

RMH (Wispers) Care LLP

Oak Hall Care Home

Inspection report

Oak Hall
Wispers Lane
Haslemere
Surrey
GU27 1AB

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Tel: 01428744010

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oak Hall Care Home is a nursing home providing personal and nursing care for up to 55 older people with a range of health needs such as frailty, Parkinson's disease and dementia. On the day of the inspection, there were 19 people living at the service.

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

People told us they felt safe living at Oak Hall and were happy with the staffing levels in the home. People's medicines were managed safely and effectively. Infection control procedures were followed, and effective in preventing the spread of infection.

Recruitment processes ensured staff were suitable and had the right values for the roles they had applied for. The provider completed appropriate checks on their previous experience and conduct. Staff received initial training and regular refreshers about safeguarding issues, and knew the correct procedures for raising concerns.

Staff supported people whilst promoting their independence. People had individual risk assessments in place and staff understood how to support them to stay safe without unnecessary restrictions. The provider ensured that staff received appropriate training, and new staff followed a process of induction which included working with more experienced staff until they felt confident in their role. The service worked positively with other health professionals to meet people's needs.

Each person had a personalised care plan which reflected their likes and dislikes, their interests, social preferences, and personalities. 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 asked about their end of life care wishes and preferences. We received very positive feedback about the end of life care provided at the home.

The registered manager was making steady and sustained improvements at the home and was clear about their responsibilities. People told us efficiency had improved, the home was more settled, and the team appeared to be working together well. The provider was open and transparent about the challenges of the past year including management and staffing changes and commented that the service had turned a corner. This was reflected by the feedback that we received from people and relatives. People we spoke to were without exception, very happy living at Oak Hall.

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 16 January 2020) and we found a breach in Regulation 12 Safe care and treatment. 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

We carried out an unannounced comprehensive inspection of this service on 6 November 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

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, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. 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 Oak Hall Care Home on our website at www.cqc.org.uk.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Oak Hall Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Oak Hall Care 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.

The service had a manager registered with the Care Quality Commission. 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.

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 carried out some direct monitoring activity prior to the inspection which provided us with views of people, relatives and staff. We also looked at various documents and records and held an interview with the registered manager. We sought feedback from health professionals who worked with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people, six relatives and seven members of staff including the registered manager. We reviewed a range of documents which included three care plans and four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including records of meetings, incident and accident records, and 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- There were clear improvements in the assessment of risks and the new electronic care system enabled staff to have immediate access to the information they needed to guide them.
- Records contained clear information for staff on how to reduce the known risks to people. One stated staff should check the person's shoes were well fitting, and to encourage them to slide their walking aid rather than lift it. This reduced the risk of them falling. Another guided staff on the lifting equipment and sling to be used, and how many staff were needed for the person to be moved safely.
- Staff told us, "We can find all the details about each person and other necessary information. All of our residents have risk assessments in place – they are updated monthly or before, if needed".
- The registered manager kept a log of environmental and servicing checks due, and a record of when they were completed.
- Accidents and incidents had been recorded and actions recorded, along with details of any referrals made as a result. The log included a tally so that recurring themes could be identified and acted upon.
 - Relatives we spoke with confirmed they were informed promptly if something had gone wrong. One said, "They communicate straight away." A health professional we spoke with told us the provider had taken, "rapid and appropriate action" when dealing with a recent clinical issue.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Oak Hall. One person said, "I feel very safe here. My room is secure, and at night the place is completely locked up." Another said, "I only have to call and they [the staff] come."
- Staff were clear about what they needed to do if they felt a person was at risk of a safeguarding concern. One said, "Firstly, I would reassure the person and make sure they were safe. Then I would inform the home manager, and safeguarding." They knew the signs that might indicate abuse and what to do if they felt their concerns were not being addressed by the provider.
- The registered manager was clear about their responsibilities in relation to safeguarding and notifications and referrals were made appropriately. Where there had been concerns, investigations had been carried out

promptly and thoroughly. Lessons learned had been shared with staff to improve practice.

- Records showed staff had received training in safeguarding and recent supervision meetings had included refresher discussions with staff.

