Nottingham City Council

Oakdene Residential Care Home

Inspection report

Oakdene Residential Unit
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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

We inspected the service on 25 September 2018. The inspection was unannounced.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Oakdene Residential Care Home accommodates up to 28 adults with a learning disability. The service provides both long term and respite care. On the day of our inspection, eight people were using the service. The service is located close to the centre of Nottingham. The service was in the process of becoming a respite service only. People who lived at the service permanently, were in process of moving into supported living accommodation.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

At the last inspection in May 2015, the service was rated 'Good', in all the key questions and at this inspection; we found the service remained 'Good' again in all areas. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People who used the service and relatives, were confident staff supported people to remain safe. The provider had safeguarding policies and provided staff with refresher safeguarding training, to support them to protest people from avoidable harm, discrimination and abuse.

Risks associated with people's needs including the environment, had been assessed and planned for, these were regularly reviewed for any changes to protect people's safety. Staff were aware of known risks and the action required to manage risks without placing restrictions on people.

There were sufficient skilled and experienced staff deployed sufficiently, to meet people's care and support needs and safe staff recruitment procedures were in place and used. People received their prescribed medicines safely and these were managed in line with national best practice guidance.

Accidents and incidents were analysed for lessons learnt to reduce further reoccurrence. Staff sought guidance from external health and social care professionals, to support with people's ongoing care and support needs.

Staff were aware of the prevention and control measures of cross contamination and infection control risks and the environment and care equipment was clean. Staff were provided with relevant equipment,

guidance and training in health and safety and infection control. Emergency contingency plans were in place for staff to follow for likely foreseen emergencies to ensure people's safety.

Staff used nationally recognised assessment tools to effectively meet people's care and support needs. Staff received an induction, ongoing training and support to ensure their knowledge remained up to date and their competency of high standard.

People were supported with their nutritional needs, food and drink choices were offered and provided. People did not regularly receive snacks, but immediate action was taken by the registered manager to improve the provision of snacks. The staff worked well with external health care professionals to support people with health needs'

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People received care and support from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Advocacy information was available should people have required this support. People and or their relative or representative, was involved in discussions and decisions about the care and support received.

People's needs were assessed and support plans provided staff with guidance to enable them to provide a personalised service. Staff had a person centred approach, they supported people with their individual needs and routines in ways that were important to them.

People received opportunities to pursue their interests and hobbies, and social activities were offered. People were also supported to participate in community activities and interests. The provider had made available the complaint procedure and this was provided in an easy read format to support people's communication needs.

There was an open and transparent culture and good leadership, oversight and accountability. People and relatives or representatives, received opportunities to share their feedback about the service. The provider had quality assurance checks in place on quality and safety. The service was going through a period of change and the registered manager was managing this well and provided people, relatives and staff with support.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Oakdene Residential Care Home

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 was a comprehensive inspection, which took place on 25 September 2018. The inspection was unannounced and 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 inspection was informed by information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

To help us plan the inspection we also reviewed information we had received about the service from other agencies. We sought the views of the local authority commissioning team. Commissioners are professionals who support people to find appropriate services, which are paid for by the local authority or by a health clinical commissioning group. We also contacted Healthwatch Nottingham, who are an independent organisation that represents people using health and social care services. We received feedback from one social care professional.

During the inspection, we engaged with seven people using the service and spoke to four relatives. Not all the people living or staying at the service were able to communicate verbally. However, we spent time in the company of people and used observations of how staff engaged with people to help us understand people's experience. We spoke with the registered manager, a team leader, three care staff and a housekeeper. We looked at the care records of three people who used the service. We checked that the care they received

matched the information in their records. We also looked at a range of information to consider how the service ensured the quality of the service; these included the management of medicines, staff training records, staff recruitment and support, audits and checks on the safety of the environment, policies and procedures, complaints and meeting records. We also reviewed the services current improvement plan.

Good

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. Relatives were confident their relation was cared for safely. A relative said, "My [relation] is safe here because there are plenty of staff around." Another relative said, "When we take our relative out they are always happy to be back at Oakdene. Our relative doesn't forget if people haven't been nice to them." Staff were aware of their responsibilities to protect them from abuse, avoidable harm and discrimination. Staff had received safeguarding refresher training. Policies and procedures reflected current legislation and guidance of how to protect people and the action required if safeguarding concerns were identified. People who used the service looked relaxed within the company of staff, this was apparent from their positive interactions and responses.

