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Oaklodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected Oaklodge Nursing Home on the 10 August 2015. Oaklodge Nursing Home is a nursing home providing care and support for up to 25 people who have nursing needs, including poor mobility, diabetes, those living with various stages of dementia and end of life care. On the day of the inspection 20 people were living at the home. The age range of people varied from 60 – 100 years old.

Accommodation was arranged over three floors with stairs connecting all floors and a lift. Centrally located in Burgess Hill, the home had good access to local shops and the train station. Many people had been living at Oaklodge Nursing Home for many years and spoke positively about living at the home. One person told us, "It's lovely here."

The provider was in day to day charge. The provider therefore had legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff members understood the principles of consent and people confirmed they always provided permission before receiving care. However, Mental Capacity Assessments were not completed in line with legal

Summary of findings

requirements. They were not decision specific and did not record the steps taken on how the decision of capacity was reached. We have therefore identified this as an area of practice that needs improvement.

Where people had bed rails in place, documentation did not confirm if they consented to the bed rails or if they were implemented in their best interest to keep them safe. We have identified this as an area of practice that needs improvement.

Further consideration was needed to making the lunchtime experience a sociable and enjoyable experience for people within the constraints of people's health and mobility needs. We have identified this as an area of practice that needs improvement.

People told us felt safe and that staff treated them well. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work.

The management team promoted a positive culture within the home that was transparent and inclusive. The provider and deputy manager had robust systems to continuously check the quality of the service provided. Staff felt valued and were encouraged to contribute any ideas they may have for improving the service.

Staff members understood their roles and responsibilities and were supported by the deputy manager to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their health needs were well catered for. The atmosphere in the home was welcoming and there was a warm interaction between the staff and people.

People's medicines were managed safely. Medicines were managed, stored and disposed of safely. Nursing staff administered medicines and had been appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

From observing staff interact with people, it was clear staff had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building friendships with them.

People who lived at the home and their relatives were encouraged to share their opinions about the quality of the home to make sure improvements were made when needed.

Summary of findings

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

Oaklodge Nursing Home was safe. People and visiting relatives spoke highly of the home and felt the delivery of care respected people's rights and safety. People commented they felt safe living at the home.

People received their prescribed medicines to meet their health needs in a safe and appropriate way. Risks to people's safety were identified and methods were put in place to reduce these risks as far as possible.

Recruitment systems were in place to ensure staff were suitable to work with people.

Is the service effective?

Requires improvement

Oaklodge Nursing Home was not consistently effective. Mental capacity assessments were not completed in line with legal requirements.

Consideration was required on making the lunchtime experience more sociable and structured. Mechanisms to assess staff's understanding of privacy and dignity were not in place. The principles of privacy and dignity were not consistently embedded into practice.

People and relatives spoke highly of the staff and felt staff were sufficiently trained. People were supported to have sufficient to eat and drink and maintain a balanced diet. Staff were aware of special diets and dietary preferences.

Is the service caring?

Good

Oaklodge Nursing Home was caring. Staff members had a firm understanding of people's likes, dislikes and personality traits.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

People were supported to maintain their physical appearance and independence was promoted within the home.

Is the service responsive?

Good

Oaklodge Nursing Home was responsive. Activities coordinators were in post to provide engagement and stimulation.

People had individual care plans which were reviewed monthly and updated following any changes in the person's care needs.

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Summary of findings

Is the service well-led?

Good

Oaklodge Nursing Home was well-led. People and staff spoke highly of the management team. Mechanisms were in place to involve staff, people and relatives in the running of the home.

There was an honest, open and inclusive culture. The provider was committed to providing high quality care.

Systems were in place to assess and review the effectiveness of the running of the home. Audits were completed on a regular basis and the provider was proud of the positive feedback from people and relatives.

Oaklodge 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.

