

Mr Stafford Andrew Jones

Oakdene Care Providers

Inspection report

6 Berwick Road
Coton Hill
Shrewsbury
Shropshire
SY1 2LN

Tel: 01743270214

Date of inspection visit:
22 September 2016

Date of publication:
18 October 2016

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

This was an unannounced inspection carried out on the 22 September 2016.

Oakdene Care Providers is a care home providing personal care and accommodation for up to four female adults living with mental health problems. The home offers short to long term residency. The home provides a step-down service from hospital for people who are ready to move on to more independent living as part of their rehabilitation program. The home is a large semi-detached house and is situated within a residential area of Shrewsbury.

There was a registered manager in place. 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.

This home was last inspected in May 2013, when we did not identify any concerns with the care and support provided to people who used the service.

People were safe as staff knew how to recognise different signs of abuse and what to do if they suspected anything was wrong.

The provider ensured staff were safe to work with people who used the service by undertaking checks and obtaining suitable references before they started work at the home.

The home had suitable arrangements in place to ensure people's medicines were managed safely.

A range of risk assessments had been undertaken to ensure people remained safe and protected against harm. Staff were aware of the individual risks that people faced and the methods they used to manage and reduce the likelihood of harm to people.

There were sufficient numbers of trained staff on duty during our inspection to effectively meet the needs of people.

Staff received regular supervision and annual appraisals and that management were always available to provide advice and guidance.

People's individual nutritional needs were assessed and planned for by the provider, with clear instruction for staff in maintaining healthy diets.

The interactions between staff and people who used the service were caring and respectful at all times in a homely environment. People were given time to communicate their wishes and were listened to by staff.

Staff actively promoted people's independence both within the home and out in the community.

Staff knew each person's needs in detail and the level of support they required.

People's care and support was planned in full consultation with families and professionals. Support plans were regularly reviewed to ensure they were meeting the person's specific needs.

The home routinely and actively listened to people to address any concerns or complaints. There was a complaints policy in place and questionnaires were given to people and families to provide comment on the quality of support provided.

The home was well run with a clear focus on supporting people who used the service.

The home undertook a comprehensive range of checks to monitor the quality service delivery and to ensure the environment was safe for people to live in.

Staff were encouraged to share their views, opinions and ideas to improve the quality of services provided.

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.

Staff knew what action they would take if they suspected any form of abuse and the external agencies to contact.

There were risk assessments in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The provider had suitable arrangements in place to manage people's medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had a full understanding of people's care needs and had the skills and knowledge to meet them.

People's individual nutritional needs were assessed and planned for by the provider, with clear instruction for staff in maintaining a healthy diet.

We found people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with kindness and respect.

Staff actively promoted people's independence.

Each person had a keyworker at the home, in order to receive individual support from a specific member of staff.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people and supported them to make decisions about their lives.

People were supported to have active lives both at the home and in the community.

The provider had systems in place to routinely listen to people's experiences, concerns and complaints.

Is the service well-led?

The service was well-led.

People were relaxed in an inclusive atmosphere and were at ease with their surroundings and staff.

Staff were aware of their role and responsibility within the organisation and received regular feedback on their work performance.

The provider undertook a comprehensive range of checks to monitor the quality of service delivery. The provider had clear arrangements in place to monitor, manage and improve staff practice.

Good ●

Oakdene Care Providers

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 checked 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 22 September 2016 and was unannounced. The inspection was carried out by an inspector from the Care Quality Commission.

Before the inspection, we asked the provider to complete a 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted several local authorities and Healthwatch for any information they had, which would aid our inspection. Local authorities have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

At the time of our inspection, the service was providing support for three people. As part of the inspection, we spent time with people in the communal areas of the home and spoke with the three people who used the service and two of their relatives. We also spoke with three external health and social care professionals who supported people living at the home.

We reviewed a range of records about people's care and how the home was managed. These included a sample of three care records, medicine administration record (MAR) sheets, staff training, support and employment records, quality assurance audits and questionnaires that the service had sent to people.

The service employed five members of staff, which included the registered manager. As part of the inspection, we spoke with the registered manager, deputy manager and three members of care staff.

Is the service safe?

Our findings

People who used the service told us they were felt safe and happy living at the home. One person who used the service told us, "Staff are very nice, I like it here." Another person said "I'm very happy living here, staff are very nice and they listen to me." The third person who used the service said "I enjoy living here with the staff. They are sympathetic, helpful and are really good to me." One relative told us, "We had a phone call from our relative recently and she seemed very happy with the home. We think she is safe and well looked after and we have no concerns." Another relative said, "I think it is excellent, I'm really happy with my relative being at Oakdene. From my point of view she is very safe and happy there and has improved since going there." One social health care professional told us that the home provided a very 'safe space' for their client, which was exactly what they needed to improve their well-being.

