Mrs Gillian Bryden

Oakdene Residential Home

Inspection report

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Date of inspection visit: 22 December 2014
Date of publication: 14/05/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 22 December 2014.

Oakdene Residential Home provides accommodation and care for up to 19 people who are over the age of 65 and may live with dementia. The home is a large converted property and accommodation is provided over three floors. A stair lift is in place to assist people to move between the first two floors. The third floor provides more independent accommodation for one person who is able to access this area without further aid. There were 19 people living at the home at the time of our inspection.

The home is run by the registered provider as an individual. They are the person registered with the Care Quality Commission to manage the service. A 'registered person' has the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe at the home. They were able to talk openly and honestly with staff and were sure any concerns or issues they had would be dealt with effectively. Staff knew people well and felt confident people would speak with them to raise any concerns. The registered provider and staff had a good awareness of how to safeguard people from abuse. Policies and

Summary of findings

procedures were in place to enable staff to manage safeguarding issues and the registered provider demonstrated a good working relationship with the local authority.

Risk assessments were in place for people. Some care plans lacked detailed instruction for staff on how to reduce risk for some people. However, daily records showed staff knew people well and supported people to reduce risks. Individual personal evacuation plans were available for people in the event of an emergency evacuation.

There were sufficient staff to meet the needs of people. Through robust recruitment, training and supervision processes, people were cared for by people who had the right skills to meet their needs. People received their medicines in a safe and effective way by staff who had received appropriate training and updates. Medicines were stored safely and an audit of administration was carried out daily.

Staff at the home had been guided by the principles of the Mental Capacity Act 2005 (MCA) when working with people who lacked capacity to make some decisions. Some care plans lacked sufficiently detailed information on guiding staff to what decisions a person may not be able to make and when to involve others in this process. However, daily notes evidenced staff practically applying the principles of the MCA.. The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider and staff had an understanding of the MCA and DoLS. They had sought advice from the local authority on DoLS and were in the process of assuring all necessary applications were made for these.

Staff knew people very well and interacted with people in a calm, encouraging and positive manner. They ensured people were offered choice at every opportunity and demonstrated good communication skills.

Nutritious and well-presented homemade food was provided for people, with visitors and relatives actively encouraged to join people for lunch. Dietary requirements were recognised, recorded and met in a clean and efficient kitchen.

People had access to external health and social care professionals for support and treatment as was required. The home fostered good working relationships with other professionals including community nurses and GP's.

People said they felt valued, happy and content in their home. They said they enjoyed living there and found staff very caring and compassionate. Their privacy and dignity was respected and they felt able to express their views and have them respected and acted upon.

People had their needs assessed on admission to the home. The information gathered informed care plans and risk assessments which were discussed and agreed with people and their families. Care plans did not always reflect all the actions staff needed to take to assist people with their needs, however daily records identified the actions staff took to support people. People said they were supported to meet all their needs and often did not wish to participate in a review of their care plans as staff knew them very well and would always respond to their needs. Relatives and health and social care professionals spoke highly of the very responsive nature of the home in ensuring people's needs were met.

People had access to activities they requested and enjoyed. An activities coordinator knew people's preferences for social interactions and worked with staff to ensure these needs were met.

The home had an open and honest culture where people were encouraged to voice their opinions and have these addressed. People and their relatives spoke highly of the registered provider and their staff. They said they were easy to talk to, open to suggestions for improvements or new ways of supporting people, and always responded to them positively and with encouragement.

The registered provider had a system of quality assurance in place to ensure the safety and welfare of people. This included audits in; infection control, care plans, health and safety, medicines management and equipment. They were quick to respond to any concerns or issues raised with them. Incidents and accidents were monitored and actions taken to reduce the risk of these recurring. The home had received no complaints in the time since our last inspection and had received many compliments and letters of appreciation from people and their relatives.

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?

Good

The service was safe.

People were supported by staff who had a good understanding and awareness of abuse and how to ensure people were protected from harm.