We inspected Oaklodge Nursing Home on the 10 August 2015. The inspection team consisted of two Inspectors and a Specialist Nursing Advisor. During the inspection we spoke with five care staff, one registered nurse, the chef, two activities coordinator, maintenance worker, deputy manager and provider. Due to the healthcare needs and communication difficulties of people living at the home, we spoke with four people but spent time observing the delivery of care and interacting with people in the communal areas. We also spoke with five visiting relatives. We also used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We also sought the feedback from two healthcare professionals after the inspection.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR 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. We utilised the PIR to help us focus on specific areas of practice during the inspection. Oaklodge Nursing Home was last inspected in November 2013 where we had no concerns.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding concerns that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, and communal areas. During the inspection we reviewed the records of the home. These included staff training records and policies and procedures. We looked at seven care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Oaklodge Nursing Home. This is when we looked at people's care documentation in depth and obtained their views on how they found living at Oaklodge Nursing Home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Oaklodge Nursing Home, the care was correct for individual needs and the environment was safe and suitable. One person told us, "I feel safe living here. I can see whose coming and going which is nice." Visiting relatives commented they felt confident leaving their loved ones in the care of Oaklodge Nursing Home. One relative told us, "I know that Mum is safe here."

People received consistent care, when they needed it, from staff who knew them well. Staffing levels consisted of one registered nurse and five care staff in the morning. One registered nurse and three care staff in the afternoon with one registered nurse and one care staff providing overnight support. The provider and deputy manager provided leadership throughout the day alongside on-call support at weekends and during the nights. Staffing rotas confirmed staffing levels were consistent across the week and feedback from staff, people and relatives confirmed that staffing levels were sufficient. One person told us, "I can get up and go to bed whenever I want. "A visiting relative told us, "At peak times it can be busy, but staff always make the time and I've never felt there isn't enough staff." Although the provider did not have a dependency tool in place to calculate staffing levels, systems were in place to assess staffing levels based on people's individual needs. The provider told us, "We look at staffing levels from a practical level. The needs of people, such as if people are on end of life care, have challenging needs, require one to one support, then we will increase staffing levels." The deputy manager told us, "We also increase staffing levels if we are supporting people with high level care needs. Recently we had many people on end of life care; therefore staffing levels were increased to ensure people received the care they needed." Staff members also commented that staffing levels were increased to meet the individual needs of people.

Our observations throughout the day identified that people had their care needs attended to in a timely manner. Call bells were responded to promptly and staff had the time to engage and interact with people. For people who spent time in their bedrooms, individual call bells were to hand. When we visited people in their bedrooms, they confirmed having the call bell to hand was reassuring and provided peace of mind. People also commented that staff regularly checked upon them during the day and night which also reassured them.

Medicines were managed safely and consistently. People commented they felt confident in nursing staff's administration of medicines. One person told us, "I always get my medicines on time." A visiting relative commented that they also felt their loved one's medicine regime was handled effectively. The home had a dedicated medicine rooms which safely stored medicines in lockable trollies. Medicine fridges were maintained and kept at a recommended temperature. Extreme temperatures (hot and cold) or excessive moisture causes deterioration of medicines and some are more susceptible than others. Documentation confirmed the temperatures of fridges and medicines room were checked on a daily basis and were consistently within the recommended limits.

Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. MAR charts indicated that medicines were administered appropriately and on time (MAR charts are a document to record when people received their medicines). Records confirmed medicines were received, disposed of, and administered correctly. The use of covert medicine was used within Oaklodge Nursing Home. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. Covert medicine is sometimes necessary and justified, but should never be given to people who are capable of deciding about their medical treatment. Documentation was evident that was person lacked the specific capacity to make the decision. There was input from the GP, family and pharmacy. The decision for the use of covert medicines was also reviewed regularly.

We spent time observing medicines being administered. Medicines were given safely and correctly. Whilst administering medicines, staff preserved the dignity and privacy of the individual. For example, staff discreetly asked people sitting in communal areas if they were happy taking their medicines there. Nursing staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

Good

Is the service safe?

