Care UK Community Partnerships Ltd

Oakfield Croft

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Oakfield Croft is a new purpose-built nursing home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

The home has three floors; the ground floor provides residential support and the first floor provides dementia residential support. The second floor is not currently open and is for nursing care. All rooms are single rooms with an ensuite shower and toilet. Shared adaptive bathrooms are available on each floor. The home has resident lounges, a cinema / bar, café area and hairdresser salon.

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

People's individual needs were identified in their care plans and risk assessments, with guidance provided for staff in how to meet these identified needs. People were supported to maintain their health and wellbeing. People received their medicines as prescribed.

There were enough staff on duty to meet people's needs. Staff received the training and support they required to carry out their roles. Staff were observed using the correct PPE and the home was very clean and decorated to a high standard throughout.

Relatives were complimentary about the staff teams and the management of the service, saying they were knowledgeable about their relatives' support needs. There was good communication between the home and people's relatives, with relatives being kept informed about any changes in their relative's health or wellbeing.

There was a range of activities available each week. The home also had a purpose-built bar / cinema and café for people to use.

A quality assurance system was in place, with regular audits being completed and actions taken to address any shortfalls identified. Staff felt well supported by the registered and deputy managers, who they said were approachable.

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.

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

Rating at last inspection
This service was registered with us on 17 March 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on when the service was first registered with the us.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Oakfield Croft

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
Oakfield Croft 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 27 April 2021 when the inspector visited the home and ended on 5 May 2021.

What we did before inspection
We reviewed information we had received about the service since they had been registered with the CQC. 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. We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, team leaders, care workers, housekeepers and the chef. We observed how staff interacted and supported people throughout the inspection

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and maintenance records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at a range of quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● People received their medicines as prescribed. Medicines administration records were used to record all medicines administered and daily stock counts were completed.

● Guidelines were in place for when any medicines not routinely administered were to be used; however, these were of variable detail. Some contained information about what the medicine was for and how the person would communicate, verbally or non-verbally, that they needed the medicine. Others were brief and did not clearly identify how the person would inform the staff they needed the medicine. The registered manager was aware of this from a home review in March 2020 and a clinical commissioning group (CCG) audit on 23 April and told us they would support the team leaders and nurses to add sufficient detail to the guidance.

● Care staff recorded when they had applied topical creams. Clear body maps were used to identify where the cream was to be applied and when. We noted there were some gaps in the cream records, especially where the cream was to be applied more than once per day. The registered manager told us they were working with the staff teams to ensure all creams applied were recorded.

● Team leaders and nurses administered all medicines. They had received suitable training for this role and also completed an annual competency assessment.

Assessing risk, safety monitoring and management

● The risks people may face had been identified, assessed and guidance provided for staff in how to manage these known risks. These were evaluated each month to ensure they were up to date.

● Guidance was in place for staff to support people who may become anxious or agitated. We observed staff using distraction techniques to support one person who was becoming anxious. Any behaviours of concern were monitored through weekly clinical review meetings to ensure all care plans, records and support was in place.

● Equipment was serviced, checked and maintained in line with regulations and manufacturer's instructions.

Preventing and controlling infection

● The home was very clean throughout, with cleaning schedules altered to take into account additional cleaning of touch points needed due to the COVID-19 pandemic.

● Staff were observed wearing the correct personal protective equipment (PPE) and were knowledgeable about the current government guidance. All staff participated in a weekly COVID-19 testing programme.

● A room, with an external entrance, had been set up for nominated relatives to visit. A booking system was used and relatives had to have a lateral flow COVID-19 test and wear PPE. Another room had also been

previously adapted to enable visitors to see their relative through a Perspex screen with an intercom system, following government guidance at that time.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse
● All accidents and incidents were recorded electronically and reviewed by the team leader and registered manager. The registered manager was able to run reports to analyse all incidents to establish if there were any patterns or common features across the home, for example falls happening at the same time of the day. Any actions that may reduce the risk of a re-occurrence of the incident were recorded and implemented.
● Members of staff completed regular safeguarding training and were aware of the procedures for reporting any concerns.