Risk assessments in place supported staff to ensure people were able to remain independent whilst understanding the risks associated with their care. Some care records lacked information on how to reduce risks, however staff knew people well and demonstrated a good awareness of the risks people faced.

There were sufficient staff working to meet the needs of people. Staff had undergone robust recruitment checks and had worked for a probationary period when employed at the home. The home had a low staff turnover and did not use agency staff. Staff felt appreciated and safe in their workplace.

Medicines were administered and stored safely by staff who had been appropriately trained and supported.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported to make decisions in line with legislation. Some care plans did not contain all the information staff may require to ensure significant people were involved in the decision making process. However daily records and staff knowledge of people ensured people were supported effectively to make decisions.

People were supported by sufficient staff who had the necessary skills and training to meet their needs.

People enjoyed the food at the home and there was always a choice at mealtimes. Where people had specific dietary needs these were met.

Health needs were reviewed regularly and people had access to health and social care professionals as they were needed.

Is the service caring?

Good

The service was caring.

Staff had developed positive, caring relationships with people by spending time getting to know people and taking an interest in them.

People and their relatives spoke highly of the home. Visiting professionals said staff were caring and supportive of people and knew them well.

Summary of findings

Staff knew people well and respected their privacy and dignity. They cared for people in a kind and empathic way, providing time and support in a relaxed and friendly manner.

People were able to express their views and be actively involved in their care planning.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs. Staff knew people well and understood their needs. They encouraged people to remain independent and offered choice and support.

Care records did not always contain all the information staff would require to support a person, however daily records showed staff knew people's needs well and supported these.

People felt able to raise any concerns they may have about the home and they felt sure these would be dealt with promptly and effectively. The home's complaints policy was visible for people to see.

Is the service well-led?

Good

The service was well led.

The registered provider was visible in the home and people found them very approachable and effective. They provided an open, honest and supportive work ethic in the home which was appreciated by people, their relatives, staff and other visiting professionals.

A management structure newly implemented in the home ensured staff were fully supported and understood their roles and responsibilities.

Effective communication in the home ensured a good quality service was provided. People were regularly asked for their opinion of the service and feedback from relatives, staff and other professionals was good.

A quality assurance programme of audit was in place at the home to monitor, evaluate and implement any changes to ensure the quality of service provision at the home.

Oakdene Residential 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.

The inspection took place on 22 December 2014 and was unannounced. The inspection team consisted of one adult social care inspector and an inspection manager.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. We requested information from eight health and social care professionals who work closely with the home. We received four responses to these requests.

During the inspection spoke with seven people and two relatives to gain their views of the home. We observed care and support being delivered by staff in communal areas of the home. We spoke with three members of care staff as they worked around the home and the chef. We interviewed two senior carer workers, a care worker, the registered provider and the home's administrator.

We looked at the care plans and associated records for five people. We looked at a range of records relating to the management of the service including; records of complaints, accidents and incidents, quality assurance documents, a new staff recruitment file and policies and procedures.

Following our visit we spoke with three relatives.

The last inspection of this home was in July 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People said they felt safe at the home. They were happy to talk to staff if they had any concerns about the care they received and knew their concerns would be listened to and acted upon. There was enough staff to meet their needs. One person told us, "What makes me feel really safe is that the staff know me very well, they are always there for me when I need them." A relative said, "My [relative] is in very safe hands here, they all know him and look after him well." Another told us, "I am so happy she is there, she is safe and well cared for, they know her very well". People were sure that if they had any concern about their loved one's care that it would be addressed in a prompt and efficient way by staff who knew people well.

The registered provider's policy on safeguarding adults from abuse did not identify the frequency with which staff should receive an update in the training of safeguarding of adults. Some staff had not received training in this since 2012. However, staff had a good knowledge of the types of abuse they may witness and how to report this. The registered provider demonstrated a good awareness of the policies and procedures they had in place to ensure the safety of people for whom they cared. They told us how they had worked closely with the local authority to address a safeguarding concern which had been raised since our last inspection. Following an investigation and review of care for this person, the registered provider demonstrated the steps they had taken to ensure the safety and wellbeing of people, including risk assessments and the review of equipment available for people.