People's risks were identified and well managed through individual risk assessments. Staff demonstrated a good understanding of the risk management strategies in place to prevent and/or minimise any identified risks for people. Staff told us they were required to read the risk management plans so they knew how to best support people. Where people were at risk of choking, risk assessments had been undertaken and plans of action were in place, for example Malnutrition Universal Screening Tools (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. For people at risk of choking and aspiration, guidance was in place if they required thickened fluids or to sit up right when drinking and eating. The risk of pressure damage was assessed using the Waterlow score (pressure area prevention tool/policy). Where people were assessed at high risk, measures were implemented to reduce the risk of skin breakdown. Turning charts were in place and people were re-positioned on a four hourly basis. Specialised equipment was also sourced, such as air mattresses and pressure relieving equipment. Where people required assistance of two staff members to move and transfer along with a mobility aid (hoist), risk assessments considered the equipment required, handling constraints and other factors which may prevent a safe transfer.

Training schedules confirmed all staff had received manual handling training and staff demonstrated a sound awareness of the measures to safely move someone from a chair to a bed with the aid of a hoist. One member of staff told us how they would check the equipment before using it, check the sling and carefully explain to the person what was happening. All staff were also provided with a manual handling training handbook which provided guidance on the legislation to adhere to, principles of moving and handling and what unsafe practice looks like.

During the inspection, we spent time observing staff supporting people to move and transfer from a chair to a wheelchair. A handling belt was used to safely transfer the person. Staff clearly explained the steps being taken which provided reassurance and guidance to the person.

Many people living at Oaklodge Nursing Home required the support of an air mattress (inflatable mattress which could protect people from the risk of pressure damage) as they had been assessed as high risk of skin breakdown (pressure ulcers). When receiving care on an air mattress, it is important that the setting of the air mattress matches the person's weight. Otherwise, it may increase the risk of a person sustaining skin breakdown. We were informed the settings of air mattresses were checked daily, however, there was no recording to confirm it was checked and on the right setting. We checked a sample of air mattresses and found they were on the correct setting for the individual person. The provider and deputy manager acknowledged that although staff checked the air mattresses daily, this was not recorded. The day after the inspection, the deputy manager sent confirmation a staff meeting had been held and they were now recording the air mattress settings.

All staff members had been trained in safeguarding adults. We talked with staff about their knowledge and understanding of forms of abuse. They described the signs that a person may show if they had experienced abuse and the action they would take in response. They knew how to raise their concerns with the management team of the home and felt confident that if they did raise concerns action would be taken to keep people safe in line with the provider's safeguarding process. One staff member told us, "I wouldn't hesitate in raising a safeguarding concern."

Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Documentation confirmed staff had national insurance numbers, proof of identity and references had been obtained. Staff files contained evidence to show where necessary; staff belonged to the relevant professional body. Nursing staff were registered with the Nursing Midwifery Council and had up to date pins.

The home was well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date for the premises and utilities, including gas and electricity. Maintenance records showed us equipment, such as fire alarms, extinguishers, mobile hoists; the passenger lift, call bells, and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines. Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to

Good

Is the service safe?

identify, assess, manage and prevent and control risks, and to keep the correct records. We saw that there were processes in place to manage risk. Legionella testing had recently taken place. Hot and cold water temperature checks took place on a regular basis to ensure temperatures remained in safe limits.

Requires improvement

Is the service effective?

Our findings

People and their relatives expressed positive views about the service. One visiting relative told us, "The staff are very good." One person told us, "The staff are very well trained." Visiting relatives felt confident that their loved ones healthcare needs were being effectively managed. One relative told us, "I am confident Mum's nursing care needs are being met." Despite people's high praise, we found Oaklodge Nursing Home was not consistently effective.

People who could speak with us commented they felt able to make their own decisions and those decisions were respected by staff. One person told us, "They always gain my permission." Training schedules confirmed that not all staff had received training on the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The management team told us, "We have now booked all staff onto training courses." Documentation was supplied to demonstrate that training courses for staff had been booked. Despite staff not receiving formal training on the MCA, staff members understood the principles of consent and people's right to refuse consent. One staff member told us, "We always ask people and give them choices; they have the right to refuse." A registered nurse told us, "It's about the person's ability to understand, retain, weigh up and communicate. If they are unable to make a decision, we will involve their family and make a decision in their best interest."

