

Oakdale Care Home Ltd

Oakdale

Inspection report

123 Kiln Road
Benfleet
Essex
SS7 1TG

Tel: 01702553734
Website: www.abodecarehomes.co.uk

Date of inspection visit:
08 May 2017
15 May 2017

Date of publication:
04 July 2017

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 8 and 15 May 2017 and was unannounced.

Oakdale is registered to provide accommodation with personal care for up to 27 older people, some of whom may be living with dementia related needs. There were 24 people living at the service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives, social care and health professionals and staff spoke highly of the registered manager and gave positive feedback about the service provided. The registered manager was passionate and committed to providing a well led service. They placed people living at the service at the heart of everything and empowered and enabled staff to deliver a positive person centred culture which focussed on ensuring people's life experience at the service was of the utmost importance. Staff felt valued and well trained, were clear on their responsibilities and enjoyed their work. They shared the registered manager's philosophy to provide good quality care.

The service was extremely responsive to people's individual needs which had a positive impact on their lives. Staff had developed positive caring relationships with people. They knew people very well and were kind and sensitive to their needs and ensured their privacy and dignity was always respected. People's nutritional needs were met and people were supported to maintain a healthy and balanced diet. People received support to access health care professionals and services when required and health care professionals were complimentary about the service.

People who used the service felt safe and were enabled and empowered, as far as they were able, to take responsibility for their own safety within the service and when accessing the local community; risks to people's health and wellbeing were appropriately assessed, managed and reviewed. The registered provider's recruitment procedures were robust and ensured that only suitable staff were employed. People were supported by staff that had the skills and experience needed to provide effective care and there were enough staff to help keep people safe, meet their needs and protect them from harm and abuse. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

People's capacity to consent had been assessed and the registered manager and staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and encouraged and supported people to make decisions and choices. Where people lacked the capacity to make decisions, best interest decisions had been made on their behalf.

Where possible people and their families were involved in the planning and review of their care and support; care plans were very person centred and were regularly reviewed. Staff actively promoted people's independence and encouraged people to do as much as possible for themselves. Staff shared information effectively which meant that any changes in people's needs were responded to appropriately.

There were robust, effective systems in place to regularly assess and monitor the quality of the service provided. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Management were able to demonstrate how they measured and analysed the care and support provided to people, and how this ensured that the service was operating safely, continually improving to meet people's needs and having a positive impact on the lives of people.

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.

There were sufficient numbers of suitably qualified staff to meet people's individual needs.

Staff knew how to identify and respond appropriately to safeguarding concerns.

Risks to people were managed and assessments were in place to manage identified risks and keep people safe.

People received their medicines safely and as prescribed.

Is the service effective?

Good 

The service was effective.

Staff received an induction when they came to work at the service and on-going training and supervision to support them to effectively deliver care and fulfil their role.

Staff had an understanding of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. Staff promoted and encouraged people to have a healthy balanced diet to maintain their well-being.

People's healthcare needs were met and they were supported to access healthcare professionals when they needed to see them.

Is the service caring?

Good 

The service was caring.

People had good relationships with staff.

People were actively encouraged to be involved in making decisions about their care and support. Care plans were regularly evaluated to ensure they continued to reflect people's current

needs.

People's independence was promoted and staff encouraged people to do as much as they were able to for themselves.

Staff treated people with dignity and respect.

Is the service responsive?

Outstanding 

The service was very responsive.

The registered manager and staff were committed to ensuring people's individual needs were met in all areas of their lives which ensured they had a good quality of life.

Care plans were person centred and provided staff with clear information on what people needed to enjoy meaningful and fulfilling lives.

A range of activities were available and people were enabled and encouraged to pursue their interests and hobbies.

There was an effective complaints system in place.

Is the service well-led?

Good 

The service was well-led.

The service was run by a committed registered manager who had clear vision and values.

Staff felt valued and team morale was high. They shared the registered manager's vision and values to provide good quality care.

There were systems in place to seek the views of people who used the service, and others.

There were robust quality monitoring processes in place to ensure the service maintained its standards and continuously improved.

Oakdale

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 8 and 15 May 2017 and was unannounced. The inspection was completed 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.

Before our inspection we reviewed the information we held about the service. This included statutory notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us.