Staffing and recruitment
● There were enough staff on duty to meet people's needs. Feedback from relatives and staff was positive about the staffing levels at the home. The registered manager said the home was fully recruited for the two floors that were open, so staff were in place for when more people moved in to the service.
● Staff were safely recruited, with all pre-employment checks completed prior to staff starting work.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they were well supported by the management team and their colleagues. A member of staff told us, "We can go to the [registered manager] or [deputy manager] if we need to and I know they will sort things out."
- Staff completed a two-week induction when they first started. They completed a range of mandatory training and shadow shifts, working alongside an experienced member of the team, so they could get to know people, their needs and routines. Annual refresher training was completed.
- The provider supported staff members to enrol on a variety of courses to develop their skills and progress their career within health and social care if they wanted to.
- Domestic and kitchen staff also completed some care courses, for example dementia awareness, so they were aware of people needs and how to interact with them.
- Staff told us they had regular supervision meetings were able to raise any ideas or concerns in their supervision meetings.

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

- People's nutritional and dietary needs were being met. People said they enjoyed the food and there was a choice of meals available. A relative told us their relative had gained weight since moving to Oakfield Croft. One relative said, "We've had to buy new clothes for [Name] as she's put weight on. She can be a finicky eater, but she's still put weight on."
- Information about modified diets and people's dietary needs was available in the kitchen. The chef was updated with any changes in people's diets at the daily 10 at 10 managers meeting.
- People's weights were monitored and those considered to be at risk of losing weight were referred to the dietician or speech and language team. Where people were losing weight, fortified diets were introduced immediately. Food and fluid intake were monitored.

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

- People were supported to maintain their health. Any specific medical conditions were identified and guidance provided for staff to follow, for example supporting people with their diabetes. A weekly clinical review meeting gave the registered and deputy managers oversight of clinical issues and they checked all actions had been taken.
- A clinical register was used to monitor any changes in people's health or risks, for example weights, wounds and the use of bed rails or sensor mats.
- People were all registered with the same local GP, who visited the home whenever needed. District nurses

visited the home daily and appropriate, timely referrals were made to the district nurse team when required.

Adapting service, design, decoration to meet people's needs
● Oakfield Croft had been purpose built and had been designed to a high specification. All bedrooms had their own ensuite wet room with shower. Adapted bathrooms, were designed to be relaxing, with low level lighting and bathroom ornaments.
● The residential dementia floor was appropriately decorated and had a large variety of items that would be familiar to people living with dementia, for example a Singer sewing machine and clothes maiden. These were tactile items that people could pick up and handle if they wanted to.
● There was a memory box outside each room in which people could choose to put items that were important to them. This would help people living with dementia recognise their own rooms.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Pre-admission assessments were completed prior to a person moving to Oakfield Croft. Where possible this continued to be done face to face with the person and their relatives if appropriate. PPE and social distancing was observed during the assessment visits. Relatives were positive about the pre-admission process, with one saying, "The assessment worked really well; [registered manager name] visited and did the assessment with us."
● Information was also obtained from other professionals involved in the person's care and support, for example the hospital ward. An initial care plan was written and information verbally given to the staff team.
● People had a COVID-19 test within 72 hours prior to moving to the home and self-isolated for seven days after moving in, followed by another CVOID-19 test. This meant the admission procedure was managed to reduce the risk of COVID-19 being introduced to the home. One relative said, "[Name's] admission went very well; the home arranged everything directly with the hospital so [Name] moved straight there from the hospital."

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 service was working within the principles of the MCA. Care records contained capacity assessments for each specific decision.
● Where people had been assessed as lacking the capacity to make decisions DoLS applications had been made. These were monitored by the registered manager so that re-applications could be made prior to the DoLS expiry date.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives were positive about the staff team and the support provided. A relative said, "The overriding theme is that nothing too much trouble; whatever we ask them to do they will just do it" and "The love they've (the staff team) got for mum; they really look after her very well."
- We observed and heard positive interactions throughout our inspection. Staff knew people's needs and their likes, dislikes and preferences. A life story book contained a range of information and photographs about each person's family, jobs they had done, hobbies and interests.
- People's cultural needs were discussed with them and / or their family. Cultural diets could be catered for, for example one person did not eat meat on Fridays. An on-line weekly mass service was available for people to participate in if they wished to do so.

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

- People's communication needs were assessed, and information provided about how they made their wishes known to staff. Staff were able to describe how they gave people day to day choices, for example what to wear. People were supported to choose what meal they wanted by using 'show plates' so people could see the alternative meals available.
- Relatives told us the communication with the home was good and they were contacted regularly by the home. Relatives said they were asked about the care and support their relative needed and how best they could be supported. One relative said, "They ask what [Name] used to enjoy that may engage her more; they look for information to help [Name]" and another told us, "Every member of staff I've spoken with has been very knowledgeable, caring and talk in an informative way about [Name]."
- Information about advocacy services was available. This ensured the person would have a representative at the meeting to speak on their behalf if they were not able to do so themselves and there were no other relatives or friends able to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they maintained people's privacy and dignity when providing personal support, including explaining to people what they were doing throughout the support. One member of staff said, "I explain the process as I go through it and ensure all doors and curtains are closed." A relative said, "[Name's] nails are always done, she's dressed immaculately; she looks lovely."
- Staff described how they prompted people to complete things they were able to do themselves to maintain their independence. Examples were given where one person was now walking short distances with staff support rather than using a wheelchair and another person was using a lidded beaker to drink independently.