Staffing and recruitment

- Recruitment procedures were robust and ensured only suitable staff were offered positions. Appropriate checks were made, and references obtained. The provider used a values based interview assessment, which gave the candidate some care scenarios to respond to. This helped indicate the persons views and caring nature by the responses they gave.
- Records we saw showed that there were sufficient staff to meet people's needs. People told us that staff were available to help and support them when needed, "There seem to be enough staff. If we press our button, someone comes in a few minutes." Some relatives had shared with us their concerns about the turnover of staff in recent months, but commented that it was improving. One said "There have been occasions when the nurses are stretched, but this has improved. They have regular bank nurses which is a huge improvement."
- The registered manager used a dependency tool which assisted in calculating the numbers of staff required to support people. New staff were not included in the calculation whilst being inducted into their new role. We observed sufficient levels of staff on the day of inspection. One member of staff commented, "Staffing has improved as we are using our own care staff now and using very few agency."

Using medicines safely

- People received their medicines safely. There were systems in place for the storage, ordering, administering, monitoring and disposal of medicines. One person said, "If I need painkillers, I just ask a carer and they get the nurse to pop along and see me." A relative we spoke with said, "Mum has to have her medicines at certain times – they are really good at that."
- The provider had recently been audited by the pharmacy which reported no concerns. A recommendation had been made to complete a sign off sheet for homely remedies, and this had been implemented by the registered manager.
- An electronic system was used for medicine administration, which gave detailed guidance to staff. One person had a medicinal patch which needed to be placed in a different location each time it was given. This was clearly shown on a body map chart. Another record where pain relief was given as and when required, stated why and when they may require this medicine, and the safe levels to be given. The system alerted the registered manager when medication records were not completed fully, which could then be rectified straight away.
- Staff completed training in medication administration and their competency was assessed.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection, we made a recommendation that the registered manager ensures all staff are fully up to date with mandatory training as soon as possible. At this inspection, training compliance was good.

- The registered manager had allocated training courses to staff, recorded completion dates and when their next refresher for that topic would become due. Care staff basic training included moving and handling, safeguarding, infection control, dementia awareness, health and safety, Mental Capacity Act, nutrition and hydration amongst others.
- New staff completed an induction process which included initial training and shadowing shifts alongside an experienced member of staff until they felt confident in the role. One person who lives at Oak Hall confirmed this, "Staff learn quickly here by shadowing others." Another person told us "They have a lot of training here, I am very well looked after."
- All staff had completed training in safeguarding and mental capacity awareness. Staff in every job role had received training in safe moving principles.
- Regular supervision meetings were held for staff with the registered manager. One staff we spoke with felt supported by the management team. One said, "I have had sessions with my manager. They asked if I had any concerns, and how I was finding working at Oak Hall." Another said, "I joined recently and have already had one supervision – we discussed a wide range of things including support with training."

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

At the last inspection we made a recommendation that the provider introduce dementia friendly areas and decoration throughout the home to stimulate and support people living with a cognitive impairment. Improvements had been made and there were plans to further enhance the environment for people living with memory loss.

- The provider had improved signage within the building to help people find their way around. The lounges had been named as Acorn Avenue and Woodland Walk, and the floors of the building identified as Oak and Birch for people exiting the lift. Some people had chosen to have their name added to their bedroom door to help them to locate it.
- Oak Hall is a historic building, with the interior adapted and updated to meet people's physical needs. The premises were well lit, and corridors were wide, allowing people to move about independently using their

wheelchairs or walking aids.

- People were able to make use of several different areas to read or relax in, and the lounge provided views over the extensive gardens and tennis court. One large lounge area had tables with jigsaw puzzles in progress that people could participate with and staff had put up displays of days out and upcoming events and activities.
- People and their relatives were able to book a table in the attractive bistro restaurant for a family meal together, where the family paid the cost price for the meal and were served by staff. Family members we spoke to told us they enjoyed eating there together.
- The grounds and gardens were accessible for people with limited mobility, although several people had raised concerns about cracks in the paving needing repair. The registered manager told us that this was being addressed.