During our inspection we spoke with ten people, six relatives, four health and social care professionals, one commissioner, six members of staff, deputy manager, registered manager, quality and compliance manager, operations director and the registered provider. Not everyone who used the service were able to communicate verbally with us so we spent time observing care in the communal areas of the service. We also used the Short Observational Framework for Inspection (SOFI which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of documents and records including five people's care files, four staff recruitment and support files, training records, arrangements for medication and quality assurance information.

Is the service safe?

Our findings

People repeatedly told us they felt safe living at Oakdale and had confidence in the staff to look after them well. One person told us, "I never realised how unsafe I had felt at home until I came here, now I know I am in good hands." Another person told us, "I feel safe here, there's always somebody [staff] available if I need help." Relatives also informed us that they felt their loved ones were safe; one relative said, "I absolutely believe that my [relative] is in safe hands." People also told us their possessions were safe; one person said, "I can lock my room when I leave if I want to. I don't always bother but I am grateful that the manager understands that it puts my mind at rest." Another person said, "Staff here are honest and can be trusted."

There were systems in place to keep people safe and protected from harm which included a whistle blowing procedure for staff. Staff had received safeguarding training and there were safeguarding procedures in place. Staff demonstrated a good knowledge of the procedures and were clear on the actions they would take if they suspected abuse. One member of staff told us, "If I suspected that someone was being abused I would report my concerns to the senior in charge. I would go further up [management structure] if I felt I wasn't being listened to." Staff were aware they could contact external agencies such as social services or the Care Quality Commission (CQC) to report any concerns.

Risks to people's health, safety and welfare had been appropriately assessed both within the service and when accessing the local community. Where risks had been identified management plans had been put in place and were regularly reviewed, for example for their pressure area care, nutrition, mobility and for falls. A relative told us, "They have put a pressure mat by my [relative's] bed so [staff] can be alerted if they get out of bed. [Relative] really wants to be independent but they are not safe. [Staff] do all they can to protect her." Staff had an enabling attitude and encouraged people to challenge themselves. For example one person told us how they had wanted to go out and enjoy the snow. They said, "We did have fun, a member of staff went out in the snow and I asked if I could join them. We threw snowballs at another girl. Some people think it is terrible that they let me out [in the snow] but I did enjoy it." This demonstrated that the service was not risk adverse. Staff we spoke with had a good knowledge of people's identified risks and described how they would manage them. All the staff we spoke with told us that people's care plans and risk assessments contained sufficient information and guidance to help them keep people safe.

There were robust recruitment processes in place to ensure that staff were suitable to work with people living in the service. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). New staff were required to undergo a six month probationary period and there were staff disciplinary procedures in place to respond to any poor practice.

During our inspection we saw a prospective new employee having lunch with people who lived at the service. The registered manager explained that they had recently introduced this as they recognised it was important for people to be involved and to be given the opportunity to provide their feedback as part of the recruitment process. One person excitedly told us, "We're meeting a new lady today for lunch who might be

coming here." Another said, "It's a good chance for us to tell them what this home is like and how we work." The prospective new employee told us, "I really didn't expect this but I think it's a wonderful idea."

There were enough staff to meet people's care and support needs. The registered manager showed us how they monitored people's dependency levels to enable them to assess the required number of staff. The sample of rotas we looked at reflected sufficient staffing levels by a consistent staff team. People and their relatives also told us that they felt staffing levels were sufficient. For example people told us that their call bells were always answered swiftly by staff who showed care and compassion. One person told us, "I don't press it often but I've never had to wait ages for help, they come quickly day or night." Another said, "I've never had to press my call bell but they make sure I've got it and I feel they would come if I needed them." Throughout our inspection we observed staff supporting people in a timely way and sufficient staffing levels to meet people's individual needs.

People received their medicines safely, when they needed them. All staff who administered medication had received medication training and had their competency checked regularly. The medication administration records (MARS) we looked at were completed appropriately. Where people had been prescribed medicines on an 'as required' basis for example for pain relief, there were protocols in place for staff to follow. Regular audits were undertaken to ensure that people were receiving their medication safely and correctly. There were safe systems in place for ordering, receiving, storing and disposal of medicines.

People were cared for in a safe environment and appropriate monitoring and maintenance of the premises and equipment was ongoing. There were up to date safety certificates in place for the premises such as for the electrical and gas systems. Records showed that the building had been well maintained and that repairs had been carried out swiftly. The service employed a maintenance person to carry out general maintenance and day to day repairs.