Some people were able to chat to staff and tell them what they wanted. Other people were unable to express themselves verbally. Staff demonstrated that they understood how to communicate effectively with people and gain consent from people who were unable to verbally communicate. For one person, a communication board was used whereby staff could write things down for the person and they could reply. Staff also identified that many people used body language and non-verbal cues to provide consent. One staff member told us, "One person has special sounds which mean yes and no and they communicate to us via the sounds."

Staff had an awareness of the MCA, however, mental capacity assessments were not completed in line with legal requirements. Upon admission to Oaklodge Nursing Home, staff identified if they needed to complete a mental capacity assessments, however the documentation failed to record what specific decision was being made. The management team told us, "We assess whether the person is able to make decisions about what they can eat, wear and consent to photographs." The management team acknowledged that the completion of mental capacity assessments were not decision specific and agreed they would start to do this. We have therefore identified this as an area of practice that needs improvement.

Observations of care identified that many people had bed rails in place. Under the Mental Capacity Act (MCA) 2005 Code of Practice, where people's movement is restricted, this could be seen as restraint. Bed rails are implemented for people's safety but do restrict movement. Bed rail risk assessments were in place which considered the benefits and negatives. Where people could not consent to bed rails, mental capacity assessments had not been completed. Assessment of capacity should be undertaken to ascertain if the person could consent to the restriction of their freedom for example use of bed rails. If not, it must be explained why the bed rails were implemented in their best interest and if other options were explored. The deputy manager explained that other options had been considered such as low profile beds and sensor mats but acknowledged documentation failed to reflect this. They also commented that most bed rails had been implemented in people's best interest for their safety. However, the management team acknowledged that they had not completed mental capacity assessments and would start undertaking them immediately. We have therefore identified this as an area of practice that needs improvement.

In March 2014, changes were made to Deprivation Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. If someone is subject to continuous supervision and control and not free to leave they may be subject to a deprivation of liberty. On the day of the inspection, we were informed that one person was subject to a DoLS. The management team had also submitted applications for other people to the supervisory body but was awaiting the outcomes.

Training schedules confirmed staff had received essential training in fire safety, moving and handling and

safeguarding adults. The management team also advised that staff covered equality and diversity and privacy and dignity in their induction. We queried what mechanisms were in place to assess whether training was embedded into practice and understood by staff. We asked the management team this due to the observations of two incidences whereby people's dignity was not respected. On two occasions, staff were supporting people to the toilet. Whilst the person was on the toilet, staff opened the door to bring the wheelchair into the toilet. Whilst doing so, this meant people could see into the toilet, therefore impacting upon the person's privacy and dignity. The management team acknowledged this would need to be discussed in staff meetings, handovers and supervisions to ensure the principles of dignity and privacy is embedded into practice. We have therefore identified this as an area of practice that needs improvement.

People told us that staff appeared well trained and knew what they were doing. One person told us, "They are very competent." Staff had received an induction when they started work at the service to get to know people, the care and support that they needed and to understand their roles and responsibilities. The management team was aware of the new Care Certificate, an identified set of standards that social care workers adhere to in their daily working life and one new staff members had begun working towards the certificate as part of their induction. New staff shadowed experienced staff to help them provide care consistently and then work alongside more experienced staff until the deputy manager was confident they were competent to work alone.

Staff commented they felt valued as employees. The provider encouraged staff to progress with their career and Oaklodge Nursing Home worked in partnership with a local university to support staff to gain further qualifications in dementia care, diabetes and end of life care.
The management team demonstrated a strong understanding of the importance of having a skilled, confident and experienced workforce. For staff from overseas, the provider was also supporting them to improve and develop their English language speaking skills and staff were attending local courses in the area.

Mechanisms were in place to support staff to develop their skills and improve the way they cared for people. Staff commented that they received supervision on a regular basis. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These provided staff with the forum to discuss any concerns, practice issues, training needs and also how they are doing. Staff members told us how they found the use of supervision helpful and provided them with the opportunity to raise any worries. One staff member told us, "I find supervisions really helpful." Nursing staff also received clinical supervision on a regular basis.