Risks associated with people's needs had been assessed and were regularly reviewed for any changes. Staff were knowledgeable about risks people could be exposed to and gave examples of the action taken to manage known risks. A staff member said, "We check equipment is working such as hoists and pressure relieving mattress and cushions are working and used." Systems were in place for all accidents and incidents to be recorded, reported and reviewed. Senior managers reviewed accidents and incidents and provided any required advice and guidance of action required to reduce further reoccurrence. Staff also worked well with external professionals in managing risks. For example, in the management for risks with eating and falls. Staff supported people safely and effectively in managing behaviours that could pose a risk to themselves or others.

People were supported by skilled, experienced and competent staff that were deployed sufficiently in meeting their individual needs. People and relatives were positive about staffing levels provided. Staff told us staffing levels were sufficient and we found staff were attentive and responsive to people's care and support needs. Staff had completed safe recruitment checks before they commenced. This supported the provider in making safe recruitment decisions.

People received their prescribed medicines safely. A person told us they received their medicines at the same time. We found the management and administration of medicines followed national best practise guidance. Staff responsible for medicines had received training and had a medicines policy that provided guidance.

The service was found to be clean and hygienic. Staff were aware of the prevention and control measures required to manage risks associated with infections and cross contamination. A housekeeper was seen to be cleaning during the inspection day. Staff had received infection control training, including food hygiene and hand washing.

Good

Is the service effective?

Our findings

The provider used nationally recognised assessment tools and training, and adhered to health and social care legislation to ensure staff were competent and knowledgeable in best practice approaches. For example, health actions plans were used to record people's health care needs and appointments. This information was shared with healthcare professionals and assisted staff to monitor health needs and outcomes.

People were supported by staff that had received an induction, training and ongoing support. The registered manager had developed additional training tools, to support staff to develop their awareness and skills. This was discussed in staff meetings and one to one meetings and allowed the registered manager to check staff's competency. Staff were positive about the training and support they received.

People's nutritional needs had been assessed and were known by staff. Some people required their food presented in a particular way, due to needs with eating such as having swallowing difficulties or weight management concerns. We identified snacks were not routinely offered to people and discussed this with the registered manager who took immediate action to address this.

People were supported with their health care needs and staff were found to be knowledgeable about these. Support plans confirmed health needs had been assessed and were monitored for changes. Staff worked with external health care professionals when required to support them to meet people's health outcomes. Staff had access to information about different health conditions to support their awareness and understanding.

Significant changes were taking place within the service due to the provider identifying alternative accommodation was required. The environment no longer met people's needs. People were in the process of transferring to new accommodation and this was due to be completed imminently. The service was due to change to a respite care service and the provider had both a short and long term plan in progress. This included the completion of some refurbishment work at the existing service whilst a new respite service was made ready to transfer to.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the principles of the MCA. Where people lacked mental capacity to consent to specific decisions, assessments had been completed and best interest decisions had been made with the involvement of relatives and external professionals. People had authorisations to restrict them of their freedom and liberty and staff provided appropriate and person centred support to ensure restrictions were minimal. For example, people required support to access the community and staff supported people daily with community activities important to them.

Good

Is the service caring?

Our findings

People received care from staff who were kind, caring and promoted their dignity and rights. People, relatives and a community professional were all positive and complimentary about staff. A person said, "The staff are kind." A relative said, "The staff are kind and caring and love their job. I've never heard staff say they're 'fed up' whilst they're here. I get on with all the staff." Another relative said, "When we visit the staff welcome us, they're very good. Nobody makes us feel uncomfortable and we haven't seen anything to cause concern."

Staff showed a good understanding of people's care and support needs, preferences and what was important to them. This included wanting the best for people, ensuring their rights and choices were respected and acted upon. This included the right for people to live at the service without experiencing discrimination and to receive opportunities to be active citizens of their local community. A staff member said, "People we support have a range of cultural and diverse needs, some people have particular diets due to their faith and we make sure we provide what they need." Staff told us how they promoted people's independence and this was confirmed by a relative. They said, "They (staff) encourage my relation to be as independent as possible and they seem content."

