

Hampshire County Council

Oakridge House Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakridge House Care Home with Nursing provides accommodation for persons who require nursing or personal care for up to 91 people. The service supports people under and over 65 years, and people living with dementia. At the time of our inspection there were 79 people using the service.

Accommodation was provided on two floors accessed by stairs and lifts. The home is divided into residential and nursing households. There are various units within the home including a short stay unit. This was for people living in the community who needed additional care to prevent unnecessary admissions to hospital. People moved into the unit to receive care and support from various healthcare professionals to help them improve their independence.

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

At our last inspection we found there were areas which we identified as needing improvement. At this inspection we found all required improvements had been carried out and sustained.

People were kept safe from avoidable harm as risks to people's safety were identified and guidance put in place. Risk management plans were reviewed regularly and when any needs changed. Staff had been given training on safeguarding and understood what they needed to report. Systems were in place to make sure any concerns were reported to local safeguarding teams.

People were living in a building that had regular checks for maintenance and safety. Health and safety systems were robust and included checks of equipment being used. Fire systems were also checked and there was a clear process for emergency evacuation which staff were aware of. Incidents and accidents were recorded and reviewed, and action taken to prevent reoccurrence. The home was clean and had good infection prevention and control procedures in place.

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. People and relatives had opportunities for engaging and sharing their views, results were shared and visible on notice boards. People could have visitors when they wished.

People had enough staff to support them safely. The home had no challenges with recruitment and did not use agency staff. Staff had been recruited safely and received training for their roles. Staff told us they felt very well supported by management teams and were able to share their ideas for improvements. There were regular staff meetings with minutes kept. Those we spoke with all said they would recommend the home as a good place to work.

Quality monitoring systems had improved, and the provider had installed an electronic system to improve oversight. Regular audits took place which helped to improve quality and safety, and these were carried out

by different staff. The registered manager told us she tried to involve staff in quality monitoring as much as possible as this gave different views and improved oversight.

People, relatives, and staff all told us the service was well managed. There was a registered manager in post who had been at the service for many years. There was a good staffing structure in place and the registered manager had good support in her role.

Staff worked in partnership with a range of local professionals. The local GP visited the home at least weekly and spent most of the day visiting people and reviewing health needs. Communication was good and we observed staff working well as a team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 18 June 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oakridge House Care Home with Nursing

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

This 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.

Service and service type

Oakridge House Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oakridge House 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people and 4 relatives about their experiences of care received. We also telephoned a further 9 relatives following our site visit to ask their views about the service. We spoke with 8 members of staff, 2 deputy managers, the registered manager, and a visiting healthcare professional. Following our site visit we also telephoned a further 3 members of staff and the provider's clinical lead.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care and support records for 12 people, multiple medicines records, training information, health and safety records including fire safety records, accidents and incidents, cleaning schedules, 4 staff recruitment files, quality monitoring information, policies and procedures, staff meeting minutes, staffing rotas, service improvement plans, complaints, activity programmes and planner, and the safeguarding information log.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection we found the provider had not carried out all the required pre-employment checks for staff. At this inspection we found this had improved.
- People were being cared for by staff who had been recruited safely. All appropriate pre-employment checks had been completed prior to new staff commencing employment.
- At our last inspection we found the system in place for monitoring training was ineffective. At this inspection we found this had improved and the provider and registered manager had a good overview of staff training details.
- People had enough staff available to meet their needs. We found there were sufficient staff visible during our inspection. The registered manager told us recruitment was not a challenge and the service did not use any agency staff.

Assessing risk, safety monitoring and management

- At our last inspection we found there were inconsistencies with the quality of people's risk assessments. The registered manager took action following our inspection to update people's records.
- At this inspection we found those improvements had continued and risks to people's safety were identified and managed. Where needed staff liaised with healthcare professionals to review safety measures. For example, if people required equipment for moving and handling, staff worked with local occupational therapists to obtain the correct equipment.
- At our last inspection we found there was confusion amongst staff about emergency evacuation roles. At this inspection we found the service had a new system to make sure staff were clear who would take the lead in the event of an emergency.
- Checks for health and safety were being carried out and recorded. During our inspection we observed contractors visiting to check moving and handling equipment for safety. Any actions identified during checks were monitored by the provider until completed.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found staff were not up to date with safeguarding training and practice. At this inspection we found this had improved.
- People were kept safe by staff who had been trained on safeguarding and understood their role in reporting any concern. Staff were aware of whistleblowing procedures and told us they would not hesitate to report any wrongdoing if seen. One member of staff told us, "I would go to the unit manager to raise my concerns, I would go to [registered manager] if they did not follow it up."
- People and relatives told us people were safe. Comments included, "[relative] is definitely safe and cared for", "[relative] is definitely safe, all the doors are key coded", "Yes I feel safe, everyone looks after me" and "Safe as [relative] is in perfectly safe hands."
- Any incident of alleged abuse was shared with the local authority and the registered manager kept records of actions taken.