With people's permission, we joined people for lunchtime. Only one person sat at the dining room table, everyone else remained seated in their chairs in the communal lounge with trays placed in front of them. The management team informed us this was people's personal preference. Before lunch was served, the dining table was not laid for the person, so condiments, napkins, salt and pepper were not readily prepared. People's trays were not prepared with cutlery, napkins or condiments and lunch was just served with no preparation or consideration in informing people that lunch would be served shortly. The menu was not on display as a visual reminder to inform people what lunch would be, especially as people were asked two days in advance what they would like for lunch. For people living with dementia, we queried if they would remember what they had chosen without any visual or written reminders. We spoke with the provider and deputy manager about the mechanisms in place to make the lunchtime experience a social and enjoyable one for people. For many people living in nursing homes, meals provide a structure to the day and should be a social experience. The provider told us, "We used to have many people who used to sit at the dining room table. But now, due to people's healthcare needs, they are unable to sit at the dining room table." We queried what consideration had then been made to make the lunchtime experience enjoyable within the limitations of people's healthcare needs and mobility needs. The management team acknowledged this needed more consideration and would discuss it at the next residents meeting.

People spoke highly of the food provided. One person told us, "The food is very good. They know my dislikes, know I don't like bananas or custard; I like yoghurts and often have them. Also if there's a meal I really like, they offer to keep some back for me to have a little more later." Adapted cutlery and plate guards were provided to enable people to eat independently. Where people required support with eating, care staff sat down with the person (at eye level), providing one to one support. Supporting the person to eat

Requires improvement

Is the service effective?

at their pace. Throughout the inspection, people had drinks readily to hand and staff were continually enquiring if people would like cups of tea. Staff members recognised the importance of supporting people to remain hydrated.

Oaklodge Nursing Home provided care and support to people living with diabetes and swallowing difficulties. For people assessed with a swallowing difficulty, the use of thickened fluids when drinking is required to minimise the risk of choking and aspiration. Thickened fluids are easier to swallow; however, the quantity and texture must be appropriate for the individual as otherwise they can place the person at risk of aspiration. Staff members were consistently aware of who required thickened fluids and the quantity of thickener to the amount of fluid. Staff also demonstrated sound awareness of who required a puree or soft diet. Where the need for a puree or soft diet had been identified, input from the Speech and Language Therapist had been sought. The chef demonstrated sound awareness of people's nutritional needs and could clearly relay who was diabetic or required a special diet. They told us, "We offer a diabetic diet for people which includes a separate pudding and we also offer fortified diets to enable people to gain weight." On a monthly or weekly basis, people were weighed to monitor for any signs of malnutrition. Where people had lost weight, appropriate action had been taken. Monthly weights for one person identified they had gradually been losing weight. Documentation confirmed the person had been referred to the GP, who prescribed supplements and took blood tests to ascertain if there was an underlying condition.

People's healthcare needs were met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians and this helped them to stay healthy. One visiting relative told us, "They always get the GP out for Mum if she's unwell." Another visiting relative told us, "They look after her really well." Each person's care plan contained a multi-disciplinary note which recorded any input from healthcare professionals and the outcome of their input. Many people living at Oaklodge Nursing Home had been assessed at high risk of skin breakdown. Staff members had a good understanding of the basic principles to prevent the development of skin breakdown and identify the signs when the skin had broken down. One staff member told us, "We monitor people's skin daily, any signs of redness we would notify the registered nurse. We always support people to re-position and apply barrier creams." Input was sought from the Tissue Viability Nurse when people were experiencing skin breakdown and wound assessments care plans were in place. Feedback was given to the management team on how the wound care assessments were not consistently easy to follow. For example, it was not consistently clear on what the dressing was, the size of the wound and when the dressing had been changed. The provider sent us confirmation the following day after the inspection to confirm they had contacted the TVN for further advice and input on how to improve recording.

Good

Is the service caring?

Our findings

People and visiting relatives spoke highly of the caring nature of staff. One person told us, “They are very kind to me.” A visiting relative told us, “The staff are very good and very attentive.”

