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Oakdale

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 

Overall summary

The Inspection took place on the 20 August 2015.

Oakdale provides accommodation and personal care without nursing for up to 27 persons some may be living with dementia. At the time of our inspection 25 people were living at the service.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental

Summary of findings

Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor and practice nurse.

Staff were attentive to people's needs and treated people with dignity and respect. Staff were able to demonstrate that they knew people well.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and they were supported with their nutritional choices.

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Good



Summary of findings

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

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.

We inspected Oakdale on the 20 August 2015 and the inspection was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to

let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people, one relative, five members of care staff, the chef, registered manager, and deputy. We reviewed five people's care files, four staff recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, “I feel safe living here, I am happy to leave my door open all night.” A relative said, “I have real peace of mind here.”

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff demonstrated a good knowledge and could identify how people, may be at risk of harm or abuse and what they could do to protect them. One member of staff said, “I would report everything if I was concerned to management or the area manager and there are numbers I can call.” The service had a policy for staff to follow on ‘whistle blowing’. One member of staff told us, “I can call the CQC directly.”

The manager had a good understanding of their responsibility to safeguard people and told us how they had raised concerns with the local authority to investigate.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores. There were also more specific individual assessments for example enabling people to access the community independently or to be able to make hot drinks in their rooms. Staff were trained in first aid, should there be a medical emergency, and they knew to call a doctor or paramedic if required. Staff carried out regular fire drills and there was a fire evacuation procedure for staff to follow.

People were cared for in a safe environment. The manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. For other maintenance staff recorded any work that needed completing and this was then completed by the service maintenance person. Staff had emergency numbers to

contact in the event of such things as a plumbing or electrical emergency. In a major event the manager had contingency plans in place for the safe evacuation of people to a neighbouring property owned by the provider.

There were sufficient staff available to meet people’s needs. Staff were not rushed during their interaction with people. One staff member said, “Some days are busier than others and on the quieter days we can sit down and do more activities with individuals one to one.” One person told us, “The girls come straight away if you need them, if you need help with anything.” Some staff had worked at the service for a number of years creating a consistent staff team base. The manager did not use any agency staff at the service and any shortfalls of staff were covered by their own regular staff. The manager assessed the level of staff required to support people’s needs on a regular basis and told us when necessary the staffing number would be increased to meet people’s changing needs.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. 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). One member of staff told us, “I phoned to see if there were any jobs, I then came in met the manager and completed an application form.”

People received their medications as prescribed. One person told us, “I get my medication at the same time every day, if I need anything else I just ask.” We observed part of a medication round. This was done efficiently and in a timely manner. Staff checked medication administration records before they dispensed the medication and they spoke with people about their medication. We saw staff ask people if they required extra pain medication and explain to people what their medication was for.

The service had procedures in place for the safe storage of medication and for receiving and returning medication when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. One person said, “They have the right people working here.” Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, “I have completed national vocational qualification level 2 and I am now doing level 3 in health.” Staff felt training provided was very good and supported them within their role. Training was provided as a mixture of on-line training, workbooks and face to face training.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The induction included completing the Common Induction Standards, this enabled staff who were new to care to gain the knowledge and skills to support them within their role. The manager and deputy told us that they had recently reviewed the induction for this to last longer and would include completing the new Care Certificate to induct newly recruited staff. A new member of staff said, “When I first started I came in and was shown around the home. I was introduced to the residents and spent time ‘shadowing’ other staff. I then had meetings with the manager to see how I was getting on and if I needed to do anything differently.”

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. One person told us, “You can do what you like here but they [staff] like to know what you’re doing to make sure you’re safe.” Staff told us that they always consulted with people and supported them with making choices on how they wish to spend their time. People at the service had varying levels of capacity. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person’s best interests.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. We noted people always had fresh drinks of juice available to them. Staff ensured people’s drinks were topped up throughout the day and that they had snacks offered to them. The manager told us that where some people found it difficult to sit and eat meals at regular times staff would throughout the day give them finger foods to eat on the move, or ensure they had snacks in their pockets and bags. We saw that this had been care planned and risk assessed and had helped to maintain people’s weight and nutritional intake.

People were very complimentary of the food and chef at the service. The chef was very involved and engaging with people to check what their food choices were for the day. The chef had a good knowledge of people’s dietary requirements including their likes and dislikes, and encouraged people with their nutritional needs. One person told us, “The food is always lovely, you get a choice of two main courses, but if you don’t want either you could have an omelette or jacket potato.”

We observed a lunch time meal; this was a very relaxed and social occasion. People chose to sit together engaging in conversation and creating a sense of community. We saw people make requests for alternatives to the menu and this was provided. Where people needed support with eating staff sat with them, talking whilst providing support at the person’s own pace.

People were supported to access healthcare as required. The service had good links with other health professionals, such as district nurses, GPs, practice nurse, chiropodist and community dentist. The manager told us that a nurse practitioner attended the service weekly to review people’s care and offer advice and support. A relative told us, “The staff are very good at picking up if [name] has an infection or needs the GP.” People told us staff supported them to go to the GP one person said, “I can make an appointment myself with the GP or the staff will do it for me.”

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, "I like living here because I've got company, I think it's a wonderful place" People were very complimentary of the staff. We received many comments such as, "The staff are very good." And "The girls are lovely." A relative told us, "[name] is very happy here, always well cared for."

