

Oak Health Uk Ltd

Oakdene Rest Home

Inspection report

165 Minster Road
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Sheerness
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakdene Rest Home accommodates 27 people in one adapted building. There were 26 people living at the home on the day of our inspection. Some people were living with dementia.

People's experience of using this service

People were interacting with one another and staff were engaging with people. A relative told us, "I didn't want [my relative] to go into a care home. Saying that the care that she gets is good, she is safe and happy."

Risks to people had been identified. Risk assessments contained all the information needed to ensure risks were kept to a minimum and detailed action/s staff needed to take, if risk did occur.

Medicines were safely managed. Since the last inspection the provider had created a new medicine dispensing room and implemented new quality control and auditing procedures. This enabled staff to safely manage and dispense medicines.

Staff were recruited safely. Recruitment checks had been carried out to ensure that staff were of good character and have the skills and experience necessary to provide care. There were enough staff to provide safe care.

The management had a clear understanding of their roles and responsibilities. The registered manager conducted audits to assess, monitor and improve the quality and safety of the service. Staff told us they were supported by and able to approach management.

People were protected from abuse. Staff received safeguarding training and understood how to recognise signs of abuse and actions needed if abuse was suspected.

The registered manager and staff knew people well and quickly identified when people's needs changed. People who were unwell or needed extra support, were referred to health care professionals and other external agencies appropriately.

Care plans were updated regularly and were stored securely. They contained up-to date and relevant information to ensure people were safe and their choices were respected and recorded. This enabled staff to safely support people and understand how people wished to be supported.

People received care and support that was personalised to their individual needs. Staff had training to meet people's needs and had the skills to identify areas of concern.

Infection Prevention and Control policies and procedures were being followed. The premises looked clean and tidy and we were assured that the service had controls in place to minimise the risks posed by COVID-

19.

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

Rating at last inspection

The last rating for this service was Good (published 14 December 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We undertook a focused inspection to look at the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. Therefore, we did not inspect them.

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.

Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained 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 Oakdene Rest Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Oakdene Rest 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Oakdene Rest 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six members of staff including the registered manager, senior carer, care assistant,

housekeeper and cook.

We reviewed a range of records at the service, including; care plans, quality audits, accident and incidents, medicine administration and various policies and procedures. We asked the registered manager to send further records by email to support the inspection.

After the inspection

We sought feedback from relatives of people who used the service about their experience of the care provided. We reviewed a range of records including; staff training, staff rotas and infection control procedures.

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 published in December 2017 this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. Risk assessments were in place and records about support people received reflected actions taken to reduce risk. These were contained within people's care plans and regular reviews took place.
- Referrals had been made to relevant health care professionals, such as the district nurse, where people were at risk. People's risk assessments and care plans had been updated with guidance to reduce risks and this was being followed by staff.
- Equipment checks were performed regularly to ensure safety. A dedicated member of staff was employed to ensure these checks were performed at regular intervals. This included call point alarm, firefighting equipment, hoist, gas safety, water and electrical checks.

Using medicines safely

- Medicines were managed safely. The provider had created a new medicines room, which enabled staff to effectively order and dispense medicines. Medicines were stored safely in trollies which were secured to the wall when not in use. Regular temperature checks were performed to ensure the medicines were stored at the correct temperature to remain effective.
- Specific medicines were managed safely. They were stored in a separate medicine's cabinet and the administration records for these medicines were complete, and the totals tallied with the records.
- Medicines were being administered at the correct time. This meant people were receiving medicines as prescribed.
- The registered manager and team leader undertook medicines audits to ensure that medicines were correct, and the medicines protocol was being followed by trained staff. If any shortfalls were identified, then action was taken to address the issues and prevent re-occurrence.

