Sanpas Limited

# Oakwood Nursing Home

**Inspection report**

8 The Drive, Kingsley, Northampton, NN1 4SA
Tel: 01604713098
Website: None

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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 |

## Overall summary

This unannounced inspection took place over two days on the 12 and 13 February 2015.

Oakwood Nursing Home provides accommodation for up to 29 older persons who require nursing or personal care. There were 28 people in residence during this inspection, some of whom had dementia care needs.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were protected from the risks associated with the recruitment of new staff by robust recruitment systems, staff training and adequate staffing levels. Risk assessments were in place to reduce and manage the risks to peoples' health and welfare. People were cared for by trained staff that were able to meet people's needs safely. People's rights were protected.

People received support from staff that were able to demonstrate that they understood what was required of them to provide people with the care they needed. Staff were caring, friendly, and attentive. People were treated with dignity and their right to make choices was upheld.

People's care plans reflected their needs and choices about how they preferred their care and support to be

# Summary of findings

provided. People had individualised care plans in place and their healthcare needs were regularly monitored, and assistance was sought from the relevant professionals so that they were supported to maintain their health and wellbeing. People were encouraged to be involved in the development and review of their care plan.

People's healthcare needs were met and they had enough to eat and drink. People enjoyed their food and there was variety of meals to suit people's tastes and nutritional needs. People were supported to maintain a balanced and varied diet.

People who used the service had access to a wide range of community based health professionals. Suitable arrangements were in place for the safe storage management and disposal of medicines.

There were systems in place in place to assess and monitor the quality of the service. People's views about the quality of their service were sought and acted upon. There were activities to keep people entertained and constructively occupied if they chose to participate in them.

People knew how to raise concerns and complaints. Complaints and allegations were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

# 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?**
The service was safe.

People were cared for by sufficient numbers of experienced staff that had been appropriately recruited.

The risks associated with people's care, were assessed before they were admitted and regularly reviewed. Risks were acted upon with the involvement of other professionals where this was appropriate so that people were kept safe.

Medicines were safely stored and administered.

Good

**Is the service effective?**
The service was effective.

People were cared for by staff that had been trained, were appropriately supervised, and had the skills they needed to meet people's needs.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were met and they had the support they needed to eat well, drink enough and have time to enjoy their meals.

Good

**Is the service caring?**
The service was caring.

People were treated kindly, their dignity was assured and their privacy respected.

People were listened to and their views acted upon.

Staff encouraged people to do what they could for themselves but promptly responded to their needs whenever this was necessary.

Good

**Is the service responsive?**
The service was responsive.

People's care was individually planned with them, or with their representative, and acted upon by care staff.

People's assessed needs were regularly reviewed so that they received appropriate care when their needs changed.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good

**Is the service well-led?**
The service was well-led

A registered manager was in post that understood and acted upon their responsibilities.

Good

# Summary of findings

Care staff received the managerial support they needed and knew what was expected of them when doing their job.

There were systems in place to monitor the quality and safety of the service.

# 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 inspection was carried out by an inspector and took place over two days on the 12 and 13 February 2014.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. 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 that have information about the quality of the service.

We undertook general observations in the communal areas of the home, including interactions between care staff and people. We viewed six bedrooms with people's agreement. We also took into account people's experience of receiving care by listening to what they had to say.

During this inspection we spoke with seven people who used the service, as well as six visitors to the home. We looked at the care records of the seven people we spoke with. We spoke with two nurses, six care staff, the registered manager, and a two visiting healthcare professionals. We looked at eight records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Good

# Is the service safe?

## Our findings

There were sufficient numbers of 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, six care workers, as well as three support staff that, for example, worked in the kitchen, the laundry, or had a role in maintaining the cleanliness of the premises.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and at least two satisfactory employment references were obtained before they started work. Staff received an induction before taking up their care duties so that they had the skills they needed to provide safe care.

People's care plans contained an assessment of their needs and any associated risks to their safety which had been carried out prior to their admission to the home. This assessment was used as a guide to create a 'person centred' care plan designed to safely meet the needs of the person concerned. Care plans provided staff with the guidance and information they needed to provide people with safe care. Where a person's ability to communicate verbally was impaired their care plan included information that helped care staff identify if, for example, the person was in pain or behaving in a manner that pointed to them being distressed or in discomfort.

A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Whenever an accident happened, such as a fall, care staff took appropriate and timely action to ensure they received the treatment they needed. The circumstances leading up to such an accident were reviewed by the registered manager and measures put in place to minimise the risk of the person falling again. For example, a person's previous ability to walk unaided was reassessed and an appropriate physical aid was provided following an assessment by a healthcare professional.

