

Oakdene Sleaford Limited

# Oakdene Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Oakdene care home is a residential care home providing personal and nursing care to up to 35 people. The service provides support to older people with physical and/or mental health needs. At the time of our inspection there were 29 people using the service.

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

We found significant improvements at the service since our last visit. The registered manager had been in post approximately 10 months, during this time they had worked with the provider to improve the care, environment and quality monitoring processes to enhance the standard of care for people.

People told us they felt safe at the service. The registered manager and their deputy worked with the provider to ensure all safeguarding concerns were dealt with appropriately. There were processes in place to enable learning from events.

The environmental and personal risks to people's safety were well managed. Assessments of people's needs had been undertaken using nationally recognised assessment tools, and measures to reduce risks had been put in place using these risk assessments.

People were supported by adequate numbers of staff who had been recruited safely and received appropriate training for their roles

People received their medicines safely, and there were good quality monitoring systems in place to manage medicines and to highlight and reduce possible errors.

The service was clean and there were good infection prevention and control processes in place to reduce the risk of infections to people.

People's nutritional needs were well managed. People enjoyed the food served to them. They were given choice and supported with their meals by a staff group who showed good knowledge of their nutritional needs.

Peoples' health needs were well managed and there were good working relationships with external health professionals to provide good outcomes for people.

The environment people lived in was well maintained and the provider had an ongoing improvement and refurbishment plan in place.

People were supported by a staff group who treated them with respect and maintained their dignity. They were supported to maintain relationships with their families and there was a clear activities program in

place to reduce people's feelings of boredom or isolation.

The service had systems in place to manage complaints and concerns from people or their relatives and people told us they felt listened to.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 20 February 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 20 February 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from Inadequate to Good based on the findings of this inspection.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Oakdene Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors and 2 Experts 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. One Expert by Experience accompanied us on our visit to the service and the second Expert by Experience undertook phone calls to relatives following our visits to the service.

#### Service and service type

Oakdene Care Home is a 'care home.' People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Oakdene Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was unannounced. Inspection activity started on 16th October 2023 and finished on the 20 October 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

The provider had completed a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

### During the inspection

As part of this inspection we spoke with the registered manager and the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 1 registered nurse, 3 members of care staff and 2 members of kitchen staff.

We spoke with 9 people living at the service and 12 relatives. We observed people being supported at the service. We reviewed a mix of care records of 5 people, including care plans, risk assessments and monitoring information. We reviewed 5 staff files.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

When we last visited the service the provider was in breach of Regulation 12 of the Health and Social Care Act 2008. Providing safe care and treatment to people living at the service. The concerns were around the management of individual and environmental risk to people's safety. At this inspection we found the provider had worked to address the concerns raised at the last inspection. The provider was no longer in breach of this regulation.

### Assessing risk, safety monitoring and management

- At our last inspection we identified risks were not properly assessed to manage some environmental and specific activities people wished to undertake. At this inspection we found significant improvements in all areas to risk management. Full assessments of the environment and people's needs were undertaken. These were regularly reviewed and updated to ensure their needs were met.
- People had individualised risk assessments in place to provide guidance for staff on how to support the person. This included ensuring people's choice of lifestyle was supported in a safe way. Where necessary external health professionals had given advice to people, however, people's capacity to make their own decisions and their independence were respected.
- Where people were at risk of falls, there was information in their care plans to support staff's knowledge. If equipment was identified as being required, such as sensor mats, this was in place. Our discussions with staff showed their knowledge of the risks to people and how they should support them and was consistent with their care plans.
- Where people required support moving from one place to another, staff supported them in line with the information in their care plan. Where hoists and slings were used they were in a good state of repair and regularly checked. People had their own slings and staff had received moving and handling training which supported the use of this equipment.
- Environmental risks to people were identified and mitigated by the provider. Where people were at risk of possible burns from radiators and pipes these had been covered, window restrictors were in place to reduce the risk of people falling from a window. People had personal emergency evacuation profiles (PEEP's) in place so in the event of a fire they would be evacuated safely. There was regular testing of the fire alarm system and fire drills so staff were prepared should there be a fire at the service.
- The provider safely managed the risk of legionella at the service. Legionella is a waterborne disease that can cause serious ill health, if not managed correctly. There were regular checks to water temperatures to ensure they were within the safe levels to prevent the spread of Legionella.

### Using medicines safely

- People's medicines safely were managed by staff who had been trained in the safe handling of medicines. There was individualised information and protocols as to why and how often people required 'as needed'

medicines, such as painkillers, or inhalers to support people with shortness of breath. Topical medicines such as creams were stored safely, dated when opened and clearly recorded when administered.