Systems were in place to record and monitor incidents and accidents and these were monitored by the registered manager and the registered provider. This ensured that if any trends were identified prompt action would be taken to prevent reoccurrence for example making a referral to the falls team. Processes were also in place to keep people safe in the event of an emergency situation such as fire and personalised emergency evacuation plans (PEEPs) were in place for people. A PEEP provides guidance to staff and emergency services if people needed to be evacuated from the premises in the event of an emergency. Records showed that staff were trained in first aid and fire awareness and how to respond to emergencies.

Is the service effective?

Our findings

People were cared for by staff who were supported by management to have the skills and knowledge they required to meet their needs. People we spoke with told us they felt staff were well trained and able to provide care and support in a competent and professional way. These views were also shared by relatives. One relative told us, "There always seems to be training going on here and I think they pride themselves on the quality of the staff."

Staff had completed an induction programme when they started work at the service and were supported to obtain the knowledge and skills they needed to provide good care. Training records confirmed staff had completed the registered provider's mandatory training. The registered manager told us that new staff were required to complete the Care Certificate. The Care Certificate is a training course which enables staff who are new to care to gain the knowledge and skills that will support them within their role. Where required staff had received specialised training to enable them to support people; for example continence care and falls prevention. Staff we spoke with told us they felt well trained. Records showed that training was completed in various formats such as e-learning, workbooks and face to face. The registered provider's quality and compliance manager had recently started to facilitate some elements of the training programme. All staff spoke positively about the delivery of training from the quality and compliance manager. One member of staff told us, "[Name] is the best teacher I've ever had; we can ask questions if we don't understand anything and they use real life examples which we can relate to." Staff were also provided with 'quick reference key cards' to complement their training and support them to effectively fulfil their roles and provide people with the care they needed. The registered provider had also developed a clinical procedures and practice manual and dementia manual which provided information for staff such as best practice and expectations of care delivery. This demonstrated that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us, and records showed that they received supervision and had an appraisal of their performance. Supervisions and appraisals are important as they are a two-way feedback tool for the managers and staff to discuss work related issues and training needs. Staff told us they felt well supported by management who were always available if they needed any support or guidance. They also told us that they were actively encouraged and supported to continue their professional development to expand and develop their skills; records confirmed that a number of staff had been supported to develop their roles and had been promoted to senior positions. This demonstrated that staff had a structured opportunity to discuss their practice and development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The

authorisation procedures for this in care homes and hospitals are 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 were being met. The registered manager understood their responsibilities and the key principles of the MCA and DoLS. Staff understood the importance of consent and explained to us how they gained people's consent to their care and helped people to make choices on a day to day basis. Where required people's mental capacity had been assessed and any decisions were made in their best interests in the least restrictive way in line with legislation. Staff were aware that people had to give their consent to care and support and had the right to make their own decisions. Where people had been deprived of their liberty appropriate applications had been made to the local authority for a DoLS authorisation. Throughout our inspection we observed staff asking people if they were happy to receive support and staff respected their decisions. We heard staff using phrases such as 'what would you like to do', 'would you like me to' and 'would you like a drink' and giving people the time they needed to make a decision. A relative told us, "The carers engage so well with [relative] and I can see how fond [relative] is becoming to them. Sometimes [relative] can be muddled and [staff] are patient with them, always obtaining their views and wishes." This told us people's rights were protected.

People were supported to eat and drink enough and maintain a balanced diet. People chose what food they wanted and alternative meal choices were available if they did not want what was on the daily menu. A pictorial menu was displayed in the lounge and care plans noted people's food dislikes and likes. Where required, people's dietary needs had been assessed and their food and fluid intake and weight had been monitored to ensure that their nutritional intake kept them healthy. Throughout our inspection we observed people regularly being offered a choice of drinks and snacks including fruit, cheese, biscuits and cakes. We also observed the lunch time meal and saw that staff encouraged and supported people to eat their meals. Where people were being supported to eat their meal, staff did so sensitively. People enjoyed a pleasant relaxing mealtime experience and we observed ample staff on duty to provide a calm unhurried atmosphere. People told us that the food was always hot and tasty. One person told us, "You are never hungry here." Later on in the day we overheard one person asking a member of staff what time tea would be, the staff member responded, "Tea is at 5pm but if you are hungry I can get you something to eat, what would you like?" The person declined saying they 'certainly wasn't hungry'.