During the inspection we checked to see how people who lived at the home were protected from abuse. We spoke with staff about their knowledge of safeguarding procedures and how they would respond if they had any concerns. One member of staff said, "If I thought someone was being abused, I would report my concerns to the manager, or if it involved a manager, I would report to CQC (Care Quality Commission) or even the Police. Our role is to protect people and make sure they are safe." Another member of staff told us, "If I had any concerns about abuse, I would report internally or externally depending on the circumstances and always record my concerns. I would report it straight away. We know the residents very well so would know if something was not right."

We found the home had appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service. We saw appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained.

We found the home had undertaken a range of risk assessments to ensure people remained safe and protected against harm. Staff were able to tell us of individual risks that people faced and the methods they used to manage such risks. One member of staff explained how one person had tripped over their slippers one night in their bedroom, which had resulted in minor injuries. Since then, staff would pro-actively check each night to ensure there were no trip hazards in the room.

Individual risks assessments had been completed for each person and recorded in their care file. This included information for staff about what action was required to minimise the potential of harm occurring. These included the home environment, medication and managing personal finance. Each person had a 'hospital passport' in place in the event of an emergency admission to hospital, which could be handed to the ambulance service. This included personal details of the individual concerned together with their health and medication requirements.

As part of the inspection we checked to see how the service managed and administered medication safely. We found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely. Each person had a locked medication

cabinet in their rooms in which medicines were stored safely. We looked at a sample medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. These records were up to date without omissions.

Staff told us they had received training on administering medication safely and were subject of regular checks by managers. The home had suitable systems for the ordering and disposal of medicines with auditing checks undertaken each Monday morning. One relative told us, "My relative looks a lot healthier since being here, she now has her medicines on time and eats well. She is much improved since being here." One social health care professional told us of the positive outcomes for their client since coming to the home. They explained that it meant their client was able to leave hospital as the home were able to manage the mental health needs of their client with success. Significantly, this included the home being able to manage and encourage the client to remain on their medication successfully.

We found there were sufficient numbers of staff on duty during our inspection to support people who used the service. People told us staffing levels were sufficient to meet their needs. The current arrangements for staffing involved two staff during the day, with one member of staff working the evening with a sleep over at the home. One member of staff told us, "We have a really good team and I feel supported and appreciated. When I work nights, there is always one of the managers available to ring if I need guidance or assistance. I have never had to ring anyone though, as all the residents have a routine and sleep well at night generally." Another member of staff said "At night each resident has a call bell, so that they can call staff member on duty if they need assistance. They very rarely call staff at night as they are very settled." A third member of staff said "Staffing levels are never an issue. If they were I know the managers would come in. We have enough staff to meet resident's needs, who are very independent in many ways."

Is the service effective?

Our findings

As part of this inspection, we checked to see how the provider ensured staff had the required knowledge and skills to undertake their roles. We found staff were able to demonstrate and explain a sound understanding of people's physical and mental health needs. New staff to the home undertook an induction programme, which included training and a period of shadowing before being able to work unsupervised. One member of staff told us, "We have had lots of training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), safeguarding, infection control and other subjects. Since then I had had further training in mandatory subjects. I certainly feel I have had enough training to equip me for the role. I get excellent support from both managers."

Other comments from staff included, "Before starting here I had completed a course at college in social care and had undertaken a college placement here. I did an induction course here and have since had training in first aid, food safety, Health and Safety, safeguarding, medication, MCA and DoLS. I have also completed an NVQ (National Vocational Qualification) at level two and three." "Since I've been here, I have had mandatory training and specifically training in diabetes, because of needs of one resident. Mandatory training consists of First Aid, Health and Safety, food hygiene, safeguarding and infection prevention and control. I have also completed NVQ levels two and three."

The deputy manager told us that the provider used an external training agency to provide all in house training. Training was also sourced from Shropshire Partners in Care (SPIC), a non-profit making organisation committed to improving standards by providing training, advice and guidance to members.

We asked staff about the supervision and annual appraisal they received. Supervision and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. All staff we spoke with confirmed they received regular supervision and annual appraisals. Staff consistently told us they felt valued and supported by the management, who were always available to provide advice and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. There was no-one subject to a Deprivation of Liberty Safeguards (DoLS) at the time of our inspection. However, the service had submitted one application in respect of one person who used the service and were currently awaiting a response. Staff we spoke with confidently described the principles of the MCA legislation and were able to confirm they had received training.

Throughout our visit, we saw staff seeking consent and approval before undertaking any task or before entering people's rooms. Staff explained to us that each person who used the service had capacity to make choices and give consent. One person who used the service told us, "They always ask me before they do anything, they are very good. They are very respectful and always knock on my door before coming in." A

member of staff told us, "Before I do anything I always ask residents for their consent and they all have capacity to give consent. Even when we go out, we ask them whether they want to go and sometimes they chose not to." Another member of staff said "All residents are able to give verbal consent and as such I wouldn't do anything without their approval."