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

- People told us the food was good and there was plenty of choice. One person said, "You never go hungry – there is a choice of three meals and if you don't like those, there are another half a dozen you can choose from."
- Some people chose to eat in the dining room. Tables were attractively laid and music played in the background. The atmosphere was social and pleasant. People chose where to sit and were served a three course meal and offered a range of drinks. Adapted tableware had been provided where required, which supported people to remain independent with eating and drinking.
- The registered manager had set up attractive hydration stations in communal areas of the home to encourage people to help themselves to drinks when desired. Drinks were provided in people's own rooms and in communal areas there were a variety of drinks available from dispensers which were clearly labelled.
- Care plans included nutritional assessments and guidance for staff on how to support people with eating and drinking. Where there were identified risks, staff were prompted by the care system to input amounts consumed. This enabled nurses to monitor intake and act quickly when concerns were identified.

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

- Detailed initial assessments ensured the service could meet people's needs prior to them moving to the service. The information gathered had been used to create a detailed care plan.
- Staff told us they can access information with ease using the new electronic care planning system. "Care plans are improving as nursing staff are becoming more familiar with the systems to evidence our care."
- The registered manager and staff referred to current legislation, standards and evidence-based guidance to achieve effective outcomes. Assessment tools such as the Waterlow tool for pressure care and the Malnutrition Universal Screening Tool (MUST) had been used to predict risks to people.

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

- The registered manager and their staff worked effectively with healthcare professionals including GPs, social workers and community-based health professionals. Advice was sought, acted upon and recorded appropriately. One relative told us, "They are very good at trying to manage his pain. They have worked with his doctor to improve things."
- Records showed specialist support had been sought from physiotherapists, podiatrists, occupational therapists, Macmillan nurses and GPs when required. One relative told us, "The physio comes to see [mother] - the home have organised that."

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had ensured care plans included information about people's capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety. People had been reminded at a recent meeting that they would need to give their permission before their care plan details could be shared with family members.
- Staff had sought people's agreement before supporting them with personal care and other tasks. A recent dignity survey confirmed people had been asked for their consent where appropriate prior to support being given.
- Staff had received MCA/DoLS training and understood their responsibilities around consent and mental capacity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

At the last inspection we made a recommendation that care plans and activities be further personalised to meet people's individual needs. At this inspection we found that improvements had been made.

- The provider had introduced a new care planning system where people's interests and preferences were recorded, and people were encouraged to continue their interests and activities of choice.
- People's care plans included information about their working life, family and pets and places they had travelled to, along with their hobbies and interests. This helped to guide the staff to provide personalised care. One guided staff to talk about cruises and travelling if someone was sad, to improve their mood.
- The registered manager had implemented a resident of the day scheme where each person had their own special day each month where they met up with heads from each department and could request a particular meal, or a chosen outing.
- People had been regularly involved in reviews of their care which included their physical, mental health and social needs. One staff member said, "People have plenty of choice here. They choose their clothing, activities, meals and what they want for their wellbeing."

End of life care and support

- People had been supported to discuss their preferences for end of life care at the very outset and these were recorded in their care plans. They included people's choices and wishes of where they would prefer to spend their final days and whether they would like peace and tranquillity, or for certain music to be played.
- Relatives told us they felt well supported at this difficult time and had been offered a room to sleep in and meals when caring for a person at the end stage of their life. The provider had made good links with palliative care nurses who had provided counselling and support when needed.
- Some feedback from relatives included, "My mother's end of life care was exemplary", "Cared for with dignity and love till the end." Another said, "We could not have asked for a better end to her life."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included guidance for staff on how best to support people with their communication. For example, one person's care plan guided staff that the person may close their eyes when they don't wish to make a decision, and this should be respected. Another person was able to communicate but would not understand to press their bell for attention, so needed regular visits from staff to check they were alright. We saw that staff checked in with them to see if they needed anything regularly
- One person who was hard of hearing and was able to lip read, had been supported to communicate this way by staff wearing a clear face mask so that they could be understood, whilst staff were still following Covid-19 guidance to wear a face covering whilst supporting people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to maintain their interests and social engagements. One person had been supported by staff to attend virtual church services during Covid-19 and to resume actual visits after restrictions had been eased. They told us they were delighted as it was very important to them to attend. One person said, "You couldn't do better than this place. It's wonderful."
- The provider had arranged trips out according to people's interests, one group who had military backgrounds had chosen to go to the D-Day Museum in Portsmouth. One person we asked if they do the things they enjoy replied, "I'd say you do. They cater for all your needs here. You get whatever you ask for."
- People had attended "armchair travel" afternoons where a chosen country was discussed and people shared their memories with one another. Reminiscence sessions covered interests such as classic cars, fashions, and seaside memories. In one session about weddings, staff and people had brought in personal photos to share.
- Family members we spoke with told us the provider had encouraged visits into the home and they felt involved and included. One relative said, "The staff have been very supportive to us as a family." Another told us staff had arranged a celebration for their parents wedding anniversary, "They made a great fuss for her party, they dressed her up and did her hair beautifully."