- Staff administering medicines showed good practice and the medicines administering records (MARS) were correctly completed. Where a person chose to self-medicate, staff supported them to do so safely. There were risk assessments, protocols and a mental capacity assessment to show the person had the capacity to make this choice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person told us the staff made them feel safe. Another said, "I feel very safe and have no worries."
- The registered manager was clear about their responsibilities regarding safeguarding people from abuse. Any issues of safeguarding raised to them were properly reported and investigated.
- Staff had undertaken training to help them recognise and deal with any safeguarding concerns they saw or were told about. They showed a clear understanding of their responsibilities and had confidence the registered manager would take appropriate action to ensure people were kept safe.

Staffing and recruitment

- People were supported by a group of staff who knew them well. People told us that staff always seemed busy, but they got the care they needed. People told us staff worked to respond to any call bells quickly. One person said, "They're not long to come 3-4 minutes maybe." Staff told us due to sickness they needed to work to cover extra shifts, but they made sure people were safe. The provider told us they had managed to recruit more nurses and were constantly looking at staff recruitment to ensure people's needs were met.
- The recruitment files showed the registered manager managed recruitment of staff safely. They used the Disclosure and Barring Service (DBS) checks. These checks provide information for employers on any criminal convictions and cautions held on the police national computer and helps them make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider followed the latest government guidance on visiting in care homes. People and their relatives told us they were able to see one another when they wished.

Learning lessons when things go wrong

- The registered manager had processes in place to learn from events at the service. They used supervisions, shift handover meetings and staff meetings to feedback information analysed from events. For



example, a medicines error had been discussed at the nurses meeting and how systems were improved to reduce the risk of recurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

When we last visited the service the provider was in breach of Regulation 11 of the Health and Social Care Act 2008. People's human rights were not always respected. This is because mental capacity assessments were not completed when required. Also, the management team were unaware whose human rights were impacted by a deprivation of Liberty referral. At this inspection we found significant improvements and the provider was no longer in breach of this regulation.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and their staff showed a good knowledge of the mental capacity act (MCA) and their responsibility to work within these principles.
- People had undergone mental capacity assessments, and where needed best interest meetings had been undertaken to ensure if a person lacked capacity the least restrictive option to provide care was used. Where people refused aspects of care, for example, when people who had bedrails declined to use a bumper which are used to reduce the risk of entrapment. Their capacity to make the decision had been established, the risks were explained to them, and information was in their care plan on alternative measures staff should take to reduce the risk of entrapment.
- People had individual mental capacity assessments in place for specific decisions and where best interest meetings had taken place for specific decisions, relatives or health professionals had been involved in the meetings.
- People who due to their lack of mental capacity, had been deprived of their liberty had been assessed using the Deprivation of Liberty Safeguarding (DoLS) processes. The registered manager had good

knowledge and a clear record of the people who required this safeguard, at what stage the process was at and any conditions of the DOLs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- When we last visited the service the provider did not use nationally recognised assessment tools to ensure risks to people's care was assessed. At this inspection the registered manager had instigated the use of assessment tools. For example, the Waterlow scoring system, which is used to establish if people are at risk of skin damage. The malnutrition universal scoring tool (MUST) was also used to assess if people's weights were within a safe range. The information from these tools was used to provide people with the right care for their needs.

Staff support: induction, training, skills and experience;

- When we last visited the service there was a lack of training and information in people's care plans on the management of their health needs. This put people at risk of not receiving care appropriate to their needs. At this inspection staff had been supported with training and information on individual's health needs and had completed appropriate training.
- People spoke positively about staff knowledge of their roles. One relative said, "I have never come across any situation where [Name] has not got the care and help [they] needed." Staff told us they felt supported. One of the registered nurses told us they were up to date with their training, but if they felt there was an area they needed refresher training on, they could go to the registered manager and it would normally be agreed.
- Our observations, discussions with staff and review of the staff training matrix satisfied us they had not only been given training for their roles, but they had also used the knowledge to provide good care for people at the service.

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

- When we last visited the service, staff had not fully understood needs around people's diet and risk of choking. During this visit we saw people's dietary needs were recorded, and both kitchen and care staff had good knowledge of the types of diet people required. This included providing people with a diet assessed to ensure the risk of choking was managed, the management of diabetes and if people required, a fortified diet.
- People were complimentary about the meals they were given. One person said "Excellent!" when asked about the food served. Another said, "It's very good - we had a super roast yesterday. The breakfast porridge is lovely - made with cream. I see some of the men having a fry up every day or scrambled eggs. You can have what you want." Relatives told us people were supplied with regular drinks to keep them hydrated.
- The registered manager monitored people's weights and held monthly meetings with nurses, senior carers and kitchen staff to ensure people's dietary needs were well managed. This would highlight if anyone needed a speech and language therapy (SALT) assessment. The SALT team support people who may be a choking risk when eating, they advise on appropriate dietary needs. The registered manager had also completed a course with the local care network to be a swallowing, oral health, nutrition ambassador (SONA) they shared their knowledge and networking contacts with the staff group to continue to improve people's care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were well managed. People told us staff managed their health needs well. Relatives were happy with the communication they received if there was a concern about their family member's health.