During our inspection we checked to see how people's nutritional needs were met with regard to healthy eating options. We found that people's individual nutritional needs were assessed and planned for by the home, with clear instruction for staff in maintaining a healthy diet. For example, one person as a result of health reasons, was required to limit their tea and coffee consumption to one or two cups each hour. Staff were able to use 'specific times' as a means to alert the person when they could have their next drink.

As well as a communal source of suitable foods and vegetables within the kitchen, each resident had their own storage unit to store their personal selection of items. One person who used the service told us, "We do go shopping with staff and choose what we want." On relative said "I'm very happy with the quality of food my relative has. They do encourage healthy eating, but my relative is quite stubborn and enjoys her food, which is the main thing." We saw that staff maintained a record of people's daily food intake together with regular weight monitoring.

One member of staff told us, "I'm aware people have been diabetics and I have had training in diabetes. However, it can be a struggle to encourage people to have healthy diet. I will always push the healthy options, but I have to respect their wishes when it comes to food." Another member of staff said "We encourage them to shop for themselves and they make their own choices. We have no set menu and residents make choices on the day with what is available. It is not always easy to encourage healthy options, because of their mental health issues."

We found people had access to health and social care professionals to make sure they received effective treatment to meet their specific needs. We found the service worked very closely with social services and mental health teams. One person who used the service said "They sort out all my GP appointments and needs." One relative said "They fully support her with health and mental health issues, they actually attend GP appointments with her."

Is the service caring?

Our findings

People told us that staff treated them respect and dignity at all times. One person who used the service said "They are nice to me always." Another person told us, "The staff will always sit down and listen to me. They are so nice." One relative said "The staff have a very caring approach to my relative and she is genuinely fond of them all. They are very respectful of my relative's privacy and dignity. When I visit they always knock on her door and wait for permission before they go in." One social care professional told us that they found staff intimate and professional with their client. Staff were also described as being very kind and caring and being able to effectively manage challenging behaviour, without being aggressive or disrespectful. Another social care professional told us that staff did not infringe their clients right to make choices and were always respectful of their privacy.

We found the interactions between staff and people who used the service were caring and respectful at all times in a homely environment. People were given time to communicate their wishes and were listened to. Staff were seen to exercise patience and understanding when supporting people's needs. We saw people were offered choices around how they wished to spend their day, or what they wanted to eat for lunch. One person told us, "I do what I want. I go to the shops or do my art work upstairs. I go to bed and get up when I want."

Staff we spoke with demonstrated a good knowledge of person-centred care principles and the importance of respecting people's rights and preferences. One member of staff told us, "I always knock on doors before entering. I would expect that and wouldn't like it if it didn't happen. One resident requires support with personal care so I always ask whether they want help, ensure doors and curtains are closed. I would be very respectful of their privacy and dignity as I would of my family."

As part of the inspection we checked to see how people's independence was promoted. One relative told us. "My relative goes out shopping for food and clothing with staff. They take her out on regular trips and encourage her to go for walks, which is enough for my relative. They get her to help out with house jobs as well as cleaning and cooking. They definitely encourage her to be involved, active and make choices."

We also spoke with staff about the approach they used to develop a person's independence. One member of staff told us, "We promote their independence by encouraging them to keep up with daily living and care skills. When they first come here they are not inclined to do this as some are very institutionalised and dependent on everything being done for them." Another member of staff said "I encourage them to do things they don't want to do. The approach I take is to say you do half and I will do the other half. I find they eventually offer to do it themselves. When we go shopping they chose their own food and I support them at the cash till." A third member of staff said "With independence issues we encourage them to help with cooking and food preparation, or even with washing. We ask them whether they want to help. If they want to go out, we will always offer options such as do they want to use the bus, walk or take a taxi. I see this as an essential part of my role to get them to do things, discuss issues, provide choices and promote their health and well-being."

Staff were able to explain how they supported a person attend a relative's wedding on the request of the family. This involved choosing outfits and fittings, hair and make-up and actual attendance at the wedding and reception. The relative told us, "They are fantastic, they took her to my wedding, they did her hair and nails and she really enjoyed herself."

Each person had a keyworker at the home, in order to receive individual support from a specific member of staff. One member of staff told us, "I'm a keyworker to one resident, this means spending time with them chatting and engaging to support their individual needs. We get on very well."

Is the service responsive?

Our findings

We found care and support was focused on the individual needs of people who used the service. Health and social care professionals we spoke with were able to tell us of the positive outcomes for their client's well-being since arriving at the home. One health care professional explained how their client had significantly improved since arriving at the home and spoke highly of the service. They explained that before coming to the home, their client was in and out of hospital with mental health issues. Since arrival at Oakdene, there had been no further hospital admissions. Another social care professional told us that the standard of care provided was appropriate for their client's needs and that the home was very responsive to any concerns they had. They described that during the annual review they found staff were very knowledgeable about the needs of the of the person concerned. This was done in an open and transparent manner with a clear focus on the person's needs.

