

Oakcroft Nursing Home Limited

Oakcroft Nursing 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Oakcroft Nursing Home provides accommodation and personal care for older people, some of whom were living with dementia. 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.

Oakcroft Nursing Home accommodates up to 28 people in one adapted building with a well-maintained garden. At the time of our inspection, 23 people were living at the service.

At the last inspection on 29 July 2015, the service was rated Good.

We carried out this unannounced comprehensive inspection of the service on 15 and 16 November 2017. At this inspection, we found the service remained Good.

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. Staff sought the consent of people before delivering care.

People were happy at the service. People were protected from abuse because staff understood safeguarding procedures about how to identify and report concerns. Appropriate arrangements were in place to identify and manage risks to people's health and well-being.

There were sufficient numbers of suitably skilled staff deployed at the service, which ensured people received appropriate care. People received support from staff who underwent pre-employment checks to determine their suitability to provide care.

People took their medicines when needed with the support of competent staff. Staff administered and managed people's medicines in line with the provider's procedures and best practice guidance.

People's care needs were met because staff were trained and skilled to undertake their role. Staff received the support they required to do their work and had regular training and supervision to develop their practice.

People had access to healthcare services they needed to maintain their health. People received meals that met their nutritional and hydration needs and food preferences.

People received care which staff provided in a kind and compassionate way. People had their privacy and dignity maintained at the service. People took part in planning and making decisions about their care.

People enjoyed taking part in a wide range of activities provided at the service. Staff supported people to

maintain relationships that mattered to them and ensured they were not at risk of social isolation.

People received care in line with their assessed needs. Staff were kept informed of changes to people's needs and the support they required. Care and support plans were adopted to meet people's individual needs.

People knew how to make a complaint and were confident the registered manager would resolve any concerns they raised. People using the service and their relatives had received the provider's complaints procedure and understood how to escalate concerns to external agencies. The provider actively sought the views of people about the service and acted on their feedback to improve care delivery.

People using the service, their relatives and staff commended the registered manager for their leadership and management of the service. People received care and support that was monitored and audited. Improvement plans were put in place to ensure staff delivered high standards of care.

The provider and registered manager maintained close working relationships with external agencies to ensure people's care met best practice guidance.

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 remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Oakcroft 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 checked 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 15 and 16 November 2017 and was unannounced. Two inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. The provider submitted a Provider Information Return (PIR) to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection, we spoke to 10 people using the service and three relatives who were visiting. We also spoke with four members of care staff, two nurses, a handyman, two domestic staff, an administrator, a clinical lead/deputy manager, the provider and the registered manager. We spoke with an environmental officer from the local authority who was visiting the service.

We reviewed 15 people's care plans, their risk management plans and medicines management records. We looked at 15 staff files and information relating to recruitment, induction, training, supervisions and duty rosters. We read quality audit reports and records of management of the service that included complaints, safeguarding concerns and feedback about the service.

After the inspection, we received feedback from three health and social care professionals who were involved in the care of people living at the service.

Is the service safe?

Our findings

People received care designed to protect them from harm. One person told us, "The staff are gentle. They do not shout." One relative told us, "They fuss over [family member], and check if [he/she] is ok." Staff attended training in safeguarding adults, which enabled them to identify and report potential abuse. One member of staff told us, "We are taught how to keep everyone safe and not to discriminate against anyone." There were appropriate arrangements in place to monitor concerns about people's safety. The registered manager worked closely with the local authority safeguarding team to protect people from avoidable harm. The registered manager investigated safeguarding incidents and discussed any concerns at team meetings to help with staff learning and to improve their practice.

People remained safe at the service. The registered manager carried out risk assessments on people's health and well-being. Staff followed guidance in support plans to ensure people received safe care. Regular reviews of people's needs enabled staff to identify new risks and changes to their support plans. People's risk assessments and management plans were up to date. Staff confirmed these reflected people's support needs. Staff knew the support each person required for safe evacuation in case of an emergency at the service. Staff reported and completed incident and accident forms. The registered manager monitored incidents and ensured staff learnt from their mistakes and revised support plans to minimise the risk of a recurrence.

