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Oaklodge Nursing Home

Inspection report

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Date of inspection visit:
26 February 2018

Date of publication:
06 June 2018

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?	Requires Improvement

Summary of findings

Overall summary

Oaklodge Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The inspection took place on 26 February 2018 and was unannounced. On the day of the inspection 20 people were living at the home. The manager of the home was in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good. However we did find some areas that needed to improve. Not all records of care were clear and accurate. Incidents and accidents were recorded, however, inconsistencies in recording meant the description of events was not always clear. This was identified as an area of practice that needed to improve.

People and their relatives spoke highly of the staff and said they felt safe living at the home. Risks to people were identified, assessed and managed. Staff understood their responsibilities to keep people safe. People received their medicines safely and there were effective infection prevention and control measures in place. There were enough suitable staff on duty to care for people. One person said, "They come quickly when I ring the bell."

Staff understood their responsibilities with regard to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us their views were listened to.

People were supported to have enough to eat and drink and spoke highly of the food on offer. One person said, "The food is nice and you get options. If you don't like something there is an alternative." People were supported to access the health care services they needed. A healthcare professional spoke highly of the staff, saying, "I trust their judgement, they recognise when people are unwell and always follow my instructions. I trust the staff and value their expertise."

Staff demonstrated that they knew people well and positive relationships had developed. One relative said, "The staff are absolutely wonderful and always try their upmost." Staff protected people's privacy and dignity. People told us staff were kind and caring.

People and their relatives had been involved in developing care plans which were comprehensive. Staff had the information they needed to provide care in a personalised way. People and their relatives were involved in planning for end of life care. Staff recognised and responded to changes in people's needs. People were supported to follow their individual interests as well as having organised activities.

People knew how to complain and were confident that their concerns would be responded to. People, their relatives and staff spoke highly of the management of the home. There were robust systems and processes in place to monitor and evaluate the care provided. There were clear governance arrangements with effective management oversight to identify shortfalls and drive improvements. Staff had developed positive connections with local organisations and described effective working relationships.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good

Is the service effective?

Good

The service has improved to Good.

Staff understood their responsibilities with regard to the Mental Capacity Act 2005. Staff received the training and support they needed.

People were being supported to have enough to eat and drink and the meal time experience for people had improved. People were supported to access the health care services they needed.

People's needs were assessed and appropriate technology, equipment and adaptations were in place to meet people's diverse needs.

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Requires Improvement

The service requires improvement

Records were not always clear and accurate representations of care provided.

There was strong leadership and effective communication between the staff

Staff worked well with other organisations.

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 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 comprehensive inspection took place on 26 February 2018 and was unannounced.

The inspection team consisted of four inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case they had experience of caring for older people who were living with dementia.

Before the inspection the provider had submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service. This included any complaints we had received and any notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority for their feedback before the inspection and received feedback from one health care professional during the inspection.

During our inspection we spoke with five people and ten relatives. We spoke with seven members of staff, the manager and the provider. We observed staff interactions with people. We reviewed a range of records about people's care and how the service was managed. These included the care records for eight people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on the 10 August 2015 and was awarded the rating of Good. At this inspection the service remains Good.

Good

Is the service safe?

Our findings

People told us they felt safe living at Oaklodge Nursing Home. One person said, "The staff keep us safe here, I have everything I need." A relative told us, "I have been very impressed, I can't believe how well they have looked after him." Another relative said, "I can't fault it, they support the residents very well."

Staff had received training and demonstrated that they understood their responsibilities with regard to safeguarding people. Recruitment procedures were robust and appropriate pre-employment checks had been undertaken to ensure that staff were safe to work with people. People told us that there were enough staff on duty and records confirmed that staffing levels were consistently maintained. People told us that their call bells were usually answered promptly. Throughout the inspection we observed that staff were responding to people's needs and they did not have to wait long for their requirements to be met. Staff told us that staffing levels were maintained and regular staff would cover for absences when needed. The manager confirmed this but explained that systems were in place to ensure that no staff worked excessive hours over a week.