During the inspection we looked at three care files. We saw that each care file highlighted people's preferences, their support needs and desired goals. The structure of the support plans was clear and easy to access information. All support plans were reviewed annually in consultation with family and other professionals. We found support plans files provided clear instructions to staff of the level of care and support required for each person. This included detailed instructions on people's medication, incontinence, sleeping, oral care and financial management. Clear instruction existed for staff to prompt activity such as promoting healthy diets, social activity and family contact. Staff maintained a daily 'handover sheet' and diary to ensure people's needs were addressed and scheduled. These included items such as medication, general concerns, accident / incidents and maintenance.

Staff were able to describe each person's needs in detail and the support they required. One member of staff told us, "I know my residents really well and all their personal needs. All the residents we have are nice people and get on well together." Another member of staff said "One resident when they first arrived, didn't speak and would spend their time in the bedroom. They are now happy to sit and chat in the kitchen with staff and residents and help out with tasks. She has come a long way since when she first arrived. Residents are like my family."

During our inspection we saw a people engaging with staff and were actively involved in food preparation and cleaning tasks in the home. People told us that they went out often and that there was plenty to keep them occupied. One person told us, "I go out twice a week and go to ASDA. Last week I went to the garden centre. We have lots of games here and I enjoy colouring and gardening." In addition to a seated area in the rear garden, an area was used for growing both plants and vegetables. Another person said "I go out most weeks for lunch and we go to different places every week." People told us that they had also been on day trips to Wales, which they enjoyed. There was a computer with internet access for people to use in the home.

Relatives and professionals told us they were listened to and were consulted and involved in determining people's care. One relative told us, "I visit every two weeks or so and I feel fully involved and consulted about my relatives' care needs. However, there has been little change as she is so settled and happy." One health

professional told us how they undertook an annual review with the home of their client's needs and described how the home were good at communication and keeping them informed.

We found the service routinely and actively listened to people to address any concerns or complaints. There was a complaints policy in place, which clearly explained the process people could follow if they were unhappy with aspects of their care. People told us that if they had any complaints or concerns they would speak directly to staff or the manager. The home sent out questionnaires to relatives and people who used the service annually. We looked at returned questionnaires and found responses were very positive about the quality of care being provided. One relative told us, "I have filled in a questionnaire and I'm aware of how to make a complaint. They have always responded immediately to any issues or concerns I have had."

Is the service well-led?

Our findings

During our inspection we found people were relaxed in an inclusive atmosphere and were at ease with their surroundings and staff. People told us that the home was well run with a clear focus on supporting people who used the service. From our discussions and observations we found staff had a good knowledge of the people they supported and were fully aware of their individual needs.

Relatives and professionals reported improvements in people since arriving at the home. One relative told us, "The management is motivated and focused on looking after residents. There is a good atmosphere in the house. I have seen much improvement with my relative and I would certainly recommend them." One health care professional told us they found staff polite and professional and that the home was well run and managed. Another social care professional said that staff operated in an open and transparent manner and that management were very responsive to any issues with their clients.

The registered manager was not present during our inspection as they were on leave, however the deputy manager was present throughout. Staff we spoke with told us the home was well run and management were very approachable and flexible. One member of staff said "I'm in regular contact with the provider and I do feel valued and appreciated. The registered manager is down to earth and approachable." Another member of staff told us, "I really think it's an excellent place to work and I would be happy for my relatives to use the service as I have complete confidence in all the staff." A third member of staff said "There is a very open culture here and I am listened to by management. There is always room for improvement and we are always looking at making things better for people."

We found that regular reviews of care plans and risk assessments were undertaken to address the changing needs of people. The service undertook a comprehensive range of checks to monitor the quality service delivery and to ensure the environment was safe for people to live in. These included auditing of care files, people's finances, medication records and fire safety checks. Staff were also monitored for their continued competency in administering medicines. We looked at health and safety audits that had been undertaken, where issues were addressed by way of an action plan.

There was a clear management structure in place and staff told us they worked within a stable team with very few changes. All staff were aware of their role and responsibility within the organisation and received regular feedback on their work performance through the supervision and appraisal systems. They told us they had access to clear policies and procedures to guide them on best practice and that managers were always available to provide for guidance. They told us they were encouraged to share their views, opinions and ideas for improvement. We found training and supervision was well organised and comprehensive. Staff consistently told us they felt valued and supported by management. One member of staff said "I really feel supported and valued in what I do. We are a small team of only five and we are all very close. Everyone is always prepared to help out at short notice."

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way

from the service.