People's care needs were met by a sufficient number of suitably skilled staff. One person told us, "There is always someone around to help." Another person said, "I get all the help I need and more." A review of people's needs enabled the registered manager to determine staffing levels and the skills required to provide safe care. Care and nursing staff retention levels were high. This created a stability and consistency in the provision of care that met people's needs. Staff told us staffing levels and duty allocation were good, and that they were able to respond and meet people's needs in a timely manner. Rotas showed shifts were covered by a consistent and regular staff team. There was flexibility on rota planning which enabled staff to attend training, go on leave and to cover emergency absences. Care records confirmed additional staff were put in place to support a person when their needs had increased. New staff were vetted for their suitability to provide care before they started to work at the service. The provider had an ongoing recruitment programme and encouraged internal promotion of staff, which removed the need to use agency staff.

People continued to receive the support they required to take their medicines safely. Staff received training and underwent competency assessment on managing people's medicines. Medicine audits and checks ensured people received their medicines in line with the provider's procedures and best practice. Medicines administration records indicated that people received their medicines when needed. Staff stored, administered and disposed medicines in a safe manner.

People lived in a clean environment. Staff followed the provider's infection control procedures to reduce contamination and spread of disease. Cleaning schedules were completed and audited to ensure staff maintained high standards of hygiene. The premises were clean, with fresh and pleasant smells and free from dirt. Staff told us they had access to gloves and aprons. There was liquid soap and disposable paper

towels for hand washing in bathrooms and people's rooms and pedal bins for disposal of waste. Waste from contaminated items such as incontinence pads was bagged and stored outside the building in designated yellow bins. We observed staff wore and used personal protective clothing in an appropriate manner.

Is the service effective?

Our findings

People received care that was appropriate for their needs. Staff were skilled and competent to perform effectively in their roles. One member of staff told us, "The training we get is very helpful." Another person said, "The staff are lovely. All of them; I haven't got a bad word to say about any of them." Staff attended the provider's mandatory training and refresher courses that they said equipped them with the skills and knowledge required to deliver people's care. Staff had received training in fire safety, health and safety, first aid, infection control, equality and diversity, safeguarding, medicines management, food hygiene, moving and handling. Staff received additional training such as end of life care to develop skills appropriate for their roles. The registered manager supported staff in their roles and provided supervisions and appraisals to monitor their practice. The clinical lead ran regular workshops for nurses on topics such as infection control and wound care. The registered manager carried out reflective practice sessions to develop staff practice. New staff were provided with an induction to understand how to provide care that met the people's needs.

People gave consent to their care and treatment. One person told us, "[Staff] ask before they do anything for me." Another person said, "They help me with a wash when I am ready." Best interests meetings were held to support people who lacked capacity to make decisions about their care. Staff supported people to access advocacy services when needed to enable them to make decisions about their care and treatment.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions to deprive a person of their liberty were being met.

We found that staff provided care to people in line with the requirements of the MCA and DoLS. Staff understood their responsibilities to uphold people's rights to decide how they lived their lives and restricted a person's freedom when they had the authorisation. The registered manager worked closely with a supervisory body to ensure they submitted DoLS applications in time and that these were reviewed to minimise the risk of unlawfully restricting people's freedom.

People enjoyed the meals provided at the service. One person told us, "I love the food." Another person said, "We get good choices." People were involved in menu planning and staff ensured they received food that met their preferences. Menus provided at the service were varied and included seasonal fruit and vegetables. Meals had options for people on a vegetarian, gluten and dairy free diet. People's nutrition and hydration needs were identified and met. People had their weights and eating patterns monitored and staff involved healthcare professionals when they had concerns about a person's nutritional intake. Care records showed staff followed guidance provided by a dietitian and speech and language therapist (SALT) to support a person with a swallowing difficulty and at risk of malnourishment.

People consistently accessed healthcare services when needed. One relative said, "[Family member] was going downhill. Since she's been here I've seen a big change in her." Another relative said, "[Family member]

is obviously healthier than [she/he] was when living at [her/his] own home." Staff ensured people received the support they required in line with their health action plan. People's health and well-being was maintained through regular visits and reviews by healthcare professionals that included their GP, SALT, dentists, opticians, psychiatrists, chiropodists and occupational therapists. People received an annual review of their health and were supported to undergo routine check-up and outpatients appointments. Healthcare professionals commended staff for the timely manner in which they raised concerns about people's health and about how they followed guidance which ensured people received appropriate care.