- The registered nurse told us they had a good relationship with the local GP, who visited weekly, and other external health professionals such as the tissue viability nurse or continence advisor. This helped them support people's health needs to prevent unnecessary hospital admissions. One visiting health professional told us they had been coming to the service for a long time and felt the staff were responsive and followed guidance given.

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

- The environment people lived in was an old building and the provider worked to ensure it was well maintained. At our last inspection we found the call bell system was not fit for purpose as it could not be heard in all areas of the home and the provider needed to use a secondary system to ensure when ringing for assistance people would be heard. Since our last inspection a new call bell system which was fit for purpose had been installed.
- We saw areas had been refurbished and a business plan on the continued refurbishment throughout the service was in place. People had a number of areas they could sit throughout the day and their rooms were personalised to suit their taste.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some quality monitoring systems had not been established to assess, monitor and mitigate the risks to the health and welfare of people using the service. At this inspection we found the provider and registered manager had worked to ensure quality monitoring processes were in place and used to effectively support good care for people at the service. They were no longer in breach of this regulation

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had been in post since just prior to the last inspection. At that time, they had not been in post long enough to impact on the safety and quality of care. Since the last inspection they had worked with the provider and their staff to ensure quality monitoring systems in place were used effectively to promote good standards of care for people.
- During our visit we viewed quality monitoring audits undertaken over a number of months. The audits included the environment, care plans, medicines, falls, and weights. Areas had been highlighted for improvement, with actions to be undertaken. There was clarity on who was responsible for the actions and a timeline of expected completion. Some audits were supported by regular meetings to review results such as weights, highlighted in the effective section of this report.
- At the last inspection there were areas of concerns around safety of people in relation to their exposure to chemicals hazardous to their health, the storage and use of flammable creams, bed rails and hoists and slings. At this inspection we saw there were regular audits of these areas to ensure people were safe. The audits reflected what we found on inspection.
- Both the registered manager and the provider undertook a daily walk round of the service and used these walk arounds to highlight any areas of improvement. The provider told us they concentrated on environmental issues and worked with the maintenance person to address issues quickly. The registered manager reviewed staffing needs, care provided and infection control issues. The service used a resident of the day process to review people's care needs. This tool was used to review all aspects of a person's care and ensure any concerns were highlighted quickly.
- The registered manager produced weekly and monthly reports for the provider which kept them up to date with the progress of the service. The reports included the dependency levels, staffing, training, environmental issues, safeguarding issues and any incidents and accidents at the service. Along with their daily visits to the service this gave the provider an up-to-date overview of the service.

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

- People at the service and their relatives told us the provider, registered manager and their team worked to provide an open and inclusive culture at the service. One person said, "It's home - like being in my own house was." A relative told us, "I am very happy with (service). I think the management is very good. They (management team) are always there and available and are concerned that all the residents are ok. I always feel welcome when I go in, and I am never made to feel like I am a nuisance."
- Our observations of staff interactions with people were positive. One staff member said, "(Staff) work hard to provide homely care. (It's a) happy place to work." There was evidence people were involved in decisions about their care and the care was centred around their wishes. One person told us they no longer wanted to go to their place of worship, but they enjoyed songs of praise each week and staff made sure they were able to watch it.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities to submit statutory notifications to CQC about events at the service. These notifications had been submitted to us as required.
- The registered manager and provider responded to any complaints made to them in line with their complaints policy. We saw the registered manager had kept records of any concerns or safeguarding issues. There were thorough investigations and evidence of working in partnership with relatives and external health professionals.
- During our inspection one relative raised some concerns to us, the provider responded positively to the relative and spent time with them to address their concerns to their satisfaction. The feedback we received from all other relatives and people about the service's openness and communication was positive. One relative told us, "[Name] was in two previous homes that I moved them out of. I have not felt the need to do so with Oakdene, so they must be being looked after well. I like it because I know that I am always able to speak to the owner."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to have their say about aspects of care at the service. This was done through regular resident meetings and regular questionnaires sent to relatives. The results from these activities were analysed and actions taken to support suggestions made. Such as menu choices and activities.
- Staff told us they felt supported by the management team, they received regular supervision and could speak to both the registered manager and provider if they had any problems.

Continuous learning and improving care; Working in partnership with others

- Staff were supported with continued learning for their roles. Registered nurses undertook training to improve their knowledge and skills to improve care. This included supporting people with end of life care, management of syringe drivers used to support people's pain relief and comfort when they were unable to take oral medicines. Registered nurses were also trained to certify deaths. This knowledge helped people to stay at the service and be cared for by staff who knew them and their families well and supported a dignified death
- Both the registered manager and key staff attended local groups which enabled them to keep up to date with current best practice. Such as the infection prevention control (IPC) group run by the local authority.