Incidents and accidents were recorded and reported in accordance with the provider's policy. Follow up actions taken to learn from incidents and accidents were recorded and shared with staff. The registered provider had notified the Care Quality Commission of all incidents which they were legally required to do so, including a fall resulting in serious injury, and unexpected deaths.

One incident which had occurred when a person fell on a stairway. This had resulted in risk assessments having been completed for people who used the stairway independently, to assess the need for additional equipment. All actions noted from this incident had been implemented. The registered provider was responsive to incidents and accidents and ensured learning was embedded in the practices continued at the home.

The registered provider used a range of tools to assess risks for people. These included the risks associated with moving and handling people, monitoring their nutritional intake and their skin integrity. For example, each person had their needs assessed using the Waterlow score to identify any concerns with people's weight loss or skin integrity. The Waterlow assessment is a means of assessing a person's skin integrity and their risk of sustaining pressure ulcers. For one person, who had become unwell in the few weeks prior to our inspection, their records reflected the change in their condition and the increased risks to their skin integrity when remaining in bed. Staff were aware of these risks and the person's care was adjusted appropriately to reduce these risks. Daily records showed staff took steps to reduce these risks by repositioning the person and ensuring they had adequate access to good nutrition and fluids.

Another person had requested they were not disturbed through the night by staff. A risk assessment had been completed to ensure the person was fully aware of the risks associated with this request, and they had signed this. Staff took reasonable steps to facilitate people's choice whilst ensuring their safety and welfare. A member of staff told us, "It has to be about people's choice, all we should do is ensure they are aware of the risks."

Care plans held information about risks; however some records did not have sufficient details on how to reduce the risk for the person. For example, one person had fallen on several occasions in December 2014. Their care records stated staff needed to exercise extra caution when supporting this person with mobility, however they did not state what this meant. Staff were aware of this person's needs and high risk of falls and told us how they would support this person to reduce the likelihood of them falling. The registered provider was looking to develop a more comprehensive care plan which incorporated further information about the risk to people and how these could be addressed and supported by staff.

Individual plans to support people in the event of an evacuation from the home were in place. Staff were aware of contingency plans in place should they need to remove people from the home in the event of an emergency. A safe place away from the home had been identified.

There were sufficient staff available to keep people safe and meet their needs. Staff interacted with people and

Good

Is the service safe?

encouraged them to remain independent in their daily activities whilst ensuring their safety. The home had a low turnover of staff and this was reflected in the way in which staff worked with people as individuals.

The registered provider had safe and efficient methods of recruiting staff. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed and the provider's employment policy included periods of probation for all staff. The registered manager had implemented a new management structure for staff in the home since our last inspection. A senior member of staff was always available to provide guidance and support for people, ensuring safer working practices to meet the needs of people. The registered provider told us they did not use agency staff.

People received their medicines in a safe and effective way. Medicines were stored securely and all senior staff who administered medicines had received appropriate training and updates. There were no gaps in the recordings of medicines given on the medicines administration records (MAR). A daily audit was completed to ensure all medicines had been administered and recorded correctly. The provider's medicines administration policies identified a protocol sheet which should be in place for "as required" (PRN) medicines. We found whilst this sheet was not in place, medicines were given safely and consistently.

Requires Improvement

Is the service effective?

Our findings

Staff knew people well and strived to create a homely atmosphere for people. Staff interacted with people in a calm, encouraging and positive manner. People responded to staff warmly and enjoyed their company. One person said, "This is home, where else could I possibly want to be, they look after me so well." People moved around the home as they wished and were friendly and supportive with each other. One person stopped in the middle of a room, appearing to forget where they were and two other people gently invited them to come and sit with them and enjoy a cup of tea. Relatives spoke highly of the staff and the way in which they supported their loved ones. One said, "The service is brilliant, staff know what they are doing and are always available to help [my relative] when they need it, or just to have a chat."

A program of supervision sessions, induction, training, probationary periods and meetings for staff ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported through these sessions to provide safe and effective care for people. They were encouraged to develop their skills through the use of external qualifications.

