confirmed by talking with people who lived at the home, our observations and comments from relatives.

The management team and staff had a very good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness. There was an extremely sensitive and caring approach, underpinned by awareness of the Equality Act 2010.

The management team and staff told us they fully involved people and their families in their care planning. Records we looked at contained detailed evidence of them being engaged in the development of their care plan throughout the process. Care planning and other documentation had records about their preferences and how they wished to be cared for.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People who lived at the home and relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. For example a relative said, "A great management team always keeps us informed and knows exactly what is going on in the home and with [relative]."

We looked at care records of two people to see if their needs had been assessed and consistently met. They had been developed where possible with each person and their family, identifying what support they required and any nursing needs. There was evidence of people being involved in their own care plan. People who lived at the home told us they had been consulted about support that was provided for them. We found staff involved people and their families or representatives in reviewing their care. This included regular updates of their different care and nursing needs. The main aim of agreed outcomes centred upon maintaining the person's independence as much as possible. A staff member said, "We do try and encourage people to be independent despite the difficulty if people suffer with dementia or need a lot of nursing care."

The management team had improved care plans so that they included more individual histories and profiles of people. This gave staff more information of individuals and helped develop relationships further. Care records we looked at enabled us to identify how staff supported people with their daily routines and personal care needs. We noted in care plans and new ones which were in the process of being implemented, people's likes, dislikes and preferences had been recorded. Care plans were person centred and developed around the individual who lived at the home. For example personal diaries had been stored in people's bedrooms. Activities were recorded for families to review and relatives were encouraged to add comments and suggestions. We saw one example of them being used. A relative had written the person needed a new toothbrush. Staff ensured this was attended to straight away.

We talked with people who lived at the home about social events and activities that went on at Oakfield nursing home. There was a specific activities staff member employed to provide for example, games afternoons, reminiscence sessions and exercise activities. One person who lived at the home said, "We sit together and join in with things going on. There is always something happening in the afternoons."

On the day of the inspection visit a group of residents were sat with a staff member playing board games. People who lived at the home were encouraged to join in if that was their choice. One person who lived at the home said, "I don't mind joining in it keeps me occupied."

We found there was a complaints procedure in place which described the investigation process and responses people could expect if they made a complaint. The complaints procedure was displayed around the home and in people's bedrooms. Staff told us if they received any complaints and people were unhappy with any aspect of their care they would pass this on to the registered manager.

Contact details for external organisations including social services and the Care Quality Commission (CQC)

had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

We spoke with people who lived at the home and relatives about the complaints process. People told us they knew how to make a complaint and who to speak to if they had any issues.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well-run and consistent service.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring the environment, medication, nutrition and infection control. Regular checks were also made to ensure water temperatures were safe in line with health and safety guidelines. We confirmed this by records and discussion with a staff member. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided. This helped to ensure people were living in a safe place.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, healthcare professionals including General Practitioners and the Nursing and midwifery council (NMC). The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them