People received timely care and support to keep them safe. Care staff protected people from avoidable harm by ensuring that a 'shift handover' of information included an update of people's changing needs and what support they needed to keep them safe. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred.

People were protected from harm arising from poor practice or ill treatment. There were clear safeguarding procedures in place for care staff to follow in practice. For example, care staff were familiar with the 'whistleblowing' procedure in place to raise concerns about people's treatment. They 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. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people.

Visitors also confirmed that they had been urged to raise any issues of concern about people's safety with the registered manager. One person said, "They [care staff] told me if anything is ever bothering me I need to tell them and not keep it to myself. I would do that."

People were registered with a local GP practice; GP's visit visited the service on a regular basis to provide general medical care. People also had access to other NHS services through the local hospital; as well as access to community based healthcare professionals. Support from healthcare professionals had been sought in a timely way.

People's medicines were safely managed. Medicines were administered by the nurse in charge of the shift. All medicines were safely securely locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way.

The registered manager ensured that regular maintenance checks were made on the safety of equipment used to support staff with people's care, such as hoists and wheelchairs. Emergency systems to protect people such as 'call bells' to summon assistance and fire alarms were also regularly checked for safe operation. There were emergency procedures in place to enable care staff to safeguard people and they knew what action they needed to take to deal with a variety of emergencies, such as a fire or power failure.

Good

# Is the service effective?

## Our findings

People's needs were met by staff that were effectively supervised by the registered manager. All staff, including care staff, nurses, and other staff such as domestic staff and kitchen staff, regularly met with the registered manager. These 'supervision' meetings were used to assess their work performance and identify on-going support and training they needed to do their job effectively. All staff undertook timely training to refresh their knowledge and skills. New staff initially worked alongside an experienced member of staff and completed a thorough induction training programme before they took up their care duties in the home.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. People's care plans contained assessments of their capacity to make decisions for themselves. Where people had lacked capacity to decide for themselves decisions had been in the person's 'best interest' and were recorded in their care plan. Staff had received the training and guidance they needed in caring for people that may lack capacity to make particular decisions.

People whose behaviours could be disruptive to others were sensitively managed by attentive care staff. Care staff responded promptly and engaged with a person who regularly called out for attention. They did not assume that there was nothing wrong and checked if the person was in discomfort or needed help. Their tone of voice and reassuring words had a calming effect on the person.

People had enough to eat and drink and care staff monitored how much people consumed throughout the day as a check to ensure this was the case. Cooked meals were served hot and portions suited each person's appetite. One person said, "I get plenty to eat and it is always very tasty." People who needed assistance with eating or drinking received the help they needed. Staff acted upon the advice of healthcare professionals that were qualified to advise them on people's nutritional needs. For example, where a person with swallowing difficulties needed their food prepared in a way that enabled them to eat without the risk of choking professional guidance had been sought and acted upon.

We saw lunch served and people were not rushed and three people we asked said they had enjoyed the meal and had been given their choice. People had been given the choice of an alternative meal and we heard care staff enquire if they had enjoyed their meal, had eaten enough, or if they would like some more. Where people were unable to express a preference the kitchen staff used information they had from the person's relatives about likes and dislikes. Care 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. A relative said, "If my [relative] leaves her meal that is unusual. [Relative] has a good appetite. Either [relative] is off colour or [relative] dislikes it. Either way they [care staff] are good at picking up on that or they do something about it. They keep an eye on her so she gets enough to eat and drink."

People had access to healthcare professionals, such as GPs, community based nurses. There was effective communication with local GP surgeries. Care staff took appropriate and timely steps to provide people who were ill with professional healthcare support. If a person, or their representative, had independently asked to be seen by their GP appropriate arrangements were made to contact the person's surgery with this request. People's day-to-day healthcare needs were met by regular check-ups routinely carried out by visiting healthcare professionals. Care staff also carried out observational checks throughout the day and, where appropriate, at night to make sure people's health had not deteriorated. They also followed guidance provided by healthcare professionals such as, for example, ensuring that a person at risk of developing a pressure ulcer was regularly repositioned in bed and had the appropriate pressure relieving mattress in place.

Good

# Is the service caring?

## Our findings

People said the care staff were kind. One person said, "They do a lot for me and they cheer me up." A relative who was visiting said, "My [relative] is always treated kindly. They [care staff] all go out of their way to try and keep everyone happy."

People responded to care staff with smiles when they approached them to provide them with support or involve them in a conversation. Care staff directed their attention towards the person they were involved with and did not 'talk over' the person. 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. Care staff showed an interest in what people were saying that went beyond simply responding to a question or a request. They used words of encouragement when this was appropriate and their manner was patient and good humoured.