The registered provider had implemented a new staffing structure which provided clear roles and responsibilities for staff. Senior staff provided a leadership role. They took charge of each daily shift and provided support and guidance for all staff. They fulfilled enhanced skills such as medicines administration and supporting external health and social care professionals on their visits. Staff said they felt supported by their peers and senior staff.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered. Most people who lived at the home had fluctuating capacity and at times required support to make decisions about their care and welfare. Daily records showed how staff involved others in supporting people to make decisions. However care plans did not always reflect clear guidance for staff on how to support people to make decisions. For example, one person's care records stated, "[Person] is able to make minor decisions in his life, he is unable to make major decisions." There was no information to guide staff on what decisions this person could not make and when to involve others in this process. Staff knew the abilities of this person and daily records showed how they had involved others in supporting this person's decision making.

Where people did not have capacity to make decisions the registered provider had taken appropriate steps to apply the principles of the Mental Capacity Act 2005. For example, two relatives told us they had lasting Power of Attorney to support their loved ones with any decision making. Staff were aware of this and the relatives said the home kept them fully informed of any concerns their loved one may have or changes in their health. However some information was not recorded to ensure staff were fully aware of the people who should be involved in supporting people to make decisions. People were encouraged to make decisions at the home and appropriate measures were taken to support people who were unable to make some decisions.

All staff had completed training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) in 2014. The registered provider told us further training had been planned for all staff in February 2015 to support staff working with people whose capacity fluctuated and ensure all the appropriate supporting information was available for staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider told us they had discussed these with the local authority and had submitted applications for people whom this was required. The provider was aware of when an application should be made, how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Staff awareness of the need to ensure people were able to consent to their care was good. People were encouraged to take their time to make a decision and staff supported people patiently whilst they decided. For example, one person did not want to attend a hospital appointment which had been sent to them. Staff discussed this with them, ensuring they were aware of the implications of not attending the appointment and then respected their decision and rearranged the appointment.

People received a wide variety of homemade meals and fresh fruit and vegetables were available every day. The

Requires Improvement

Is the service effective?

chef spoke with people about their preferences and asked for feedback on each meal. People enjoyed their meals and spoke highly of the choices offered to them. One said, “Their homemade cakes are delicious and we get them nearly every day.” Another told us they did not like liver and so had been offered something else when this was on the menu.The chef catered for people with a range of dietary needs including diabetic foods and vegetarian. The kitchen area was clean and well managed with foods and utensils stored appropriately. Relatives said they were often invited to stay for meals and that the food was always good and appetising.

Records showed people had regular access to external health and social care professionals as they were required.

A local community nurse and GP visited on the day of our inspection to support people. The registered provider told us they regularly worked with community services staff to meet the needs of people. This included a chiropodist, pharmacist, community nurses and therapists, speech and language therapists and community psychiatric nurses Feedback we received from external health and social care providers was very positive. They told us the home strived to work closely with all services and ensure they met the needs of people for whom they were caring. Professionals told us the home was responsive to suggestions and always requested support when this was required.

Good

Is the service caring?

Our findings

People were cared for in a kind and compassionate way. They felt valued and respected as individuals and said they were very happy and content in the home. One person said, "The staff are just wonderful, so kind and caring, I love them all." A relative said, "The home is fantastic, they take great care of her [relative] and it is so lovely to see her looking so well." People and their relatives told us the home was a very friendly place and everybody was made to feel welcome. One relative said, "It is a real home from home from home and you couldn't ask for better care." Health and social care professionals spoke highly of the home and one said, "It is quite simply fantastic."

Staff knew people well and demonstrated a high regard for each person as an individual. They addressed people by their preferred name and took time to recognise how people were feeling when they spoke with them. For example, one person became agitated late in the afternoon. Staff spoke calmly and slowly with the person, encouraging them to express themselves and help them understand why they were unhappy. Staff knew how to encourage the person to remember a calmer time when they were happier. This helped to calm the person.