People were supported to access healthcare services as required such as occupational therapists, district nursing team, GPs, opticians and chiropodists. The outcome of health appointments was recorded within people's care plans so that staff knew what action to take. One person told us, "I'm not feeling too good at the moment, my head doesn't feel right, a bit giddy; they know all about it and called the doctor in." A visiting health and social care professional told us, "Staff are very helpful and always accompany us to [people's] rooms." The sample of care records we looked at demonstrated the service worked effectively with other health and social care services to help ensure people's healthcare needs were met.

Is the service caring?

Our findings

All the people and relatives we spoke with were extremely complimentary about the care and support provided by staff. One person said, "They're marvellous to me, so lovely, nothing is ever too much trouble for them and they never make me feel I'm being a nuisance." Another said, "They are very kind to me, they always listen to me and make time for us." Records showed that a residents survey had been completed in April 2017 and all respondents had stated they were treated with care and compassion from staff. Comments from people's relatives included, "I genuinely feel that they care deeply for my [relative], they show real affection." And, "When [relative] needed care I knew that they really cared here and they really do care, they interact with people so well. My [relative] grins every time a carer comes into their room; you can tell [relative] is happy and relaxed with them." One relative told us how their experience of working with the home in a health and social care role had proved to them that the service provided high levels of care and compassion and this had informed their decision making when looking for a home for their relative.

Staff provided a caring and supportive environment for people who lived at the service. Many staff had worked at Oakdale for a number of years which enabled positive relationships to develop. Throughout our inspection we observed a positive culture within the service. Staff interacted with people in a kind, caring and respectful way, consistently acknowledging people and engaging in appropriate conversation and light banter with them. Where people were unable to express their wishes staff always included them and actively encouraged to partake in conversations and activities where possible. The activities co-ordinator showed us individual books they had recently completed for people living at the service. These books contained detailed information such as people's life histories, hobbies and interests, likes and dislikes and how they wished to be cared for. They went on to say how this information would be particularly helpful for new staff and agency workers as a quick reference guide to help them to get to know people, generate conversations and provide person centred care. It was clearly evident that people enjoyed good relationships with staff and amongst themselves and that people were at the very heart of the service. One relative told us, "If it's somebody's birthday they always do a special birthday tea for people which I think is really sweet of them." Another relative said, "It feels like a big family here we all look out for each other." A relatives and friends survey had been undertaken in April 2017. Fifteen responses had had been received by the registered provider and records showed that 100% of respondents had rated the care at Oakdale as 'Excellent'.

People were involved in making decisions about their care and support. For example people told us they were able to make choices about what they wanted to wear and how they liked to spend their time. One person said, "They do talk to me about my care plan, what has changed, what I need etc. They keep a very close eye on me I think." Another said, "They don't tell me where to go and what to do, I can go where I like. If I want peace and quiet I'll go into my room; nobody stops it or even questions it." The care plans we reviewed contained information about people's likes, dislikes and preferences in regard to all aspects of their care together with detailed information on people's life histories. It was evident from speaking with staff and relatives and through our observations during our inspection that staff knew people's life histories and their preferences of how they wished to receive their care and support. One relative told us that they had noticed no difference in the care provided to those who had regular visitors and those who had none. They went on to say, "Everyone is treated the same, if anything [staff] give extra attention to those people

without families."

Regular resident meetings were held where people living at Oakdale were encouraged to be involved in the day to day running of the service and made to feel valued. Minutes from these meetings showed that topics such as staffing, activities and the views and ideas from people had been discussed. Where people had expressed their views and ideas, these had been followed up by the registered manager.

People were treated with dignity and respect. Throughout our inspection we saw people and staff were relaxed in each other's company. There was free flowing conversation and exchanges about people's wellbeing and how they planned to spend their day. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, for example kneeling to people's eye level, holding hands and offering reassurance where required. Staff were not rushed in their interactions with people and took time to listen closely to what people were saying to them. Staff demonstrated a good understanding of privacy and dignity and described how they protected and respected people's dignity such as knocking on people's doors before entering their rooms, ensuring curtains and doors were closed when supporting people with personal care and helping people to maintain their personal appearance so as to ensure their self-esteem and self-worth. One person told us, "Staff are very kind, caring and respectful towards me, they never just walk into my room, they knock first they say it's to respect my privacy, I like that." They went on to say, "When I first moved here staff really understood how hard it was for me and helped me to settle in. Now I'm very happy here."