Nursing homes play an important role in the care of older people at the end of life. Oaklodge Nursing Home provided care and support to people who were receiving end of life care, although on the day of the inspection, no one was receiving end of life care. We spent time exploring how dignified care would be provided to people at the end of their life. The deputy manager told us, “Nursing staff have received training on end of life care and we work in partnership with the GPs and local hospices.” End of life medicines were not kept in stock but input from the district nurses would be utilised to ensure syringe drivers would be place to enable people to be pain free. The provider and deputy manager expressed a commitment to ensuring that people did not pass away alone. Relatives were allowed to stay overnight and if relatives were not present, staff members would always sit with people, providing comfort to them.

Staff showed genuine affection for people and people responded in a similar way. Staff knew people well, including their likes and dislikes and how they liked things done. It was clear staff had spent time building rapports with people and gaining an understanding of their personality. One staff member told us how one person use to work in health and social care and they would spend time talking and how the person would often teach them things. People were called by their preferred names. We observed staff and people in the home; staff spoke with people individually and in a respectful way. People smiled back and responded to staff positively. We observed that staff responded quickly to people’s requests.

People were free to spend the day as they chose. Many people preferred to spend the day in the communal lounge with their books and magazines. We spent time sitting with people looking through magazines and people enjoyed showing us their favourite pictures. Other people preferred to spend the day in their bedroom and this decision was respected by staff. One person told us, “I like the atmosphere among everyone here.” One person was being supported to come down to the lounge. Staff queried whether they had everything they wanted and they requested their radio, which was brought down and placed next to them. One person told us, “They always make sure we have everything we need.”

Staff respected people’s privacy. They knocked on people's doors and waited for a response before entering. When staff approached people, staff would say ‘hello’ and check if they needed any support. Staff chatted and engaged with people and took time to listen, showing people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. Staff said they enjoyed supporting the people living in the home. There was a good rapport between staff and people. Throughout our inspection there were frequent, positive interactions and there was a relaxed atmosphere.

For people in a shared room, measures were in place to respect their privacy and dignity. Screens were available to protect people’s personal space and support was provided to ensure people in a shared room got along. One visiting relative told us, “My loved one requested to be a shared room. They get along really well with the other person and it’s worked out really well.”

Maintaining independence was promoted within the home and staff understood the principles of supporting people to be as independent as possible. With pride, staff members told us of examples whereby they had supported people to promote their independence. One staff member told us, “One person who moved in, previously spent all their time in their bedroom. Slowly we have encouraged them to come down to the communal lounge. They now love sitting in the lounge watching the garden.” Staff also told us about how they encouraged people to promote their level of mobility. One staff member told us, “One person can be extremely anxious when walking and always want to use the wheelchair. We always encourage them to walk and now they will walk a couple of steps.” People confirmed that staff encouraged them to be as independent as possible. One person told us how they had worked out a routine with staff which enabled them to manage their continence needs independently.

People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. People commented that they were made to feel comfortable at Oaklodge Nursing Home and to treat Oaklodge Nursing

Good

Is the service caring?

Home as their own home. People's rooms were personalised with their belongings and memorabilia. With pride, people showed us their photographs and items of importance. One person told us, "That's me on the wall over there, I love that picture."

People were consulted about the care and treatment they received and what they wanted to do. One person told us how they appreciated having had some explanations from nursing staff about their physical and health limitations. Another person told us they had been consulted with and involved in decisions about the care they received. They told us, "I feel they have a good understanding and I've been fully included, so I get what I need." Visiting relatives commented they felt included and were informed of any changes to their loved one's care needs. One visiting relative told us, "Recently my loved one has lost weight, they've kept me updated about what action is being taken and I'm really pleased." People felt involved in their care plans and one person told us, "My care plan was read to me."

Oaklodge Nursing Home recognised the companionship pets brought to older people. On the day of the inspection, relatives were seen bringing their pet dogs to the home. People clearly enjoyed the companionship of the dogs, spending time patting and stroking the dogs. Visiting relatives confirmed they have always been welcomed in bringing the dogs into the home. One visiting relative told us, "My loved one use to love dogs, so I really enjoy bringing the dogs in. Staff have always been happy with me bringing the dogs in."