Using medicines safely

- At our last inspection we found improvements were needed in managing people's medicines. At this inspection we found the necessary improvements had been carried out and people had their medicines as prescribed.
- Staff were trained on administering medicines and had their competence checked annually. Only staff who had been trained were able to administer medicines. Staff practice we observed was safe.
- People had their own medicines administration record and those reviewed had no gaps in recording. Where people had 'as required' medicines, there was guidance in place for staff to use.
- Medicines were being stored safely, regular checks on storage temperatures were being carried out and recorded.

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

- People could have visits from family and friends when they wished. There were no restrictions on visiting arrangements, and we observed many visitors at the service during our inspection.

Learning lessons when things go wrong

- At our last inspection we found there was not a thorough system in place to make sure staff were updated with lessons learned following incidents. At this inspection we found this had improved.

- Incidents and accidents were recorded and reviewed by management. Actions taken to prevent reoccurrence were discussed and reflected on during meetings.
- Clinical governance meetings took place, led by clinical leads. Minutes recorded discussions on serious incidents and learning identified. Learning was shared across all of the providers services.

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 requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection we found quality monitoring systems were not robust and did not identify shortfalls found during the inspection. The provider and registered manager took action during and after the inspection to address shortfalls found. At this inspection we found this action had continued and improvements had been made and sustained.
- The provider had a new quality oversight system which was electronic. This gave data on a range of areas such as audits carried out, safeguarding, complaints and incidents. This meant senior management could log into the system at any time and monitor actions completed.
- Key areas were monitored and reviewed by different senior managers within the organisation. For example, clinical areas such as pressure ulcers were monitored by clinical leads, and falls were monitored by another senior manager. This gave different perspectives on quality and safety which helped identify improvements.
- We found quality systems were working effectively. For example, we found there were gaps in records for mattress checks. This had already been identified by the provider and a new system was being put in place to make improvements.
- There was a registered manager in post and a clear staffing structure. Staff were aware of their lines of management and who to talk with if there was an issue or concern. One member of staff said, "Management is very supportive. There is always an open-door policy, we can go and talk any issues through, they try and deal with any issues."

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

- At our last inspection we found improvements were needed to the way people's views were obtained. At this inspection we found this had improved and the registered manager had completed a survey with people. Results were collated and we observed they were displayed on notice boards around the home with action taken in response.
- There was a well-being team employed to provide activities and engagement for people. The registered manager told us 1-1 sessions with people were preferable to a larger 'residents meeting'. This enabled those who did not leave their room to share feedback and enjoy interactions.
- Relatives meetings and coffee mornings were held for relatives to share their views and engage with others.
- The home had good community links and was situated in the middle of a residential area. During our

inspection we observed a local nursery school visiting people. It was clear people enjoyed this time spent with the local children.

- Staff were able to attend staff meetings and a new initiative called 'weekly huddles'. The registered manager told us this was a way of talking about how the service was managed and any improvements that could be made. Recently the staff had discussed the dining experience for people and any improvements that could be made.

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

- People, relatives, and staff told us the service was well managed and they felt able to raise any concerns. Comments included, "I'm not slow in saying what I think. There's no need to be afraid. You can bring things into the open and say what you like" and "If I had worries, I'd speak to the manager. I've never had to do that." People described the registered manager as "very receptive" and "approachable".
- People received care and support from a stable long standing staff team. Many staff had worked at the home for over 10 years, enjoyed their work and knew people well. One member of staff said, "I find it rewarding, I like that I help the people we care for."
- People and relatives were happy with their care provided and appreciated the staff approach. People described the service as being homely and welcoming. Comments included, "Care is good, I have never found [relative] in their room, always doing activities", "Staff interact very well with the residents and communication is excellent", "The home feels like a family environment" and "All the staff are very friendly and welcoming. The atmosphere is open and friendly."

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 provider had a duty of candour policy and process. The registered manager understood their responsibilities to follow the process when there was a notifiable incident.

Working in partnership with others

- Staff worked with various healthcare professionals to meet people's health needs and improve health outcomes. We spoke with a visiting healthcare professional who told us the staff communicated well and were knowledgeable about people's needs. They said staff worked collaboratively to improve outcomes for people such as reducing unnecessary prescribing.