People were supported to maintain their independence and staff recognised the limitations of each person and empowered them to be as independent as possible. Staff we spoke with explained that it was important for people to do as much as they could for themselves if they were able to, such as wash or dress themselves but told us they were always close by in case people required their support. One person told us they were very grateful that staff 'do not take over' and insisted on accompanying them everywhere. They went on to say, "I like to be as independent as I can be." During our inspection we saw one person who had earlier become distressed sitting at a dining table with a member of staff. They were folding serviettes together whilst chatting away. The person told us, "I like doing my bit to help it makes me feel useful."

People were supported to maintain relationships with friends and families. Relatives told us that they were made to feel very welcomed at Oakdale and there were no restrictions on the times they could visit. They all said that hot drinks were always being offered to them. One relative said, "They'll even offer me lunch if I'm here at that time." Another said, "I like the fact there are no restrictions to visiting, I can visit at bedtime if I want to and nobody would make me feel in the way." One relative told us how they had recently been unwell and had been unable to visit so had telephoned the service and staff had taken the phone to enable them to speak with their relative so they could 'have a good chat together'.

People's diverse needs were respected and recorded in their care plans. The registered manager said that staff would support people to access religious services should they require this. Regular religious services were held at the service for those who wished to attend.

People nearing the end of their life, together with the people that mattered to them, received care and support from compassionate and supportive staff. People had end of life care plans in place and the service had a strong commitment to supporting people and their relatives before and after death. Care records also showed that people had completed preferred priorities for care (PCC). PCC is a document which supports people to plan for the future and to record their wishes and preferences during the last year or months of their life including the care provided by staff. Staff worked closely with the palliative care team and feedback from the palliative care support manager demonstrated that the service made appropriate referrals when

necessary. They went on to say that medication records were completed appropriately and that staff had good understanding regarding the PRN (as and when required) nature of medications and was confident that these would be administered in the correct manner and at the correct times to ensure people's comfort and optimising their quality of life when receiving end of life care. During our inspection one person was receiving end of life care and we observed staff being very sensitive, supportive and caring to both the person and their relatives. One member of staff told us how they had moistened the person's lips with beer which they had enjoyed. One person and their relative told us how staff had looked after them both following the death of their loved one. The relative said, "When [relative] died the staff looked after us very well and showed great care and understanding." We saw a recent thank you card received by the service which said, 'A very big thank you to you and all your staff for looking after [relative] so well. They could not have ended their life in a nicer home than Oakdale where they were treated with much kindness and professionalism. I also want to thank you for being so kind to me; you always made me feel so welcome when I came to visit.' These sentiments were also evidenced from the many compliments and thank you letters the service had received.

Is the service responsive?

Our findings

People and their relatives told us that the service was very responsive to their needs. Feedback from health and social care professionals also told us the service was responsive to people's individual needs and was extremely positive about the standard of care and support people received. It was clear from our discussions with the registered manager that they were passionate and committed to providing person centred support to people, enabling them to lead as independent and happy life as possible.

The registered manager was able to show us how they had worked with people, staff, relatives and health and social care professionals to look at ways to improve the quality of people's lives. For example the registered manager told us about one person who had been repeatedly slipping out of their chair and health and social care professionals were unable to find a solution to prevent this and it was concluded that the person may have to stay in their bed for their own safety. They went on to tell us how the service had worked innovatively with the person's relative to find a solution thereby enabling the person to continue using their chair safely. This was confirmed by the person's relative who told us how their relative had been prone to falling out of their chair, they said, "The home had taken this very seriously asking outside agencies for advice and guidance. They were advised the only way to keep [relative] safe was to confine them to bed. We talked together and I came up with a [Velcro] strap which has been sewn into their cushion onto the chair and now [relative] cannot wriggle out of the chair." They went on to say, "[Relative] hated being stuck in their room and is now happy sitting by the front door watching all the comings and goings." Our observations throughout our inspection showed that the outcome of the collaborative working between staff and the person's relative had had an immense positive impact for the person who clearly enjoyed sitting in the communal area of the service watching and talking with people, staff and visitors. We noted that the person was not restricted in their movement as the strap had been sewn between the base of the chair and the pressure relieving cushion. The registered manager told us, "[Name] has not slipped out of the chair at all since this has been put in place; the falls team thought it was a brilliant idea. [Name of person] would have hated it if they had needed to be strapped into a chair for their safety." This demonstrated to us that the service was innovative and looked at ways to ensure people's well-being was enhanced and that they had an exceptional quality of life.