Visiting times were flexible and staff confirmed people's relatives and friends were able to visit without restrictions. Throughout the inspection we observed friends and family continually visiting, taking people out and being welcomed by staff. One person told us, "The staff are very welcoming and always make a point of talking to my relative."

Good

Is the service responsive?

Our findings

People and visiting relatives felt staff were responsive and understanding of individual needs. One person told us, "This home gives me quality of life." Feedback from a healthcare professional found that the home was responsive to people's deteriorating healthcare needs and staff members were knowledgeable about the needs of people.

It is important that older people in care homes have the opportunity to take part in activities, including activities of daily living, which helps to maintain or improve their health and mental wellbeing. They should be encouraged to take an active role in choosing and defining activities that are meaningful to them. The provider employed two activities coordinators, one whom provided activities three days a week (hour each day) and another who provided activities on a part time basis. Activities included arts and craft, musical entertainment and exercise. On the day of the inspection, musical entertainment was being provided and the activities coordinator told us, "I tap into reminiscence work through music as well." In the absence of the activities coordinator, staff members provided activities and had a programme of activities to follow which included skittles, quizzes and bingo." One staff member told us, "I often play music and get people to join in with gentle exercises."

Alongside having a programme of activities, the activities coordinator recognised that people may not wish to engage with those activities and identified that on a day to day basis, the activities would depend on how they were feeling. The activities coordinator told us, "Activities have to be responsive to how people are on the day. I go round to everyone when I arrived, spend five minutes with people and see what they would like to do. Often we play board games, cards or quizzes." Some people commented that they enjoyed watching the games but no longer wished to participate. One person told us, "I enjoy seeing others playing games but don't feel like joining in, I prefer my TV and newspaper."

Observations of care identified that many people were living with dementia or remained in bed. For people living with dementia, keeping occupied and stimulated can improve quality of life. We spoke with the provider and activities coordinator about what mechanisms were in place to provide meaningful one to one activities to people and how they involved and encouraged people to do activities of interest to them. The activities coordinator said, "We try and get to know people and see what they like." One person proudly showed us their life biography and pictures which they carried around in their handbag. We asked the activities coordinators if they were aware of this and provided activities based on their life history. They acknowledged they were not aware of this and we later observed them engaging with the person about their life story and using it as reminiscence work. Visiting relatives also felt that the opportunity for meaningful activities could be improved. One relative told us, "As a group there are activities, but I'm not sure about one to one activities. There are many hobbies Mum use to love doing but I never see them engaging with her about those activities." The provider and deputy manager recognised further work was required to provide people with meaningful activities. The deputy manager told us, "We are holding a resident meeting tomorrow and we gain some ideas from people. We are also completing 'This is about me' booklet which is providing us with vital information on people's life histories and what hobbies and interests they have."

Care plans demonstrated that people's needs were assessed and plans of care were developed to meet those needs. Each section of the plan covered a different aspect of the person's life, for example personal care, mobility and nutrition. Care plans were reviewed monthly and provided up to date guidance for staff members to follow. The provider was in the process of implementing the 'This is about me' booklet for all residents. 'This is about me' is a booklet designed to provide personalised information about the person receiving care. Their life history, likes, dislikes and what's important to me. The deputy manager told us, "The implementation of the 'This is about me', has been a great help. It's helped us to fully understand people and certain behaviours. For example, one person would become distressed and agitated if they heard loud sounds. We discovered they regularly heard loud sounds as part of the war and it's a trigger. Through us understanding this, we minimise loud sounds and their behaviour is much calmer."

People's religious needs were not overlooked. Ministers, Reverends, Priests visited the home providing religious services. Holy Communion was also organised and many people had requested for the Clergy to visit them when their health deteriorated. Staff members recognised the importance of people's faith and religious needs and the comfort it brings them.

Good

Is the service responsive?

Staff were kept aware of any changes in people's needs on a daily basis. This was supported by systems of daily records which were filled out in the home's communication diaries. There were also verbal handovers between staff shifts. Staff commented that there was good communication within the home which enabled them to provide responsive care.