Staffing and recruitment

- Disclosure and Barring Service checks had been completed before new staff members started their employment. This helped prevent unsuitable staff from working with people.
- Application forms had been completed by new staff with any gaps in employment explored. References were checked and records kept. We requested that the provider fully comply with Schedule 3 and record specific months of past employment or unemployment when exploring gaps in employment. The registered manager said they would comply with this request. We will check this at our next inspection.
- There was enough staff to meet people's needs. The service used a dependency tool to assess the numbers of staff needed. The registered manager performed audits to ensure that safe staffing levels were maintained. Staff told us they thought there were enough staff on shift to meet people's needs. One member of staff told us, "I think we have a good team of people, we pull together, and everyone knows what they are

doing."

- Staff were suitably trained and supported. New staff received an induction and all staff received supervision and training relevant to their role. Competency checks were carried out by senior staff to ensure they were confident to perform their duties.

Systems and processes to safeguard people from the risk of abuse

- Staff had received up-to date training in safeguarding adults. This provided staff with an understanding of the different types of abuse and what to do if they suspected abuse.
- Staff were knowledgeable about safeguarding adults and knew how to identify and respond to allegations of abuse. They were assured that allegations of abuse would be dealt with appropriately by management and knew how to escalate concerns further. One member of staff told us, "I would talk to a senior [member of staff] and complete the incident report. If nothing was done, I would voice my opinion and raise the issue with more staff and the Local Authority."
- The registered manager knew how to report any concerns to the local safeguarding authority and take appropriate action to 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 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.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and monthly audits performed by the registered manager. This was so any trends or patterns could be identified and action taken to reduce the chance of reoccurrence.

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 published in December 2017, this key question was rated as Good. At this inspection this key question has remained Good. This meant the service management and leadership was consistently effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager and staff were clear about their roles and had a good understanding of quality performance, risks and regulatory requirements. The registered manager had notified the Care Quality Commission (CQC) about events and incidents, such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths.
- The registered manager and senior staff team had good oversight of the service. They knew regulatory requirements and had processes in place to ensure compliance. One member of staff told us, "I think the place is well run, management communicate with us, we know what we need to know. We can go through it with them if we don't understand."
- There were systems of weekly and monthly quality assurance checks and audits. These were effective in ensuring that processes designed to protect people were being adhered to and risks minimised.
- The provider displayed the latest CQC inspection report rating at the service. Enabling people, visitors and those seeking information about the service to be informed of our judgments.

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 registered manager and provider understood their responsibility in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm. The registered manager was in regular contact with relatives and informed them of accidents or incidents involving their family members.
- Good relationships had been developed between the registered manager and relatives. One relative told us, "The management are very good, they told me I can phone at any time. I trust them, they will be honest with me."

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

- The service had a positive culture. One relative said, "I can't fault any of the staff." A member of staff told us, "I love working with the people here, giving them attention."
- There were systems in place to engage with people, their relatives and staff in the development of the service. People knew how to raise complaints/suggestions and were encouraged to participate. Staff had received regular supervision and attended staff meetings. One member of staff told us, "I can normally make

my point. We all get involved."

- Staff ensured people were not unsettled by the measures in place to protect them from the risk of contracting COVID-19. They had supported people to use technology to communicate with loved ones if they were unable to visit due to the pandemic. People seemed relaxed being supported by staff wearing PPE.
- The culture of the service was person centred. Staff were observed asking about people's welfare, asking them where they would like their lunch and whether they would like to attend an activity. Staff knew what people's interests were and these were catered for. Relatives said they felt listened to. One relative told us, "I would recommend the home to anybody. I am made to feel welcome when I call or visit."

Continuous learning and improving care; Working in partnership with others

- The registered manager had implemented auditing for different areas of the service. This enabled them to ensure quality and safety checks were being undertaken by designated members of staff. These checks were monitored to ensure people's safety.
- The service worked closely with a range of different professionals and agencies to improve outcomes for people living at the service and was responsive to suggestions made during the inspection.
- Referrals had been made when people needed support from other health care professionals. These included, GPs, district nurses, and physiotherapists.