The registered manager recognised the importance of people's nutritional and hydration needs. They told us about the 'snack boxes' they had introduced. These were available for everyone but specifically aimed for people living with dementia or at risk of malnutrition. The snack boxes had been decorated with pictures to gain people's attention and curiosity and contained a selection of high protein snacks for people to eat at their leisure. The registered manager told us this initiative had had a positive impact on people particularly those at risk of malnutrition. During the inspection we saw one person enjoying a snack box which they were eager to show us. It contained small bite sized nibbles such as mini scotch eggs, fruit and cheese. The person was clearly enjoying the different tastes and textures of the food which supported with their nutritional intake.

The service employed an activities co-ordinator and people were actively encouraged and supported to follow their interests and take part in social activities. For example, one relative told us, "I told [registered

manager] how [relative] had said they felt they could no longer go out which they missed. She immediately produced a folder of local social groups and arranged for [relative] to attend a free local session the following week. Community transport was set up the same day and they attended the following week with a carer." We spoke with the activities co-ordinator who clearly enjoyed their role and showed us their 'store cupboard' which was full of games, puzzles and craft supplies etc. They told us that management were very supportive of the activity programme and there had been no budgetary constraints.

On the first day of our inspection the scheduled activity, chair exercises, had to be cancelled due to ill health of the external person who came into the service to facilitate the activity. However we observed many activities taking place throughout the day. One person was doing 'magic' water painting and proudly showed us what they had done. We saw other people completing jigsaw puzzles and they explained how the printed shapes showed them what puzzle piece to use. A range of games were being played in the afternoon which people clearly enjoyed. One relative was given a set of '50 famous faces' with clear pictures of politicians, entertainers and members of the royal family. This generated many conversations and hilarity amongst people sitting in the lounge. We noted that one member of staff had brought three boxes of jewellery to a person who was hard of hearing, encouraging them to look and touch and try them on. We also observed staff spending time with people and talking about their past lives, hobbies, war experiences etc. The lounge was a vibrant friendly place to sit. People were also able to enjoy the 'Daily Sparkle', a daily newspaper produced by staff which included a range of topics such as 'The way we were', On this day, poems and quizzes.

People told us that they had a choice whether they wanted to participate in the activities and had the freedom to go wherever they wished to, such as to their own rooms or to the second lounge which offered a quieter environment for people. One person told us, "I don't often get bored here, there's always something going on or something to do." Throughout our inspection it was clear that staff were not risk adverse and were responsive to people's individual needs and preferences. They had an enabling attitude and encouraged people to challenge themselves as highlighted by the example described in the Safe section of this report about a person who expressed a wish to go out in the snow.

Prior to moving into the service a pre-assessment was undertaken to identify people's health, personal care and social support needs to ensure these could be met by the service. The registered manager was able to provide us with examples of how they had helped people and their families if the outcome of the assessment was that the service was not appropriate for the person. For example day respite was offered if it was felt the person could remain at home independently with appropriate support from agencies which the registered manager helped families to source. The registered manager explained it was not about 'filling beds' and went on to say, "We like to feel that we support people to stay in their own homes for as long as possible, so we work closely with families to support them with day care." Relatives we spoke with told us that the transition from home or hospital of their loved one's had been managed effectively and sensitively. One relative told us how they had reached 'breaking point' whilst caring for their relative at home, they said, "I turned up asking for help one day. The manager arranged respite for two days each week for a month, it helped me so much and it enabled [relative] to get to know people before moving in, it was a great help." A health and social care professional told us, "I supported, together with the staff from Oakdale, the transfer of a resident to Oakdale from their home where they had lived with their family. One family member found this very difficult to accept but within a few weeks was very reassured and accepting of transfer of care which the staff were very sensitive to."