Risks to people had been identified and assessed. There was comprehensive plans in place to guide staff in how to provide care safely. People were living with a range of needs and conditions and risk assessments reflected the complexity of people's needs. For example, some people had conditions that could deteriorate quickly and plans were in place to ensure that staff were equipped to deal with such changes promptly. One relative told us how staff had noticed when their relation was unwell. They said, "I'm pretty impressed, they noticed and arranged tests straight away."

People were being supported to take positive risks, for example, one person had decided that they did not wish to comply with advice provided by a Speech and Language Therapist (SALT). Staff had provided the person with appropriate information and explained the risks associated with their decision. Staff were aware of the risks and monitored the person but respected their right to make their own decision. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. Personal Emergency Evacuation Plans (PEEPs) were in place for each person, detailing the support they would need in the event of an emergency.

Staff had a firm understanding of infection control procedures. They were observed to be using appropriate protective equipment and records confirmed that a regular cleaning regime was in place. The manager said that one staff member was an infection control champion who took a lead in ensuring that infection control measures were in place and understood by the staff team. Incidents and accidents were recorded and monitored. Changes were made to prevent further incidents. Staff described discussing incidents and accidents in handovers and team meetings to ensure that learning was identified and communicated between staff.

People were receiving their medicines safely. Staff were trained to administer medicines and recording was consistent and accurate. Medicines were ordered, administered and stored safely. A system was in place to

ensure that people's medicines were reviewed with their GP regularly. Some people were receiving their medicines covertly (that is without their knowledge). Records showed that the decisions to administer medicines covertly had been taken in line with the Mental Capacity Act 2005. Some people were able to manage some medicines themselves and appropriate systems were in place to support them to do this safely. Auditing systems were in place to ensure that the system for medicine administration worked effectively and any issues could be identified and addressed.

Good

Is the service effective?

Our findings

At the last inspection mental capacity assessments were not always completed in line with legal requirements. At this inspection we found that practice had improved. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training in MCA and DoLS and demonstrated a firm understanding of their responsibilities with regard to obtaining people's consent to care and treatment. Our observations confirmed that staff were checking with people to obtain their consent before supporting them. When people were not able to give their consent, records showed how decisions had been made in people's best interests. The manager had made appropriate applications for DoLS and staff understood their responsibility to comply with these authorisations when providing care.

At the last inspection people's meal time experience was identified as an area of practice that needed to improve. At this inspection we found that practice had improved. People were being supported to have enough to eat and drink and they spoke highly of the food on offer. One person said, "The food is nice and you get options. If you don't like something there is an alternative." People's dietary needs and preferences had been considered and people were offered choices about their meals. People told us they could choose where to have their meal. Some people were eating at the dining table whilst others had their food in the lounge or in their bedroom. Staff were observed to be interacting with people and supporting them with their meals.

People's needs and preferences were assessed in a holistic way and comprehensive care plans were developed based upon these assessments. People's physical health, their mental health and their social needs were all considered. Validated tools were used to assess people's needs and to identify levels of risk. For example, some people had been assessed as being at risk of dehydration. Staff understood the importance of maintaining hydration and nutrition for people and recognised how this helped to reduce risks of skin breakdown, to prevent infections and to maintain people's health. We noted that people were regularly offered drinks throughout the inspection and the manager confirmed that staff involvement in a local hydration project had been beneficial in raising staff awareness of good practice and in delivering positive outcomes for people.

Staff described effective working relationships within the home and with external health care professionals. One staff member said, "Communication is very good, we have regular meetings and handovers between shifts." People and their relatives told us that staff were observant and sought advice from health care professionals when needed. A health care professional spoke highly of the staff at Oaklodge Nursing Home. They said, "I trust their judgement, they recognise when people are unwell and always follow my instructions. I trust the staff and value their expertise." The manager explained how staff continued to support people when they had to be admitted to hospital describing how communication with hospital staff had helped to facilitate people's transfer back to the home in a timely way. People told us they were supported to access health care services when they needed to. Their comments included, "They are good at

calling the doctor in when needed," "The chiropodist comes regularly," and "If I need the doctor they get one for me."