Throughout the day we observed staff worked well together, they had good communication and were clear about their role and responsibilities. We saw staff had positive engagement with people, they were kind and gentle, ensuring people were treated in a dignified way. For example, one person's routine was to get up very early in the mornings and went back to sleep on the sofa in the communal lounge. The sofa had been made safe and comfortable and due to the person's mobility needs, assistive technology was used to monitor when they got up to alert staff.

People were seen to be relaxed within the company of staff, there were lots of smiles, laughter and jovial exchanges between people and staff who had time to sit and spend time with people. Dignity and privacy was respected. A person said, "They (staff) knock on the door (bedroom) and wait. "We saw how staff used people's preferred names and included them as fully as possible in discussions and decisions. Some people had high care and support needs and staff were discreet and sensitive when providing personal care needs. Staff were polite, unrushed and used effective communication to engage with people.

Independent advocacy information was available. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection, no person was supported by an advocate.

People's support plans had been developed with the person and or their relative or representative. Relatives felt involved in their relations care. Staff had detailed support plans that provided guidance of people's routines and what was important to them. People's care needs and preferences were also discussed at shift handover and staff meetings, this promoted consistent care and support.

Good

Is the service responsive?

Our findings

People received timely, individualised care in a way that met with their known routines, preferences and lifestyle choices. People told us about activities that were important to them and how staff supported them with these. A person said, "I go out on the tram and the train. I went to Butlin's (holiday), I like colouring books and I like jewellery, I go to town to buy it. I put my outfits together." People, relatives and or representatives were involved in opportunities to review the care and support provided. A relative said, "I am involved in the care plan. We all get together annually to review the care plan." Records confirmed what we were told.

Relatives told us that staff were attentive and responsive to people's needs. A relative said. "Staff are aware of [relation's] body language. If they want something they scream and staff then go through a list of what they may want until they get to the right thing." Another relative said, "They (staff) know if they are ill or in pain." People's communication needs had been assessed and staff were knowledgeable about people's different communication preferences and styles. Information such as complaints and the service user guide was provided in easy read formats to assist people with their communication needs. This meant the provider was meeting the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

On the day of our inspection we saw staff supported people to have lunch out, this was a planned activity which people told us they were happy and looking forward to. We also saw indoor activities staff supported people with, such as arts and crafts and table top games. It was apparent from the laughter and interactions between staff and people this was an enjoyable activity.

People and relatives told us they were happy with the service provided and knew how to make a complaint if required. A relative said, "I've seen nothing that has made me worry and I have no complaints." Where complaints had been received these had been responded to as per the provider's complaint policy and procedure.

At the time of our inspection no person was receiving end of life care. People were offered an advanced care plan that discussed their end of life preferences. This meant people had received opportunities to discuss what was important to them at the end of their life. Records confirmed what we were told.

Good

Is the service well-led?

Our findings

A registered manager was in position and present during the inspection. 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, an external professional and staff were all complimentary about the leadership of the registered manager. A relative said, "The manager is approachable, open and friendly. We go to meetings as and when." A professional said, "This is a well-run unit with good leadership from the management team who go above and beyond and are always available to discuss citizen's needs. The staff are courteous and helpful." A staff member said, "The manager is very good, supportive and approachable."

Relatives and an external professional told us about the changes happening within the service, they acknowledged how professional and involved staff and the registered manager had been in supporting everyone through a difficult time.

Annual feedback surveys were used as a method for people and their relatives to share their views about the service. This was confirmed by a relative who said, "We get questionnaires yearly and it is easy to talk to staff. We talk to the manager or the person in charge on that day" The result of feedback received were displayed with what people said and what the provider did. Action taken in response to feedback had included the introduction of a housekeeper and additional activities provided. Meetings were also arranged with people to ask their views. Pre and post respite stays, people and or their relative or representative, were contacted to discuss any changes and to seek feedback about people's experience.

The provider had quality assurance audits and checks in place that monitored quality and safety and were used to continually drive forward improvements. Daily, weekly and monthly checks were completed by staff in areas such as medicines management, care plans and risk assessments and health and safety. Additional audits were completed by the provider's quality systems and compliance officer. This meant there was clear oversight and accountability of the service.

The registered manager kept up to date with best practice in many ways. They met regularly with other local managers employed by the provider to share good practice and problem solve. They received policy and good practice up dates from the provider and via the internet.

We checked our records, which showed the provider, had notified us of events in the home. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their most recent rating in the home and on their website.