Care plans included people's preferred name and we heard them use it whenever they engaged with people. One person said, "They know I like to be called [name] and they [care staff] are always friendly." A visitor said, "They [care staff] try to involve [relative] as much she is able; it is hard work, but they [care staff] always make the effort."

People were involved in personalising their own bedroom so that they had items around them that they treasured and had meaning to them. One visitor said, "My [relative] feels comforted by having family photographs she can look at even though [relative's] memory is a bit shaky now. When [relative] first came in [to the home] we were encouraged to bring in things to make [relative] feel at ease. They [care staff] knew it was a big upheaval for [relative] to have to come here."

People were encouraged to make choices about managing their day-to-day lives, ranging from when they preferred to retire to bed, to choosing what they liked to wear. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. One person said, "It really is a struggle to get myself up and about now, but I give it a go. They [care staff] know what help I need and are always there to help me when I need it

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.

Visitors, such as relatives and people's friends, were encouraged and made welcome. One visitor said, "There is a cup of tea whenever I want one. I am never made to feel in the way by them [care staff]." Another visitor said, "It's an open door really. They [care staff] don't know when I'm coming until I ring the doorbell so I see things as they are. That's reassuring to my [relative] and to me. I know [my relative] is being cared for.

Good

# Is the service responsive?

## Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information, for example, about people's past history, such as their occupation, where they lived when they were younger, and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed. One of the care staff said, "We try to find out as much as we can about people's lives so that we can get to know them and make them feel special."

Care plans were promptly reviewed and updated to reflect changes made to the way people received their care. A visitor said, "I get involved with my [relative's] care plan because I want to know my [relative] is getting the right attention. I look at what they [care staff] write down so I know what's going on." The registered manager said that relatives were always encouraged to participate in reviews as long the person concerned had no objections. This was confirmed by the relatives we spoke with who were visiting the home when we inspected.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. Some people had struck up friendships with others they had met in the communal rooms and had chosen to sit with each other at mealtimes. People were able to access newspapers, listen to the radio, or watch television and care staff made efforts to engage people's interest in what was happening in the wider world and local community.

Staff enabled people to keep in touch with family and friends where possible. This was achieved welcoming visitors and by encouraging people to maintain contact with their relatives or friends in other ways that suited them, such as by telephone. For people who had no relatives or friends they wanted to keep in contact with other available options included using the services of voluntary agencies that provided a visiting service.

When people were admitted to the home they, and their representatives, were provided with the information they needed about what do if they had a complaint. One person said, "They [care staff] explained how to complain if I wasn't happy with anything." A visitor said, "We did have to complain about something small when our [relative] came into the home, but it was quickly sorted out by the manager, so we know they listen." There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. Care staff also routinely encouraged people to speak up if they were unhappy or worried about anything. Relatives said they would not be reluctant to raise concerns, or make suggestions, directly with the provider, registered manager, or with any of the care staff because they were confident appropriate action would be taken.

Good

# Is the service well-led?

## Our findings

A registered manager was in post when we inspected. We found that the registered manager was approachable and encouraged visitors, relatives, and healthcare professionals to provide feedback, verbally, or in writing regarding their perception of the quality of care provided at the home. A visiting healthcare professional said, "Whenever I visit the home the [registered] manager always takes the time to speak with me and checks if everything is okay from my point of view."

People had their say about their experience of using the service. There were systems in place to audit the quality of care provide, such as regular surveys. People using the service and their relatives had regularly received questionnaires asking them to comment on the quality of the service they received. We also saw, for example, that letters and cards had been received from relatives that complimented the standard of care that had been provided.

People benefited from receiving a service from care staff that were empowered by a registered manager who provided them with guidance and support. The registered manager had an 'open door' policy so that care staff did not feel dissuaded from seeking advice on how best to provide care. The registered manager also used regular supervision and appraisal meetings with care staff constructively so that they reflected on the way they did their job and, where appropriate, made changes to their work practices. Care staff comments included, "The [registered] manager is very much 'hands on' and has a lot of experience that is shared with the team. That really helps new staff to do their job."

Quality audits were regularly carried out. These included checking that the equipment used in the home had been appropriately serviced, such as hoists, electrical appliances and fire detection systems. People were also assured that improvements to their living environment, such as repairs, or routine maintenance, were carried out in a timely way. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs. The registered manager had also carried out audits of medicines, the quality of people's care plans with regard to content, accuracy of information, guidance to care staff and the outcome of people's participation in reviews.

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.

Records relating to the day-to-day management of the home were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction, that staff that had been employed for twelve months or more were scheduled to attend a 'refresher' course, or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.