Staff were supported to access training that was relevant for their roles. A staff member told us, "There are lots of opportunities for training. We have regular staff meetings and our handover meetings are also used as an opportunity to learn." The registered manager told us that the provider encouraged staff training as a priority. They described staff involvement in a number of projects. This had resulted in additional training for staff in subjects such as diabetes management, Parkinson's disease and hydration and nutrition in older people. Staff spoke positively about the impact of this training. One staff member described how a person who was living with diabetes, had developed a pressure wound whilst in hospital. Staff had worked effectively with the Tissue Viability Nurse (TVN) to ensure that the person received the care their needed to ensure the wound healed.

Staff told us they felt supported in their roles. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that staff were receiving regular supervision.

Some people were living with dementia and this had been considered when decorating some areas of the home. For example, a small lounge had been designed with a retrospective theme and was decorated to stimulate memories and reflections for people. Staff supported people to personalise their bedrooms with items and colours of their choosing. Throughout the home adaptations and equipment were in use to support people's diverse needs and promote their independence. People has access to appropriate spaces and told us they could spend time alone if they wanted to. One person told us they had a favourite place where they liked to sit. Some people were able to access the garden and said they enjoyed spending time outside. We saw that people had call bells near to them.

Good

Is the service caring?

Our findings

People and their relatives told us that they remained happy with the care provided at Oaklodge Nursing Home. They spoke highly of the staff and described them as kind and caring. One person said, "They are all so kind, all of the staff." Another person said, "The staff are brilliant, even the agency staff are fantastic." A relative told us, "The staff are absolutely wonderful and always try their upmost." Another relative told us their relation had settled well at the home saying, "They love the staff, they make a fuss of him." A third relative said, "The care here is wonderful, it's somewhere kind."

Throughout the inspection we observed staff interacting with people in a kind and gentle way. Staff knew people well, called them by their preferred name and took time checking they were comfortable and happy. Staff had developed positive relationships with people, they responded quickly to people's needs and provided emotional support. One person told us, "Anything you want done they will do it as quickly as they can." We observed that one person had become agitated. A staff member approached them patiently, using gentle touch and a calming approach to reassure the person who responded positively and expressed their appreciation. Staff spoke about people knowledgeably, with compassion and respect. One staff member said, "It's a very special home, we are all very close, the residents and the staff."

People's privacy was respected and staff understood the importance of maintaining people's dignity. The manager told us that one staff member was a dignity champion. They supported staff to understand the importance of respecting people's dignity. When people were supported to move with the use of equipment, staff ensures that screens were used and curtains were closed to protect their privacy. People and relatives told us that this was the usual practice in the home. One person said, "They always knock on my door, they don't just walk in." A relative told us, "The staff are very delicate with people, they always use screens and close the curtains." People's confidential information was kept securely.

Staff were supporting people to retain their independence, for example one person enjoyed spending time in the garden and a cordless alarm had been provided to ensure they could remain safe when accessing the garden independently. Another person was being supported to use an electronic tablet so they could be independent in maintaining contact with their family.

Staff supported people to express their views. Some people had communication needs and staff used a range of techniques to support people to communicate. People had communication care plans to guide staff in how to support people. For example, one person who was living with dementia, needed time to process information and this was clearly detailed within their care plan. Staff were aware of this and we observed them speaking slowly and giving the person time before they responded to a question. Another person had communication needs due to sensory loss, this was clearly detailed within their care plan and included details of specific equipment that the person used. One person told us that staff supported them by reading written information to them. Some people were using assistive technology to support their communication needs. We saw numerous examples of staff supporting people to be actively involved in decisions about their care. Relatives told us that staff included them in the decision-making process where appropriate. One relative said, "I feel that my views are listened to and I am included." Another relative said,

"The staff are good at communicating and keep us up-to-date with everything."

Good

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. Care plans were based upon people's assessed needs and preferences. People and their relatives had been involved in developing care plans which included details of the person's diverse needs, their background, social and religious needs and preferences.

Care plans were detailed and personalised, they gave a clear sense of the individual and included people's interests and the things that were important to them. For example, staff told us about a particular place that was important to one person. They explained how they had found photographs and other items relating to the place as well as sourcing a documentary that the person had enjoyed. This was reflected within the person's care plan. Staff used a personalised approach to support people with behaviour that could be challenging to others. For example, staff told us they had introduced aromatherapy for one person and it had proved to be an effective strategy for improving the person's mood.

