

Oakfield House Care Limited

Oakfield House

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

Oakfield House is a residential care home providing personal care for up to 30 older people who may be living with dementia, in one large adapted building. At the time of our inspection there were 27 people using the service.

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

People told us they were happy living at the service and felt safe. Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate the risks. Accidents and incidents had been recorded and analysed to identify any patterns and trends, action had been taken to reduce the risk of them happening again.

Staff were recruited safely, the required checks had been completed to keep people safe. There were enough staff to meet people's needs. Staff had received training appropriate to their role and their competency had been checked.

Medicines were managed safely. Staff monitored people's health and referred them to health professionals when their needs changed. People were supported to eat a balanced diet and given a choice of meals.

The management team completed regular checks and audits on all areas of the service. Action was taken when shortfalls were found. People and staff were asked their opinion of the service and suggestions made had been acted upon.

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 were protected from discrimination and abuse. Staff knew how to recognise the signs of abuse and the registered manager understood their responsibility to report any concerns to the local authority.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 February 2020). 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.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We carried out an unannounced comprehensive inspection of this service on 3 and 4 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance and staff recruitment.

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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakfield House on our website at www.cqc.org.uk.

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 ●

Oakfield House

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 undertaken by one inspector.

Service and service type

Oakfield House 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. Oakfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 August 2022 and ended on 26 August 2022. We visited the service on 22

August 2022.

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 information gathered as part of monitoring activity that took place on 5 July 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers. We spoke with one healthcare professional. We observed interactions between people and staff in communal areas.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 the provider had failed to recruit staff safely. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At the last inspection, staff recruitment had not always been managed safely, pre-employment checks had not always been completed. At this inspection, there were full employment histories for potential staff, any gaps in employment had been investigated. The conduct of staff in previous employment had been checked, there were now references in place, before staff started work at the service.
- There were sufficient staff to meet people's needs. The registered manager used a dependency tool to calculate how many staff were needed. Where there were vacancies for permanent staff, these shortfalls were covered by regular agency staff, the deputy and registered manager.
- People told us, there was enough staff to support them when they needed it. One person told us, "I am always got up when I want, they are there when I need them." We observed people being supported when they asked. The call bells were answered promptly.

Using medicines safely

- Medicines were managed safely. Previously, records were not always accurate, and this had been an area for improvement. Records were now accurate, staff signed the records to confirm when medicines had been given.
- The medicines storage room had been moved and was more organised. The temperature of the room and fridge had been recorded to check the temperature was within the required range to maintain the effectiveness of the medicines.
- There were processes in place for ordering, storage, recording and disposal of medicines. Bottles containing liquid medicines had an opening date to make sure they were disposed of when no longer effective. Some people had medicines prescribed 'when required' such as pain relief or medicines for anxiety. There was guidance in place for staff about when to give the medicine, how often and what action to take if the medicine was not effective.
- Staff had received medicines training and their competency had been checked. We observed staff giving people their medicines, they were kind and patient with people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Potential risks to people's health and welfare had been assessed. There was guidance in place for staff to

mitigate risks. Some people had a catheter to drain urine from their bladder. There was guidance for staff about how to maintain the catheter, recognise urinary infections and when to contact the district nurse.

- Some people were living with diabetes. There was clear guidance for staff about how people would present if they had low or high blood sugar and the action they should take. Some people required equipment to move safely around the building. There was guidance for staff about how to use the equipment safely. People told us they felt safe when staff supported them to move around the building.
- Accidents and incidents had been recorded and analysed to identify any patterns or trends. The electronic monitoring system alerted the registered manager when an accident had been recorded. The registered manager reviewed them and checked if any immediate action was needed to keep people safe. Each month the falls were analysed and what action had been taken, including moving people's rooms and referring people to healthcare professionals. For example, one person had fallen a couple of times, when asked they thought the bathroom might be a bit small. The person was moved to a room with a bigger bathroom, this had been effective.
- Checks had been completed on the environment and equipment to make sure they were safe. The fire alarm and equipment had been checked regularly. People had personal emergency evacuation plans in place to explain how they should be supported in an emergency. Equipment such as hoists and the lift had been serviced regularly to make sure they were safe to use.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from abuse and discrimination. Staff received safeguarding training, they were able to describe what signs of abuse they would look for. Staff understood their responsibility to report any concerns they may have. Staff were confident the registered manager would take appropriate action if they reported concerns.
- The management team understood their responsibility to report any concerns to the local safeguarding authority. When reports were made, the registered manager worked with the local safeguarding authority to make improvements and keep people safe.

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.

The service supported people to have visits from their family and friends. We observed visitors coming unannounced to the service and visiting in people's rooms for as long as they wanted. One relative told us, they had taken their loved one out to the pub which they had really enjoyed.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Previously, people's needs had not been assessed using recognised tools in line with national guidance, which was an area for improvement. At this inspection, improvements had been made. People's needs were assessed using recognised tools such as the Braden Scale to assess people's skin integrity and Malnutrition Universal Screening Tool to assess people's nutritional risk. The assessments were used to plan people's care and what equipment they needed to use.
- People met with the management team before they moved into the service, to check staff would be able to meet their needs. A pre-admission assessment was completed and used as the basis of people's care plan. The assessment included all elements of people's lives including the protected characteristics in the Equalities Act 2010 including people's sexual orientation and religious needs.