● Care plans included information what people were able to do for themselves, the choices they could make and what support they needed from the care staff.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

● Person centred care plans were in place which identified people's individual needs and provided clear guidance for staff in the support people needed to meet the identified needs. These were evaluated each month by the floor managers and any changes in people's support needs recorded. Relatives told us they were contacted each month as part of the review. One relative said, "We get a phone call about the monthly review; what they've spoken about with [Name], what they were happy or unhappy with and if I have any comments or questions."

● The registered and deputy managers monitored that all care plan evaluations were completed as planned.

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

● Government guidance was being followed to enable people to have relatives visit them. People were supported to phone or video call their relatives.

● A life-style co-ordinator organised a weekly timetable of activities for people to engage in. One to one time was also planned for those people who were cared for in bed. The home had a range of purpose-built facilities, including a bar / cinema room, café and accessible gardens.

● Regular celebrations were organised, for example birthdays, Valentine's day and St Georges day, with photographs being shared with relatives through social media.

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.

● A communication care plan identified people's communication needs, including if they wore glasses or had hearing aids.

● The provider was able to supply information about the home in large print or different languages if needed.

Improving care quality in response to complaints or concerns

● The service had a formal complaints policy in place. Any complaints received were acknowledged, investigated and a response provided. Any lessons to be learnt or actions to be taken were documented and followed up with the staff team as required.

● Relatives said they could speak directly with the registered manager or staff team if they had any issues or concerns. One relative said, "I can phone up and get an update for [Name] or any information I ask for. I get put through to the floor and a member of staff will always speak with me."

End of life care and support

● End of life care plans were in place; however, many stated that further discussions were needed with the person's family to identify any wishes for their end of life care. These discussions had been made more difficult due to the COVID-19 restrictions on relatives visiting the home.

● Specific care plans were written when required for people's end of life care and support. The GPs and district nurses were involved when anticipatory end of life medicines were prescribed.

● Relatives were able to visit their relative if they were at the end of their life, as per the government's COVID-19 guidance.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A robust quality assurance system was in place, with a range of regular audits being completed. Action plans were written to address any issues found. The provider had a regional director and operations support manager who visited the home to provide support and complete their own audits.
- A service improvement plan was used to collate and monitor actions from all the audits to ensure they were completed. As part of the audits, checks were made to ensure previous actions had been completed.
- A clear staff structure was in place. Head of departments, for example the head housekeeper and head chef, completed the relevant audits for their departments.
- Team leaders and nurses led each shift and allocated duties to the care staff team. A resident of the day system was used so that each person had a set day in the month when their care plans were evaluated, and the chef spoke with them about their food preferences. This helped ensure all evaluations were completed each month.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The staff we spoke with were positive about working at Oakfield Croft and felt well supported by the team leaders, nurses, registered and deputy managers. Staff told us they could raise any concerns with the management team and felt they would be acted upon and listened to.
- Relatives were positive about their relative's health and wellbeing outcomes. We were told, "A weight has been lifted from us; you can see the difference in the photographs, how cared for they look now" and "I would recommend the home to others; I can't find any fault in the support and I can ask any questions I might have."
- The home had established a good working relationship with other medical professionals and the local authority.

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

- Regular residents' meetings were held to ask people for their thoughts about the service and if they had any suggestions for example activities they would like to do. Minutes from the meetings showed that the suggestions people made were put into place.
- Relatives and staff said the registered manager was approachable and there had been improvements at the home since they had been appointed.

● The provider arranged for independent surveys to be carried out with a sample of relatives from each of their care homes. This was underway at the time of our inspection.

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 notified the CQC and safeguarding teams of any accidents and incidents as appropriate.

● Relatives said communication with the home was good, for example if their relative was unwell. They could also contact the home if they had any queries or concerns. One relative said, "I speak on the phone with staff about strategies to distract [Name], what she used to enjoy that may engage her more. I get feedback how they have managed things and what she's been involved in. They are motivated to find individual ways to help people to settle."