Dorset Healthcare Ltd

Oakdene Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Oakdene Nursing Home is a care home, providing accommodation for up to 71 people who need nursing or personal care. The service provides support to older people and people who are living with dementia. At the time of our inspection there were 43 people using the service, all of whom required personal care rather than nursing.

The home consists of two separate buildings within the same grounds, one of which specialises in providing care to people who live with dementia.

People's experience of using this service and what we found
People received their medicines as prescribed. However, we identified some shortfalls in the management of medicines, which the management team immediately addressed. The medicines policy in place during the inspection did not reflect national guidance for covert medication; the provider has since revised their policy.

Risks to people's safety and wellbeing were identified, assessed and regularly reviewed. However, we found some discrepancies and lack of detail, which the management team addressed when drawn to their attention.

A new audit programme covered all aspects of the service. The management team had identified some areas for improvement through their new audit system and were working to address these, which were broadly consistent with issues we observed. However, audits to date had not identified all the exceptions we found, which robust auditing should have done. The management team was prompt to address matters when we highlighted them. We have made a recommendation about the governance systems within the service.

People and relatives told us they or their loved one felt at ease with kind, caring staff and had confidence in their abilities. Interactions between staff and the people they were supporting were positive and respectful. Recruitment checks helped ensure new staff were of good character.

The premises were kept clean and in good repair. Relatives told us their loved ones had the equipment they needed to help keep them safe.

Call bells were answered promptly. Relatives held the impression that staff did not rush care. Staffing levels exceeded the minimum staffing level calculated by the provider's staffing dependency tool.

The service's infection prevention and control policy and procedures, including visiting arrangements, reflected current national guidance. There were ample supplies of PPE which staff used safely.

People and relatives saw the management of the home as caring, approachable and efficient, with no concerns about the recent change in manager. They felt comfortable to raise concerns and complaints, in the confidence that they were listened to and that action would be taken.

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 2 June 2018).

Why we inspected
We received concerns in relation to the management of the service leading to the neglect of people's care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 good to requires improvement based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

The manager of the service had recently changed and actions were already in place to address the concerns raised.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakdene Nursing Home 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Oakdene Nursing 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 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 team comprised an inspector, a specialist professional advisor who is a registered nurse, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Oakdene Nursing Home 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. Oakdene Nursing Home is a care home with and 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. They had recently left the service and a new manager had started in post. The new manager was in the process of applying to CQC to register as manager.

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 sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 all this information to plan our inspection.

During the inspection
During our inspection we spoke with eight people who used the service and with six relatives. We also spoke with the home manager, the deputy manager, the provider's regional director, eight care staff, a member of the maintenance team and a visiting health professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed staff practice more generally, as well as the safety and suitability of the environment.

We reviewed eight people's care records and everyone's medication records, four staff files, and records relating to the management of the service, such as quality assurance documentation, accident and incident records, staff training records, minutes of meetings and complaints and compliments information.

Requires Improvement

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● People received their medicines as prescribed. However, arrangements for the covert administration of medicines were not robust; covert administration is the administration of medicines without a person's knowledge because they lack the capacity to understand the ramifications of refusing to take the medicines. The only covert medication arrangement in place had not been needed as the person always accepted their medicines. The service reviewed and removed this arrangement during the inspection as the necessary checks and updates from the GP had not always taken place. The provider was reviewing their medicines policy, which made no reference to mental capacity in relation to covert medication, and since the inspection has introduced a new medicines policy that reflects national guidance for managing covert medication in care homes.

● Where medicines such as painkillers were prescribed as and when needed, most had clear protocols that guided staff as to when and how to administer the medicine and how to monitor its effectiveness. However, some medicines did not have these, and one person's medicine protocol had not been updated to reflect the current dosage; the person had not required this medicine over the past month. The home manager ensured correct, current protocols were in place when we drew discrepancies to their attention.

● Medicines were stored appropriately and securely. There were checks to ensure the amounts of medicines in stock tallied with people's medicines administration records. Medicines no longer required were recorded and stored securely until collection.

● Staff who administered medicines were trained and assessed as competent to do so. Their competence in handling medicines safety was checked annually.