The staff were open and friendly. Staff and people engaged in conversations with each other easily, frequently laughing together. Staff took their time to talk with people and showed them that they were important; they always approached people face on and at eye level. One person who preferred to stay in their room said, "Staff always pop their head around the door and say hello, we can have a laugh and chat." Another person told us, "It's lovely here, like a family, I feel like the staff treat me like mum." Staff showed kindness and compassion. We frequently saw staff showing people affection, and holding people's hands to reassure them, when talking with them.

Staff knew people well including their preferences for care and their personal histories. One person told us, "I prefer to stay in my room mostly, but I go down when I want to and spend time with others." Staff knew people's routines, for example some people were restless at night and preferred to sleep in the mornings. We saw in the afternoon these people were awake and staff were engaging with them. Another person who preferred to walk up and down, staff knew what the best way was to distract them on occasion and encourage them to sit down so as not to exhaust themselves.

People and their relatives were actively involved in making decisions about their care. A relative told us, "The staff are

very good at discussing everything with me, they keep me informed." Staff reviewed people's care plans and discussed these with people and their relatives as appropriate. Staff told us that people did not always want to go through their care plan as they thought it was done to frequently and this was respected. Staff told us that they used a key worker system; this meant people had a named care worker who took care of their support needs and reviewed their care with them.

People's diverse needs were respected. People told us their religious needs were supported by religious service's that was held there. People also had access to individual religious support should they require this. One person told us, "I go to church and fellowship meetings every week."

People told us that staff respected their privacy and dignity. One person said, "You're treated as if it's your home." Another person said, "The staff treat me respectfully, they are wonderful." Staff told us that they felt it was important to maintain people's privacy. One staff member said, "Whenever I am supporting people with personal care I make sure they are covered over and that curtains are closed and the door is shut."

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips into the community. The manager had recently set up 'skype' so that people could video call their relatives and friends. People were also supported to have their own telephones in their rooms to give them easy access to speak with their friends and relatives. The manager arranged social events and encourage relatives to participate, people told us with delight about the BBQ they had enjoyed at the weekend with their visitors.

The service was spacious with plenty of room for people to receive visitors. There were no restrictions on visitors or the times relatives and friends could come to the service.

Is the service responsive?

Our findings

The service was responsive to people's needs. People were supported as individuals, including looking after their social interests and well-being. One person said, "I would recommend Oakdale to others."

Before people came to live at the service their needs were assessed to see if they could be met by the service. The manager undertook a very detailed assessment and encouraged people and their relatives to come and visit the service. Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. We found the care plans were very person centred, containing people's life stories and biographies. This meant people were being supported as individuals, and that staff had information on how to engage with them. The care plan was regularly reviewed, at least monthly this ensured all staff had the relevant information they needed to safely care for people.

The service was responsive to people's health needs making prompt referrals for healthcare. It was noted the service was very dementia friendly. The manager was very passionate about supporting people with dementia to ensure they received the best outcome for their care. This included taking the appropriate risks to help people maintain their independence for as long as possible. One person told us, "The manager makes sure I am ok to go out on my own, I have all the right insurance."

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. People told us how they like to go out or

spend time with their families. One person told us, "I go to a club once a fortnight; the car comes to pick me up. It's always nice to come home [Oakdale] again though." Another person told us how they go out regularly to visit their family or to go shopping and to meet friends.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. Staff told us, "We get people involved, folding napkins, gardening and helping with cleaning if they want to." We noted one person was helping with the dusting. People told us they had plenty to keep them occupied at the service and were very complimentary of the activity person. One person said, "I enjoy the film afternoons and knitting group." Another person said, "I like sitting in the garden with [staff name] just having a cup of tea, when the weather is nice." We noted the activities person spent time on a one to one basis with people supporting them with activities they enjoyed.

The manager told us they had an active social calendar arranging, parties and for external entertainers to come into the service to sing. They also arranged for an aroma therapist to regularly attend and provide different types of pamper sessions such as hand massages.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue.

Is the service well-led?

Our findings

The service had a registered manager, who was very visible within the service and encouraged an open door policy for staff, people and relatives. The manager had a very good knowledge of all the people living there and their relatives. We saw that people had a very good relationship with the manager and noted many friendly exchanges.

People, their relatives and staff were very complimentary of the management. One person said, "The manager is very good, will do anything for you." A member of staff told us, "The manager is very supportive, you can approach them about anything." Staff told us they felt their opinions on how the service was run were listened to by the manager and suggestions acted upon.

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We have a good team, we all work well together and get on." Staff had regular supervision and meetings with the manager to discuss people's care and the running of the service. One member of staff said, "I have supervision, when I first started I had more as part of my probation, and we have staff meetings every month." Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a communication book to share information.

The manager spent time working alongside carers delivering hands on care to people. This also afforded the manager an opportunity to give advice, guidance and

supervision to staff. The manager also spent time teaching staff about caring for people with dementia. This demonstrated that people were being cared for by staff who were well supported in performing their role.

Staff shared the manager's and provider's vision for the service. One member of staff said, "We strive to improve our service by promoting independence and good care." Another member of staff said, "To support everyone and give them the best life possible, to show love and affection."

People were actively involved in improving the service they received. The manager gathered people's views on the service not only through regular meetings, but on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires. They used information from these questionnaires to see if any improvements or changes were needed at the service. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

People's confidential information was stored securely inside offices, so that only appropriate people had access to the information.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans and medication management. They used this information as appropriate to improve the care people received.