People and visiting relatives spoke highly of the staff and how they acted upon any concerns or worries. One visiting relative told us, "I feel able to raise any concerns." Another relative told us, "When we have raised things, they are never swept under the carpet, they listen to us." One person told us, "The deputy manager is brilliant, they respond to everything."

The provider had arrangements in place to respond appropriately to people's concerns and complaints. The complaints policy was displayed in the entrance of the home and staff told us they would support people to make a complaint. We looked at the management of complaints and how complaints were dealt with and any learning that had taken place. Since July 2014, the provider had received seven concerns/complaints. Information was available on the nature of the concern, action taken and management input. Where people had raised concerns, it was clear action had been taken, feedback provided to the complainant and information shared with staff.

Mechanisms were in place to involve people, relatives and staff in the running of the home. Staff meetings were held on a regular basis. These provided staff with the forum to air any concerns or raise any discussions. Minutes from the last meeting held in July 2015 recorded that policies, infection control and updates from latest legislation had been discussed. Satisfaction surveys were sent out to people and relatives on a yearly basis.

Good

Is the service well-led?

Our findings

Oaklodge Nursing Home had a positive and open culture and there was a warm, welcoming atmosphere on arrival. People were treated as individuals and interactions between staff and people were positive. People and staff spoke highly of the provider and deputy manager. One staff member told us, "I'm very happy with the management style. I always feel listened to."

The deputy manager and provider were committed to providing high quality care. The deputy manager told us, "We follow best practice guidelines such as NICE and implement recommendations that have come out of serious case reviews. We have recently been studying the recommendations from Orchid View and identified we need to improve on communication, therefore we are going to start holding resident meetings and one is scheduled for tomorrow." The management also attended local care home forums to share ideas. The deputy manager told us, "We benchmark ourselves against good practice. We read the CQC reports in our local area. Reading 'good' 'requires improvement' and 'inadequate' reports to see how we can improve."

Mechanisms were in place to involve people, relatives and staff in the running of the home. Staff meetings were held on a regular basis. These provided staff with the forum to air any concerns or raise any discussions. Minutes from the last meeting held in July 2015 recorded that policies, infection control and updates from latest legislation had been discussed. Satisfaction surveys were sent out to people and relatives on a yearly basis. The feedback for the 2015 results had just been received; we therefore looked at the results of the 2014 satisfaction survey. Feedback was positive in nature and comments included, 'Mum is very happy at Oaklodge Nursing Home' and 'Superb care'.

There were various systems in place to monitor or analyse the quality of the service provided, these included medication audits, monthly environment audits, infection control audits and care plan audits. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. These audits generated action plans detailing what actions needed to be taken where any shortfalls were identified. The recent medication audit in June 2015 identified for registered nursing staff to undergo medicine competency checks and to maintain diabetic blood sugar monitoring equipment.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The provider and deputy manager provided day to day leadership. In the absence of the provider and deputy manager, the registered nurse on duty remained in day to day charge with the management team providing on-call support. Staff spoke highly of the leadership style of the management team, commenting that they felt 'valued', 'included' and able to raise any concerns. People and relatives also spoke highly of the provider and deputy manager. One person told us, "The provider always takes an interest, asking how we are." The provider and deputy manager were seen as approachable and supportive and took an active role in the day to day running of the home.

Oaklodge Nursing Home was bought by the provider in 2000. The provider told us, "I've owned the home for 15 years and our key strength is the feedback we receive from people. We have a good reputation in the community and we provide good quality care." With pride, the provider and deputy manager showed us the positive feedback they had received. Comments included, 'All staff are very professional, helpful, kind and very supportive.' 'My Mother is looked after very well' and 'I am so lucky to have found this extremely caring nursing home.'

Oaklodge Nursing Home had adopted a culture of honesty and transparency. We asked the provider what the key challenges had been during the past year. The provider told us, "Staffing has been a key issue. Finding staff of the right calibre and retaining staff. Despite this, we never use agency staff and have a good pool of staff, but yes, staffing is a key challenge." The deputy manager told us, "We are continually trying to improve and we are always honest and open with staff." The provider and deputy manager spoke with compassion and pride about the home the inspection team commented on the atmosphere of the home and how the home had a friendly feel.