

Bondcare (Darrington) Limited

# Oak Park Care Home

## Inspection report

Walnut Lane  
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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

### About the service

Oak Park Care Home is a residential care home providing personal and nursing care to 55 people aged 65 and over at the time of the inspection. The care home can accommodate up to 66 people in one purpose built adapted building. Accommodation is provided over three floors with a lift to access each floor.

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

Improvements found at the last inspection had been sustained and people were receiving safe and effective care.

The homes risk framework had improved and risks to people were assessed and managed. There were clear care plans in place to guide staff in how to provide care safely. People were receiving their medicines safely and records were accurate. There were effective systems to monitor incidents and accidents and to make improvements when things went wrong. Staffing levels were safe and recent recruitment had been successful.

The service was homely, and people's bedrooms had been personalised with their own possessions. No complaints had been received and guidance was available to support staff to deal with any concerns.

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.

Staff had received the training and support they needed to care for people's needs. Staff were proactive in ensuring people could access the health care services they needed. People were being supported to have enough to eat and drink and spoke highly of the food available. One person told us, "The food is very good, sometimes they will make me an alternative meal if I don't fancy what is on the menu. I get lots of drinks and they leave me a jug of juice too."

People were provided with a good quality service, which was regularly assessed and closely monitored. Any shortfalls identified were addressed without delay and oversight at the home had greatly improved. People provided us with positive feedback about the staff team and the registered manager of the home, who were described as kind, caring and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 4 February 2020) and there were two breaches of regulations. 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 reviewed the information and data made available to us about Oak Park Care Home on 25 November 2021 during our Direct Monitoring Call (DMA) with the registered manager. DMA is an approach to monitoring, with clear areas of focus to enable us to continually monitor risk in a service. During this activity we noted improvements had been made and wanted to reassess the service with a comprehensive inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 reinspection 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 caring?

The service was caring.

Details are in our caring 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 Park 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 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. The Expert by Experience made calls to people and their relatives on 24 November 2021.

#### Service and service type

Oak Park 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. Inspection activity started on 24 November 2021 and ended on 9 December 2021.

#### What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work 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.

#### During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, registered manager, deputy manager, one senior care worker, two care workers and a housekeeper. We looked at three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and medicines audits were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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

At the last inspection the providers approach to risk management was carried out inconsistently. 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.

- Improvements to risk assessments had been made since the new provider had been fully established at the service. The service was better organised and had introduced effective systems to identify risks.
- Risks to people were appropriately assessed, recorded and no longer generalised. Care plans provided staff with key information and guidance around how to manage identified risks and keep people safe from harm.
- The provider had arrangements for the ongoing maintenance of the premises. The registered manager carried out environmental risk assessments and ensured equipment was safe and regularly serviced.
- The provider had a business continuity plan which described how people would continue to receive a service in adverse circumstances. This included COVID-19. People had personal emergency evacuation plans, which included information on how to support them in the event of a fire. Safe systems and processes were in place in relation to fire safety.

### Using medicines safely

- Medicines were stored and managed safely. Staff who were required to administer medicines had all received training and had their competency assessed periodically.
- People received their medicines when they needed them. One person told us, "I have never had any problems with being given my medication, they never forget."
- The staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt safe and raised no concerns. One person told us, "I feel safe here, it is a very beautiful situation here as I can look out of the window and look at the fields and the staff are lovely. There are plenty of staff as everything runs very smoothly."
- Staff had a good understanding of safeguarding processes to keep people safe and spoke with confidence

on how to report concerns.

- Systems were in place to protect people from the risk of harm or abuse. The registered manager was aware of their responsibility to raise safeguarding concerns and liaise with the local authority and CQC.

Staffing and recruitment.

- There were enough staff to provide care safely.
- People told us staff responded quickly if they needed support. Comments from people and their relatives were positive. One person's relative told us, "My [relative] is very safe in Oak Park. I feel that when [person] buzzes the bell the staff respond very quickly and attentively." One person told us, "There are plenty of staff as everything runs very smoothly."
- Records confirmed that staffing levels were maintained. We observed that, although staff were very busy throughout the inspection they responded quickly to people's needs.
- The provider had safe systems for the recruitment of staff. The provider carried out checks to ensure staff were of good character before they were employed. This included checks on criminal records and references from previous employers. Newly appointed staff also received a welcome bonus following a successful probationary period.

Learning lessons when things go wrong

- The provider established a robust system to record any incidents and accidents. The information was monitored by the registered manager to check actions taken were appropriate.
- The registered manager had also recently implemented a new framework in order to minimise falls. The home's administrator was appointed the falls champion and work had started to analyse all falls in greater detail.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At the last inspection we made a recommendation the provider considered current guidance on MCA and best interest decision making, to update their practice accordingly. At this inspection we found improvements had been made.

We checked whether the service was working within the principles of the MCA.

- People were supported in the least restrictive way possible and in their best interests.
- Care files contained information in relation to capacity assessments, and relevant DoLS applications had been completed. This ensured people were not being deprived of their liberty unlawfully.
- Staff were able to describe their understanding of the MCA and how they provided support in line with guidance. Staff told us how they provide choice to people in every aspect of their lives. At the time of the inspection, MCA training was taking place in the home for staff.

Staff support: induction, training, skills and experience

- Systems and processes for supporting and training staff were fully embedded and sustained in practice. This meant staff had received the training and support they needed to be effective in their roles.
- People told us they had confidence in the skills of the staff. One person said, "I feel the staff are well trained, they do a good job." A person's relative told us, "The staff are well trained they know how to deal with [person's] dementia. [Person's name] is very touchy feely and likes to hold their hands. They go along with it. They treat [person] like an individual."
- Staff told us they were able to access training and support when they needed to. One staff member said, "The training is very good, this company do invest in us staff."