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising concerns. One person said, "I would talk to the carers and then go to the manager, she is wonderful." Another relative who had raised a concern told us, "The response was really good, they took my concerns seriously and it got sorted out."
- The registered manager had recorded complaints and concerns along with actions taken and the outcome. Records showed people received a prompt response, an apology where necessary and action had been taken to address the issue without delay.
- People had been encouraged to give their feedback on new staff starting at Oak Hall, and to complete surveys on the quality of care which had been used to improve the service.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 the last inspection we made a recommendation that the auditing processes be reviewed to ensure they are effective. This had been actioned and a robust auditing schedule was now in place.

- The registered manager carried out a range of quality and safety audits and checks, such as infection control, nutrition and hydration, person-centred care, dining experience, dignity and equipment checks. They identified any themes and concerns and prioritised their completion in service development plan.
- The registered manager regularly updated the home development plan and used a traffic light system to indicate progress and completion of tasks. A monthly audit of the home was carried out by an external auditor to check progress. One entry had a recommendation to add actions to records of meetings to evidence completion. We saw that this was coded green and had been completed.
- Staff had been reminded of quality issues and concerns through supervisions and staff meetings. The registered manager had discussed with staff the actions needed in the home to improve their CQC rating, and their plans for how this could be achieved.
- The registered manager understood their responsibilities to ensure that CQC were notified of certain significant events which occurred within the service when required.

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

- The registered manager had made many changes within the service to improve outcomes for people. People and relatives told us they could see improvements in efficiency and communication, and they believed the home to be functioning better. One person who lives at Oak Hall told us, "They are pulling out all the stops."
- People felt able to share their views with the registered manager, and there was open dialogue about the changes that were needed and that were in progress. One relative told us, "The new manager is very approachable and the office staff incredible."
- Staff had quick access to up to date information when they needed it through the new electronic hand-held devices. Although some of the staff we spoke with were still in their probation period, they told us that it was a good workplace, that they felt supported by the registered manager and were clear about their roles.

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

characteristics; Working in partnership with others

- People confirmed the registered manager sought their feedback and responded to it. One person said, "The management respond quickly to concerns brought up at the meetings." People and relatives were invited to give feedback and ideas through survey forms. One person chaired a monthly meeting and the registered manager was invited to attend.
- The registered manager had invited people to take part in the interviewing process for a new deputy manager. People were encouraged to vote for 'Employee of the Month' where a member of staff would be awarded a certificate which would be displayed in the home, along with a gift voucher. They would also be entered into an annual prize draw for £200. People told us they had enjoyed taking part.
- Health professionals had been invited to a recent breakfast management meeting at the home, to encourage partnership working and improve people's care.

Continuous learning and improving care; 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

- People and their families had been informed of any issues and updated with outcomes where appropriate. One relative confirmed, "We are kept fully informed."
- The registered manager had been open and transparent with people, families and staff about the need to improve certain aspects of the service and had kept them updated with progress. Meeting records showed that discussions had taken place about staffing levels and how these were calculated, and about improvements to record keeping as staff had become more confident with the electronic care planning system.
- The registered manager had begun to create stronger links with the community. They had approached the school about making use of the tennis courts in the grounds and with the local vicar who had agreed to run a stall at the next garden party.
- One initiative to support recent improvements at the service had been a visit to the service by staff from a sister home in Devon to bring in new ideas, and a return visit arranged where staff from Oak Hall visited the home in Torquay to get inspiration. One person told us they thought that was a great idea.