Assessing risk, safety monitoring and management

● Risks to people's safety and wellbeing were identified, assessed and regularly reviewed. They were managed through people's care plans. However, one person was identified as being at risk of pressure ulcers, but their risk assessment did not take account of their medication that could increase the risk further. The management team updated this when we drew it to their attention, although the pressure-relieving measures the person needed were already in place. Similarly, the service updated the person's care plan to specify the required frequency of repositioning as this had not been recorded consistently.

● Another person had a bed rail risk assessment from 2015 that had been reviewed monthly and was still deemed to be relevant. It stated the person needed bed rails because they might try to get up at night and try to mobilise, which would effectively be restraint. In fact, the person was now much less mobile and no longer tried to get out of bed. The management team updated the risk assessment when we drew this to their attention.

● Risk assessments covered matters such as moving and handling needs including the use of mobility

equipment, falls, swallowing difficulties, health conditions, vulnerability to pressure ulcers and vulnerability to malnutrition.
● Relatives told us their loved ones had the equipment they needed to help keep them safe. Comments included: "[Person] is now immobile, they are in a specialist chair", "[Person] has a pressure mat, a hoist and a special chair to sit in. It is very comfortable for them" and "They have adjusted [person's] bed, they have taken the railing off the side of their bed to make it more comfortable for them."
● Risks relating to the premises and equipment were also assessed, reviewed and managed. The buildings, furniture and equipment were kept in good repair. There was current certification for gas and electrical safety, portable appliance testing, water safety and lifting equipment. Checks of fire precautions were undertaken regularly and the service had booked in some building work required by the local fire and rescue service.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse
● People and relatives told us they or their loved one felt at ease with staff. Comments included: "Every person I have dealings with is very caring", "She has said she feels safe and not threatened", "[Person] is treated with respect and dignity. They have an interest in her welfare" and "They treat [person] with respect and kindness. The staff are very polite to me as well."
● Interactions between staff and the people they were supporting were positive and respectful.
● Staff had training about safeguarding people, including children, from abuse. They recognised the sorts of things that would give them cause for concern and knew how to report this.

Staffing and recruitment
● People received the care they needed, and they and their relatives were confident in the abilities of staff. Comments included: "Definitely I have confidence in them. If [person] presents with a medical need, they spot it straight away, and all [person's] day to day needs", "They are able to look after [person] very well" and "Complete confidence in the staff."
● Call bells were answered promptly. Comments from people and relatives included: "I don't hear other bells going off… [Person] does not say she waits a long time, they don't come in a couple of minutes though they come reasonably promptly", "Longest time is five minutes, I think it would be answered quicker in an emergency. Gets the care needed" and "Care is received when needed."
● Relatives held the impression that staff did not rush care; rushed care can indicate short staffing. Their comments included: "I think [person] has the time they need. The people who I hear speak to [person], they wouldn't pick things up if they were rushing them" and "[Person] has Parkinson's; when they freeze staff let them come round and then carry on with what they were doing."
● The service used a staffing dependency tool to calculate minimum staffing levels. Although some staff

remarked that the service felt short staffed on occasions, staffing levels exceeded the minimum staffing level calculated.

● There were recruitment checks to help ensure staff joining the team at Oakdene Nursing Home were of good character and suited to work in a care home. These included obtaining a full employment history, references and Disclosure and Barring Service (DBS) clearance before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

● People and relatives told us the home was kept clean and we observed this also. Relatives commented: "The home is clean and in good repair. They were updating [person's] bathroom recently", "[Person's] room is the cleanest and well-looked after", "I think it is clean, maintenance okay" and "Most of the time [clean] but on a few occasions I have had to point out that a cleaner needs to go in to [person's] room."

● We were assured the provider was preventing visitors from catching and spreading infections.

● We were assured the provider was meeting shielding and social distancing rules.

● We were assured the provider was admitting people safely to the service.

● We were assured the provider was using PPE effectively and safely.

● We were assured the provider was accessing testing for people using the service and staff.

● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured the provider's infection prevention and control policy was up to date.

● Visiting arrangements were in line with government guidance. People had the opportunity to nominate an essential care giver. This is a family or friend who can visit whatever the outbreak status of the home.

● Visiting was not restricted, although visitors were encouraged to book in advance to assist the service in maintaining safe visiting practices. The management team recognised that some visitors were apprehensive about their own and their loved one's safety. They were able to have visits outside or at their loved one's window or using the indoor visiting pod, if they wished.

Learning lessons when things go wrong

● Staff recorded accidents and incidents. The management team reviewed each to ensure necessary action had been taken for people's safety and wellbeing.