- The provider had ensured all staff were enrolled on qualifications in health and social care. Some staff had also completed the care certificate.
- Staff were supported in their role by the management team. Staff received regular supervision and reflective practice sessions which helped staff explore and understand their role.

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

- Appropriate risk assessments were in place to determine whether people were at risk of weight loss. Where needed, appropriate interventions such as high calorie diets were in place and dietitian reviews were completed.
- People were asked what they would like to eat and drink on a daily basis, ensuring they were provided choice.
- Care workers and kitchen staff knew people's dietary preferences. They were aware of any cultural or faith-based restrictions for food and drink and respected them.
- The service was proactive at involving professionals such as Speech and Language Therapists (SaLT) when people required additional support with their meals. One person struggled to chew their meals and was following a liquidized meal plan. However, in consultation with the SaLT, the person had been able to introduce soft bite size items into their diet.

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

- People's healthcare needs were well managed. People were supported to attend GP and hospital appointments. When needed, the service liaised with people's GP and community nurses to ensure all their healthcare needs were being met.
- Care plans were in place that instructed staff on how to support people to meet their oral hygiene care needs.

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

- The service design and decoration supported people's individual needs. All areas were tidy and accessible to people and visitors. Upstairs areas can be accessed via a stair or a passenger lift.
- The layout of the home was simple and easy for people to navigate. There are three lounge/dining areas that are easy for people to locate and navigate towards on each floor. There is also a pleasant and secure garden area that people could access directly from the lounge.
- People also benefited at the home from a cinema room, hair salon, fully equipped bar and café that were completed to a high standard with a number of comfortable chairs available for people to enjoy.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a caring and respectful manner. We observed staff respond when one person became anxious. Staff understood how best to respond. We observed staff members singing Christmas songs to this person, who was later observed to be dancing.
- Staff promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way. People were supported to follow their chosen faith in accordance with their wishes.
- Staff were caring and supportive with people. They had clearly established close relationships with people and knew them well. People told us they were happy living in the home. One person said, "The staff are kind and caring and treat me well. I feel the staff know me well and I have no complaints."
- Staff respected people's right to privacy. When delivering personal care, for example, staff ensured doors and curtains were closed and people were kept covered.
- Staff promoted people's independence as far as possible. Staff supported people to make choices and to do what they could for themselves. One person told us, "My room is cleaned every day and the sheets. I like to do some of my own cleaning as I want to keep my independence." A relative told us, "[My relative] can make choices each day, they are fully independent and so makes their own decisions."

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decisions about their care and support. The registered manager used several methods to gain people's views including daily interaction, regular reviews of people's care and resident's meetings. One person commented, "I haven't had a questionnaire, but I know that in the entrance to the home there are cards where you can leave any suggestions. I would recommend the service." The registered manager confirmed new questionnaires to people and their relatives would go out in the new year.
- People were encouraged to maintain friendships and contact with their families. Family members and friends were able to visit. The home was following the government's COVID-19 guidance on care home visiting. One relative said, "When we visit, we have to do a test and show them the negative result to go in."
- Staff and the registered manager had built up relationships with family members and we saw positive interactions between them. Relatives told us relevant information was shared and discussed.

# 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 our last inspection the provider had failed to ensure accurate records were in place, this meant there was a risk people would not receive the care required. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care plans were much improved and captured people's assessed needs. People's plans had been rewritten and covered a range of their care and support needs. This included people's communication needs and information about their social histories.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS).
- Information could be made available in different formats, including braille, large print, audio and alternate languages if needed.

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

- A range of activities were provided by the activities co-ordinator, including, arts and crafts, quizzes and singing.
- People and their relatives were complimentary of the activities. One person told us, "I have been on Facebook four times, fame at last! They have taken pictures of me doing activities, they keep me busy." One person's relative told us, "The activity co-ordinator, she does one-to-one with [my relative], as they can't

take part in group activities due to their condition."

- The home proactively used social media to show people's families the daily activities taking place, this was a positive way for families to keep in touch.

Improving care quality in response to complaints or concerns

- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure. One person told us, "I have never had any reason to make a complaint, they care for me very well'."

End of life care and support

- No end of life care was required at the time of the inspection. The registered manager previously had liaised with people's families to could complete the advance care planning document to capture people's preferences at the end of their life.

# 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 promotion of a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for the person.

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

- There was a clear management structure in place, consisting of the regional, registered and deputy managers. They were clear about their roles and responsibilities and led by example.
- Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service. The management team carried out regular audits which highlighted any concerns and areas for improvement to ensure the quality and safety of the service was maintained.
- The management team were involved in the day to day running of the service and had the much-needed oversight. The registered and deputy managers completed daily walk around audits of the home, to keep in touch with people and check for compliance.
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 received care from a consistent staff team who knew them well, understood their individual needs and were responsive to changes. We saw people and staff interacting in a friendly and caring way. One staff member said, "I love working here, we have a great team and treat the residents like our own family."
  - The registered manager and staff team had a good understanding of how to deliver person centred safe care. People told us they were consulted about their care and other matters to do with the service. People's relatives told us they felt people received personalised care.
- registered manager was aware of and adhering to the duty of candour.
- The provider displayed their CQC rating within the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff felt valued and recognised for the support they provided. One staff member told us, "I have worked my up in the service and we are well looked after."
- Throughout the inspection we noted there was a very relaxed atmosphere in the home. People were listening to music and singing along or dancing with staff. Staff were observed to take time out from their caring tasks to interact with people.
- The service worked with organisations including local authorities that commissioned the service and

other health and social care professionals to ensure people received the care, treatment and support they needed.

- The local authority had completed an infection control assessment and an action plan was in place for any recommendations made.