Staff support: induction, training, skills and experience

- Staff told us they received training appropriate to their roles. There was a training matrix and plan in place to make sure staff updated their skills through the year. Training consisted of a mixture of face to face and online courses. Staff received face to face training such as moving and handling along with first aid.
- Staff received an induction when they started at the service. This included training in the basic skills required to support people such as moving and handling. Staff worked with more experienced staff to learn people's choices and preferences. The management team checked staff competency to make sure people are safe.
- Staff received regular supervision and appraisal with the management team, staff discussed their skills and practice. Supervisions were used to support staff to recognise their achievements and training they may need to improve their skills. Staff told us they felt supported by the management team.

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

- People were supported to eat a balanced diet. People were given a choice of meals including a range of options at breakfast, people told us they enjoyed the bacon sandwiches. We observed the lunch time meal, people's meals were served from a trolley, by the table. People were given a choice of main meal including vegetables and potatoes at that time. People were given the choice of eating their meals in their room.
- People told us they had a choice of snacks and drinks during the day. People's dietary requirements were catered for including a soft diet and vegetarian choices. One person told us, "The food is always good and there is plenty of it, I enjoy the vegetarian options."

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

- Staff monitored people's health including people's weight. People were referred to health specialists such as the dietician when their needs changed. Staff followed the guidance given such as giving people nutritional supplements.
- Staff were supported by the district nurses to meet people's needs. The district nurse told us staff were knowledgeable about people and always called them when appropriate and followed the guidance given. People were referred to the GP when needed, the district nurse told us the management team advocated for people to access healthcare.
- People were supported to attend the local dentist. People had access to the optician and chiroprapist when needed.

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

- The service had been adapted to meet people's needs. There was a passenger lift and stair lift to make sure people could access the upper floor. The provider continued to improve the environment, communal bathrooms had been improved or were due to be improved. People told us they enjoyed having a shower in the new bathroom.
- There was a plan to renew the floor coverings within the service. This had already been started and the new flooring made it easier for people to walk with their frames. There was a system in place for people who had been assessed as being able to go out independently. People were given a fob which was programmed to enable them to leave by a certain door independently. We observed one person telling the registered manager they were leaving the service, and they offered to take any letters ready to post.

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 had applied for DoLS authorisations when appropriate. There was a system in place to apply for a renewal when they expired.
- People's capacity was assessed for specific decisions. When people had been assessed as not having capacity, staff included people who knew them well to make a decision in line with their previous choices and preferences.
- People were supported to make decisions wherever possible such as how they wanted to spend their time and what they wanted to wear. People told us staff respected their decisions.

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

At our last inspection the provider had failed to maintain contemporaneous records for each person. They had failed to have effective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously, checks and audits had not consistently identified shortfalls. When shortfalls had been identified there was not always a clear action plan. At this inspection, improvements had been made, audits had been completed on all areas of the service. When shortfalls had been identified there was a clear action plan in place with who was responsible for the action and when it should be completed by. Shortfalls had been rectified and action taken to minimise the risk of them happening again, such as medicines shortfalls.
- The provider completed regular visits to the service, they were in contact with the management team daily. The registered manager told us the provider had been supportive of the changes they had made within the service. The provider produced a report each time they visited of the areas they had checked and discussed any issues with the management team.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved as much as possible in developing their care plans. When changes needed to be made these were done in consultation with people. For example, there were several married couples living at the service. They had been involved when changes were needed in their living arrangements within the service due to changing needs.
- People, relatives and staff had been asked their opinion of the service. People had completed quality assurance surveys at intervals through the year and made suggestions. People had felt the meals at the weekend were taking too long, this was rectified by the employment of someone to help with meals. People

told us this had improved meals times and they were pleased with the outcome. The management had also brought vegetarian meals for people who had specific requests.

- Visitors had been asked for their feedback on the service. The responses received had all been positive about their visiting experience.
- Staff attended regular meetings where new guidance such as visiting, and COVID-19 testing was discussed and how this would affect the service. The management team discussed concerns found during audits and how improvements would be made. Staff made suggestions including how to cut down the amount of time staff spent making porridge for people. It was suggested using a slow cooker, which was trialled and has continued, this was effective in reducing the time spent by staff on this task.

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 management team promoted an open and transparent culture within the service. We observed people, visitors and staff approaching the registered manager. There was a comfortable relationship and the registered manager knew people well.
- The management team understood their responsibilities to be honest when things went wrong. People told us they were comfortable to raise any issues with the management team. They were confident they would put things right as soon as possible and they had been told what had gone wrong.

Continuous learning and improving care; Working in partnership with others

- The management team was new since the last inspection. The registered manager told us they were continuously learning from when things go wrong and making small improvements constantly. The service had improved since the last inspection and the registered manager was developing plans for further improvement.
- The management team was part of local forums to keep up to date with developments in guidance and adult social care. They worked with other professional agencies to support people to move from hospital back to their homes following a period of respite at the service.