People enjoyed access to all parts of the accommodation. The building had a passenger lift, which enabled easy access and movement to people who used mobility aids such as wheelchairs and zimmer frames. People had a choice of the use of bathrooms that were fitted with adaptable chairs, reclining bath tubs and wet rooms. Grab rails, anti-slip mats and clear signage around the home improved safe movement of people. Pressure mattresses were in place for each person who was assessed as being at risk of skin breakdown. People had access to call bells to get help when they were in their rooms and had adaptive cutlery and equipment which enabled them to receive effective care. People's bedrooms were personalised and had mirrors hung at wheelchair height levels. People told us they had access to a well maintained garden and enjoying walks and sitting on the benches in the summer. The design and decoration of the premises were appropriate for the needs of those living there.

Is the service caring?

Our findings

People using the service and their relatives were happy with the support provided. Their comments included, "They look after us well" "The care's alright" "The [staff] are very nice" "We can have anything we want" "The staff are very helpful." Staff delivered people's care with kindness and compassion. People told us staff called them by their preferred names and that they spent time and chatted with them when they provided care. People said the staff knew them and their families well because they had provided their care over a long period. They said this helped staff to understand their needs and enabled them to provide appropriate care. Staff interactions with people were pleasant and respectful. We observed the atmosphere at the service was homely and people were comfortable in the company of staff.

People were involved in planning their care and support. One person told us, "They do ask what I want to do." Another person said, "[Staff] don't impose anything on us." Keyworkers, who were members of staff assigned to coordinate people's care with their families, maintained information about each person's goals and preferences about how they wished to receive care. Staff knew people's preferred bed times, where and when they had their meals and the activities they enjoyed. People told us staff respected their choices about how they lived their lives and were flexible to changes in their plans for the day. We saw people had a lie in and staff served meals in different areas of the service as people preferred.

People's care delivery was done in a manner that protected their privacy and dignity. One person told us, "I think the actual care is great, it's top notch." Another person said, "The staff are polite and friendly." A member of staff acted as a dignity champion to promote the delivery of care in a dignified way. Staff knew how to provide care with dignity. They were able to describe ways such as maintaining people's privacy, speaking in a language they understood, explaining and involving people in tasks they were to undertake and providing care behind closed doors.

People's information and records were kept confidentially in secure cabinets and on password protected computers. Staff shared information about people in line with the provider's procedures on confidentiality and data protection. People who were able to signed consent forms about sharing of their information with other health and social care professionals to enable them to receive appropriate care. Staff handovers and report writing were held away from communal areas of the service.

Staff supported people to maintain relationships that they valued. People received visitors without restrictions and were able to spend time in quiet areas of the service if they wished. Family members told us they were invited to various occasions at the service and were always made to feel welcome. People enjoyed links with the community and had close interactions with school children, youths and volunteers from the local community. Staff held celebrations of important occasions in people's lives such as birthdays, anniversaries, religious and national events.

Is the service responsive?

Our findings

People received care that was appropriate to meet their individual needs. People had their needs assessed before they started using the service. Support plans provided guidance to staff about how to deliver care to each person in line with their assessed needs. People using the service, their relatives and advocates where appropriate, and health and social care professionals contributed in the development and review of their care plans. The registered manager ensured staff held regular reviews of people's care. This enabled staff to deliver care that responded to changes in people's needs. Records showed up to date care reviews. Daily observation records showed staff delivered people's care as planned.

People took part in a range of activities at the service and in the community. "[My relative]'s painting all the time. [She/he] has got all her/his brushes and water. [She/he] plays bingo and likes to colour in pictures." People told us staff encouraged them to interact with each other and to take part in group activities to minimise the risk of boredom and social isolation. Staff provided one to one support for activities such as reading, listening to a person who wanted to chat about their life and to those who did not like group participation. People were happy and proud of the photo albums, arts and craft displays and ornaments that showed the activities they undertook. Staff organised recreational activities such as trips around the country, visits to the local cinema and theatre, walks in the parks, shopping, bowling, eating out, pampering sessions and hand massages, drama sessions, listening to music, reading newspapers and watching television. People were involved in gardening and grew tomatoes and vegetables, some that were harvested and served at the service. There was a vegetable plot and raised beds in which a wide variety of small plantings had been made earlier in the year. Families and friends were invited once a month for group activities such as entertainment by musicians, cream teas or mulled wine and mince pies.

People using the service and their relatives knew how to make a complaint and to raise any concerns about their welfare. One relative told us, "If I've got something to say I would come in and say it. They know that." Another relative said, "I've attended a relatives' meeting. I brought up a point about the laundry and it was dealt with." People were provided with sufficient information about the ways they could make a complaint if they were unhappy and how to escalate their concerns to external agencies when needed. The registered manager encouraged people to talk them directly, their relatives or to write down their concerns. Complaints and concerns were taken seriously and investigated to people's satisfaction and in line with the provider's procedures. The registered manager discussed concerns in team meetings and supervisions to enable staff to learn from incidents. People using the service and their relatives attended review meetings and contacted the registered manager by telephone and email to provide feedback about the service. The registered manager used the feedback to make changes and to develop the service.