Information from the pre-assessment process was used to inform and develop people's care plans. Care plans were detailed and person centred and covered a range of care needs such as mobility, medication, mental and physical health and socialisation needs. Staff told us that the information within the care plans

were easy to follow and were updated to reflect people's current needs. The care plans we looked at were reviewed monthly or sooner if people's needs changed, and included information relating to people's specific care needs and how they were to be supported by staff. People who were able to were involved in the review of their care and, where appropriate, relatives were also invited to be involved in the review process. If an individual's needs changed these were discussed at daily handover meetings and recorded in the person's care records. This meant there was clear up to date information available on how staff were to support people.

The registered manager told us that they were eager to engage with friends and families, encourage volunteers into the service and to promote links with the local community. During our inspection we saw records and photographs of the different activities such as fun days and open days where friends and families and the local community were encouraged to visit the service. The registered manager had forged links with the local community and also worked closely with the local college where they had delivered presentations to health and social care students. Work placements had also taken place for students and, as part of the student placement scheme we saw that the registered manager had taken time for reflective learning with students such as their perceptions and approach to care. We saw one student's account of their placement which included, 'Since coming to Oakdale my perception and opinion of care homes has changed. I now believe carers are carers... Oakdale ensures and promotes happiness and the continuation of each client's life to the best of their ability...thank you for encouraging me to complete my work experience here but also for showing me a life lesson. A home like Oakdale should be everywhere.' A statement from the college stated, 'We've worked with Oakdale for many years and really value our relationship with them as they are so supportive of our learners.'

The registered manager is a director of South Essex Care and Health Association, an independent organisation which represents its members' interests both locally and nationally and provides support to care home managers. The registered manager demonstrated their commitment to sharing good practice and working with and supporting other care homes for example around marketing and person centred care and explained the importance of working and networking with other care home managers to improve the overall quality of services and outcomes for people not only to those living at the Oakdale but at other services too. The registered manager had also participated in the local authority's initiative 'My Home Life'. My Home Life is a UK wide programme which promotes quality of life and the delivery of positive change in care homes for older people.

People and their relatives' feedback was valued and matters were dealt with in an open and transparent manner. One relative told us there were regular meetings and questionnaires which encouraged people to express their views about the service. People, and their relatives, were aware of how to raise any concerns or complaints. The service had a clear policy in place for dealing with concerns and complaints and the registered provider monitored all complaints as part of its auditing processes to ensure they had been dealt with appropriately and to enable them to identify and trends or reoccurring issues. Records showed that the service had received one complaint which had been dealt with appropriately in line with the registered provider's policy.

Is the service well-led?

Our findings

The service had a registered manager in place who was supported by a deputy manager. Both managers were visible within the service and knew people very well. People, relatives, social care and health professionals and staff were complimentary of the registered manager and gave positive feedback about the service provided.

All the staff we spoke with told us they felt well supported and valued and that they had confidence in the registered manager. They said management were always available and listened to them. This was confirmed by a recent staff survey where we noted 100% of staff felt valued and that the registered manager was approachable and easy to talk to. The registered manager operated a facilitative style of management which empowered and enabled staff to have the confidence and skills they required in order for them to fulfil their role. The registered manager told us, "I have the most amazing team, I don't recognise me as being at the top but at the bottom of a triangle – I do the stuff to get it right but the staff do all the work to get it right; I plant the seeds." The registered manager regularly organised team building days and social events to improve the quality of care provided and recognise staff's commitment and dedication. Additionally, the registered provider had a number of awards schemes in recognition of staff's performance and long term service. It also held annual awards ceremonies. We saw that at the December 2016 ceremony a member of staff working at Oakdale had been awarded third place in the 'Employee of the Year' category and three other members of staff had received runner ups awards in their categories.

The service promoted a positive person centred culture and consistently focussed on ensuring people's life experience at the service was of the utmost importance. Staff had good knowledge about the people they were caring for, were positive about their roles, clear on their responsibilities and enjoyed their work. They shared the registered provider's philosophy to provide good quality care; all the staff we spoke with said team morale was high and that they worked effectively together as a team. One member of staff told us how they would be moving soon to another county but wanted to remain working at the service and had spoken with the registered manager and together had agreed an acceptable shift pattern to enable them to continue working at the service. They told us, "I don't want to leave as I wouldn't want to work anywhere else. We look after each other as a team here, we work well together. We talk about any issues that arise and sort them out together."