● The manager reported to the provider's management team their monthly analysis of accidents and incidents. This enabled the identification of themes and trends that suggested further action was required to keep people safe.

● Staff followed the provider's post falls protocol when people fell. The reasons for falls and any contributing factors were discussed in team meetings.

Requires Improvement

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.

The rating for this key question has remained requires improvement. This means the service management and leadership had been inconsistent. Leaders and the culture they had created had not always supported the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● The provider had recently introduced a new programme of audits covering all aspects of the service, with a view to strengthening its governance. However, audits to date had not identified all the exceptions we found, such as those related to covert medication and bed rail and pressure area risk assessments. The management team was prompt to address matters when we highlighted them.

We recommend the service further embeds its new governance systems to ensure they are always operating effectively.

● Where audits had revealed areas for improvement, the management team had discussed these in staff meetings and was working to address them. For example, their action plan included improving care plans with more personalised detail reflecting people's individual preferences. They had also planned to develop the environment to be more dementia friendly. The home had involvement with the provider's new dementia forum to support this.

● The registered manager had recently left and been replaced by a new manager, who was in the process of applying to register with CQC and are now registered.

● The management team had notified CQC of significant events, as the law requires.

● The new manager had recently completed their induction. They worked closely with their manager, who although not based at the service supported them during the inspection and was working with them on a plan to develop and improve the service.

● Many staff were experienced in their roles, having been in post for some years, although the service continued to recruit new staff. However, relatives expressed mixed views about staff turnover. Comments included: "The staff I talk to on the phone, I recognise, the occasional new ones. See a lot of the same people", "Staff are consistent, I don't see changes in staff", "[Relative] says there has been a lot of changes of staff, towards the end of last year" and "We don't know if the staff I knew have gone or are in a different part of the building. You often see the team leader. I don't know if these are replacement staff, or additional staff."

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

● We received much feedback from people and relatives about how kind and caring staff were. For example, a relative said, "I have a high opinion of the staff. They know my [relative], they are not just a person in a

room. They are treated with respect and dignity. They have an interest in their welfare."
● People and relatives saw the management of the home as caring, approachable and efficient, with no concerns about the change in manager. Comments included: "The old manager, very professional and approachable... There has been a letter about the new manager and information about the opportunity to meet them", "Manager efficient and approachable, only met her couple of times, she helped me when [relative] was upset", "Manager very good, organised", "Very approachable, really nice manner, cares an awful lot for the residents and their well-being" and "The manager is approachable, busy people, they seem to be a good team and work well together, sort of early days. I feel confident about the home."
● The manager spent time each day in both buildings, generally observing what was going on and speaking with people who used the service and with staff.
● People and relatives were comfortable in raising concerns and complaints. They were confident that they were listened to and that action would be taken. Comments included: "I would do it although it's a difficult thing to do. I know anything I said would be taken seriously. Action would be taken", "No experience of this… I get the impression they would take action" and "Management have responded well [to a concern raised] ... Confident and comfortable to do so."
● Staff were positive about their work, but some felt jaded. They recounted how difficult they had found the COVID-19 pandemic at its height, and a member of staff described the upheaval of changes in management in recent years. Another member of staff told us they had met the new manager, who they thought seemed supportive of staff as well as people who use the service.
● The new manager and their team were aware of the challenges staff had described. Although there had been support staff could access during the pandemic, the management team were identifying improvements that were needed and how these could best be brought about.

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 home manager and provider leadership team understood and fulfilled the duty of candour.
● A relative told us that when something had gone wrong, "They [manager] have apologised and are looking into it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● There were residents' meetings every couple of months. These were a forum for people to discuss what was happening at the service and what they would like to happen.
● Staff meetings had resumed, for both day and night staff. At these, there were updates for staff about current developments and changes at the service and discussions about areas for improvement and any concerns raised by staff.
● There were also daily 'flash' meetings for managers, heads of department and senior staff, to communicate regarding that day's events and matters that needed attention.
● People and relatives said they had not been asked for 'official' feedback through a questionnaire, although a relative mentioned being given a postcard with details of how to make an online review. The provider was planning to send out a survey later in the year.
● The service was in regular communication with health professionals such as district nurses and GPs, including through a weekly multi-disciplinary team meeting. A health professional told us the home worked well with them.