Some people had particular religious beliefs and staff described how the person was supported to maintain their faith and to have regular contact with people who were important to them. Staff demonstrated a good knowledge of what was important to people. Some people who were living with dementia had difficulty with their memory. Staff had used their knowledge of people's individual interests to support them with orientation and memory. For example, staff had decorated a piece of equipment that belonged to one person. They had used the colours of the person's favourite football team to decorate the item so that the person could recognise it more easily. For another person they had used their favourite colour to make their item more recognisable to them.

People were supported to follow their interests. Activities were organised on a daily basis and the activity co-ordinator told us that they tried to incorporate people's interests and preferences into the activity agenda, for example, with entertainers who visited and a variety of group games and activities. People told us they enjoyed the events, one person said, "We have a lot to do, some things we do individually, others we can all join in together."

Staff explained that people were also supported to follow their interests on an individual basis, for example, a number of people had headphones on and were listening to music. Staff told us that they had created a play list for each person based upon their musical preferences. We saw people were clearly engaged and enjoying the music that they were listening to. Staff told us how they tried to engage people in activities that were meaningful for them. One staff member explained that a person had become socially isolated. Staff were aware that the person had previously enjoyed gardening and described a step by step process that they had used to support the person to engage with a gardening activity over time to reduce their isolation.

People were supported to plan for care at the end of their lives. A health care professional told us, "They are brilliant at end of life care. They are good at recognising when people are deteriorating and need palliative care." Care records showed that people's preferences had been recorded including their particular beliefs, cultural or religious needs. A relative told us about the care their relation was receiving, saying, "The care is

wonderful." Another relative said, "I couldn't have asked for anywhere nicer for her to be."

The provider had a system for managing complaints. People knew how to make complaints and told us that actions were taken to address any concerns. One relative told us, "If you have any problems they deal with them straight away."

Requires Improvement

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the management of the home. One person said, "They do very well, the management is good." Another person said, "I haven't had any problems, and the staff are all very approachable." A relative told us, "If I have a problem I pop into the office." Another relative said, "I email them and things get addressed and sorted out." A third relative said, "I would rate this home very highly, it seems very family orientated." Despite these positive comments we did find some areas of practice that needed to improve.

Not all records of care were clear and accurate. Incidents and accidents were recorded, however, inconsistencies in recording meant the description of events was not always clear. Staff were able to describe what had happened and the actions they had taken, however this was not always clearly reflected in the records of the incident. This meant that it was not always clear if actions taken were appropriate to mitigate further risks. We discussed this with the manager who agreed that this was an area of practice that needed to improve to ensure that records provided a true and accurate account of care provided to people, including a record of decisions taken in relation to care and treatment.

Staff told us they were happy with the management of the home. At the time of the inspection the manager was in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One staff member said, "The manager and deputy are both very good." Staff told us that there was strong leadership and described an open atmosphere. One staff member said, "Communication is good, my colleagues are all good and I am very happy here." Staff members understood their roles and responsibilities and described the ethos of the service as to provide a homely atmosphere, with a focus on the people who lived there and their families. This was reflected within the provider's Statement of Purpose, and people and their relatives commented on the homely atmosphere.

People and their relatives told us they felt included and involved in the home and described attending and contributing to regular resident's meetings. One person told us, "We have resident's meetings and they let us know what's going on. We get newsletters too." A staff member told us how people were being encouraged to vote for their favourite foods to be included on the menu saying, "People are going to vote for the best pudding and it will be included."

The provider used a number of systems to monitor and evaluate the quality and effectiveness of the service. For example, the manager described monitoring the number of hours that staff worked and limiting this to ensure that they did not become over tired or ill. They described how this strategy had contributed to effective retention of staff. Staff confirmed that they were happy working at the home and felt that they were well supported in their roles.

Audits were undertaken on a regular basis, both by the manager and externally, for example by the local pharmacy. Any shortfalls were identified and rectified. There were plans in place to drive continuous improvement and this included a number of specific projects designed to improve the quality of care at the home.

Staff had made links with organisations in the local community such as churches, a school and charitable organisations. This included developing positive working relationships with staff from a local hospice as well as GP services. The manager told us they attended a local manager's forum and found this useful for sharing good practice. They described a close working relationship with the provider and said this was supportive. For example, the manager was being supported and
encouraged to continue with their own professional development and training.