People received appropriate support because of the coordination of their care. The registered manager worked with other health and social care professionals in the assessment of people's needs and agreed on a plan to ensure a safe discharge and transfer to the service. Equipment such as pressure mattresses, adaptive cutlery and a person's medicines were put in place before they started to use the service. This ensured a continuity of service and that a person's needs were met.

People on end of life care received the support they required. Staff provided palliative care to people. The service had achieved Commend status in the Gold Standard Framework Care Home Training accreditation. The training programme involved accreditation against standards of best practice, reviewing the care of people using the service and a quality assessment visit to see how the processes were integrated into everyday practice.

Staff had followed this training by undertaking "Six Steps to Success" training in partnership with a local hospice to reinforce good practice. Staff told us they aimed for each person to have a 'good death' and that end of life care was viewed as important. Nurses and care staff received training in end of life care planning and pain management. Records confirmed discussions between people and their families to establish their preferences in relation to their end of life care, and where they wished to die. People were assured that their end of life wishes would be respected at the service. There was "tree of life" and memorial book at the service where people's relatives and staff wrote remembrance messages for people who had passed on.

Is the service well-led?

Our findings

People using the service, their relatives and staff were happy with the leadership of the service. Comments they made included, "[The registered manager and provider] are both very approachable" "I feel I can raise any concerns. The management care for the staff as well." Staff said they were able to approach the registered manager and seek guidance about how to carry out their roles. People were at the centre of decisions made at the service. Staff told us and care plans reflected that people were involved in making decisions about how they wanted to be supported. The registered manager promoted a person centred culture and showed us that she knew people and understood their care and support needs. The registered manager understood the provider's vision and ensured staff focused on providing high standards of care. The registered manager told us the provider was supportive and ensured they had the resources they required to meet people's needs.

People were supported by staff who understood their roles and responsibilities. Staff told us the registered manager encouraged good teamwork. One member of staff told us, "We all work together as a team. I trust my colleagues to do the right thing." Staff said they received up to date information about people in team meetings, handovers and the communication book. Team meeting minutes showed staff were able to share their ideas about best practice and that issues raised from previous meetings were followed up and acted on. Staff were valued at the service and team morale was good. Staff were passionate and committed about the welfare of the people they cared for. Staff survey results of 2017 showed they were happy with their involvement in developing the service and that they felt supported in their roles. Incidents and near misses at the service were discussed in supervisions and team meetings to ensure staff understood how to support people safely and to minimise the risk of a recurrence. The provider gave awards of recognition for staff who championed improvements in people's care and rewarded them yearly for delivering person centred care.

There was a registered manager in post. 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.

The registered manager ensured they provided care in line with their registration with the Care Quality Commission (CQC). Notifications were submitted in a timely manner about reportable events. Policies and procedures were accessible to staff about care delivery. The registered manager discussed the CQC inspection framework with staff and explained at staff meetings the regulations and how they were expected to put them in practice. Staff were open and transparent about the manner they supported people and reported and took responsibility for any mistakes they made.

People received a good standard of care. There were regular checks and audits carried out at the service to drive improvement. Care plans and reviews, record keeping, risk assessments, medicines management and health and safety checks were audited to ensure that they were up to date and that people had access to safe equipment and appropriate care. There were no concerns identified in the audits of the last six months prior to our inspection visit. The provider had an ongoing maintenance and refurbishment programme to maintain the premises and equipment. The service had undergone internal repainting and change of

interior décor. Information and records were well maintained and filed in a manner that made it easy for staff to identify people's needs and the guidance about the support they required. People using the service and their relatives completed surveys and feedback forms and the 2017 questionnaire results showed they were pleased with the quality of their care. The provider engaged external professionals who carried out audits on fire safety and premises and received monitoring audits from the local authority who made placements at the service. Records showed the provider ensured all recommendations made were adopted in a timely manner.

People's care was provided in line with best practice guidance. The provider and registered manager maintained a close working partnership with external agencies about how to deliver care in line with changes in legislation and current guidance on best practice. The provider had accreditation to health and social care organisations and academic institutions to ensure people living with certain health conditions such as dementia benefitted from research to improve their quality of life.