Regular staff meetings were held and topics such as updates on people living at the service, staffing and training had been discussed. Staff told us that they felt involved in how the service was run. One member of staff said, "There are regular staff meetings and everyone can have a say on how the home is run. [Registered manager] always listens to ideas and suggestions." This showed us that staff had the opportunity to be involved in how the service was run and that their views were listened to by the registered manager.

The registered manager actively sought the views of people who used the service and others. This was done in a number of ways such as daily interactions with people, relatives and visitors, resident and relative meetings and social events. Feedback was used to continuously improve the quality of the service. One

relative told us, "There are regular meetings and questionnaires which encourage people to express their views about the service. The manager gives us the opportunity to talk about anything we want; [registered manager] really does listen to us and takes note." During the inspection we asked several people and their relatives whether they could think of anything which could be improved. The overwhelming response was 'no'. One person said, "There's nothing I'd change about this place, and they've got it just right. I'd thoroughly recommend it." Another said, "I'd recommend this home to anyone. I'm so fortunate I know that, if I had any problem I'd ask [registered manager] to pop up for a chat. She'd come up and speak with me about anything." A relative told us, "I would, and I do, recommend this home to everyone. I've just told my friend how wonderful it is; it's perfect in my opinion." We noted that the service had received a rating of 9.7 out of 10 following sixteen reviews being submitted to carehome.co.uk for the period October 2016 to April 2017 with 100% of the people completing these on-line questionnaires stating they would be 'Extremely likely' to recommend the home to others. The service had also been awarded a 'Top 20 Care Homes Award – East of England 2016'. These awards are based on the reviews and recommendations received from people using the service and their families and friends.

We looked at the results of recent surveys undertaken in April 2017. Three separate surveys were undertaken for staff, professionals and relatives/friends. An initial analysis had been completed by management and actions taken where applicable. The registered manager advised they would be displaying a 'You Said, We Did' board in the entrance of the home to show people the results of the surveys and to be clear and transparent in how feedback from the surveys informs service delivery. We noted that the majority of feedback was positive including feedback from health and social care professionals; such as, '[Registered manager] is open to any new initiatives' and 'I would recommend this home to anyone that asked; 5 Star', 'I find this home a delight to visit and I am always made to feel welcome' and 'The manager and staff will always seek advice when required and then act upon the advice'.

All the health and social care professionals and commissioners we spoke with during the inspection provided good feedback on the management and the care provided at Oakdale. One said, "The environment and care provided is safe and well documented, effective, caring and responsive and well led by [registered manager] who ensures she is up to date with patient's care needs and liaises well with professionals and visiting family members." It was evident from the positive feedback we received during our inspection that the registered manager had established good relationships and communication with health and social care professionals and commissioners.

There were robust systems in place to regularly monitor the quality and safety of the service. The registered manager was committed to delivering a high standard of care to people and carried out regular checks and audits such as health and safety, medication and care plans to ensure people's health and welfare. The service had recently implemented a new bespoke electronic quality assurance system which was used as a live monitoring tool. This enabled the registered manager to easily identify any trends and themes each month and, if required, address any areas of concern and promote good practice. The system generated daily and weekly management reports which were monitored by the senior management team. Information from the system fed into regular governance reports which covered key performance areas such as care documentation, falls, nutrition and staff training/supervision. The electronic quality assurance system ensured the registered provider had clear oversight and scrutiny of the service. Regular quality assurance visits to the service were also completed by the quality and compliance manager and the operations director. Where necessary actions plans had been developed to make improvements which were followed up to ensure they had been completed. This demonstrated that the service had a quality assurance programme in place which was effectively monitored.

The registered manager told us they felt valued by, and was very much supported by the registered provider.

They told us there had been no budgetary constraints which enabled them to continuously improve the quality of care and support people received. The registered manager attended regular meetings with other service managers within the registered provider's group to share experiences and good practice, seek ways to continually improve the service provided to people and keep up to date with changes in the care sector.

Personal records were stored in a locked office when not in use. Up to date information and guidance was available to the registered manager and staff on the service's computer system that was password protected to ensure that information was kept safe.