At mealtimes, staff were seen to engage positively and cheerfully with people. They offered support with managing meals, cutting up food and offering drinks for people. Throughout the day staff spent time with people chatting and laughing. People shared experiences with each other as they chatted with staff, reflecting on past times and encouraging each other to remember. Staff encouraged conversations and activities which they knew people enjoyed. For example, one person enjoyed jigsaw puzzles whilst another two people received their daily paper and spent time quietly reading. Staff actively encouraged people to remain independent and participate in activities of their choice. On the day of our inspection two people celebrated a birthday. Everybody sang 'Happy Birthday' and enjoyed cake in the afternoon. People said they always got to celebrate birthdays and enjoyed a good sing along.

During our inspection, one person was being cared for in bed. Staff regularly sat with this person and spoke with them to ensure they were not isolated. Staff were observant of people's needs and took time to meet these.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. For example, two people in a communal area were in loud disagreement about the choice of television program. A member of staff intervened and encouraged both people to discuss how they could resolve the issue. They spoke calmly with the people and this allowed them both to agree how to address their problem.

People were able to express their views and be actively involved in making decisions about their care. They spoke with the registered provider or senior staff every day and did not feel they needed to have meetings regularly to express their views.

Good

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. Some people had signed their care records to show they had discussed the planned care with staff and agreed to regular reviews of this. Others told us, whilst they had not signed their care plans they knew of them and did not feel the need to sign these as the staff always spoke with them and agreed any new care plans they had with them. For example, one person said, "I like to stay in my room and keep my own company. The staff do respect that, but they do try to get me to join in." Staff had offered this person many opportunities to join in activities, however they had respected their choice to remain in their room.

On admission to the home, each person met with the registered provider and staff to discuss their care needs, their preferences and their personal history. This allowed staff to understand their needs and how people wanted to be cared for. This information was available in each person's care records and identified specific likes and dislikes, hobbies, personal abilities to manage their own care. It also noted people who were important to them and who needed to be involved in their lives. From this information care plans were written with the person to identify their needs. Whilst these care plans were an accurate reflection of people's needs, they did not always identify how these needs could be met. For example, for one person their care plan stated, "[They] like to stick to a routine." However it did not clearly state what the routine was. Staff knew the person very well and could identify what they liked to do and how they planned their day to their routine. Daily records clearly identified how staff supported people, even when care plans did not contain the same amount of detail.

Care records and plans were reviewed monthly and people were invited to participate in these if they wished. However, most people did not wish to be involved in this process and some had signed to show they did not wish to be involved. For other people their family were involved if they had requested this. People said they were very happy to speak with staff if anything in their care needed to be changed. Daily records showed staff offered people the opportunity to express their wishes if their care needs had changed.

An activities coordinator spoke positively of their role in providing for people's social needs. They said a wide variety of opportunities were available for people and it was their responsibility to ensure adequate stimulation and support was provided for people. Activities were varied and reflected people's requests and preferences. They included board games, reminiscing, crafts, quizzes, puzzles and physical exercise. One person said, "I particularly like the singing, it cheers us all up."

The complaints policy of the home was displayed where people could see it. The home had received no complaints since our last inspection. The registered provider worked closely with people to enable concerns to be addressed promptly and effectively. The registered provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. They encouraged staff to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Staff met visitors in a warm and friendly way and encouraged them to express any views about the service their loved ones received. People said they felt able to express their views or concerns and knew that these would be dealt with effectively.

One person said, "If we have a problem, we all talk about it, we are like a family." People told us the staff always responded to any concern they may have in a prompt and effective manner. Relatives and health and social care professionals we spoke with said staff were extremely responsive to people's needs.

Good

Is the service well-led?

Our findings

People said the registered provider and staff provided a very good, safe and effective service. They told us the registered provider had a good presence in the home and demonstrated strong and effective leadership skills. One person said, “The manager is very good and the staff all respect her very much.” Another told us, “Staff are very confident and understand what they have to do here. It is lovely.” Health and social care professionals told us the staff were always welcoming and knew people very well. They were encouraged to work with the staff by the registered provider and staff were always extremely professional in their attitude to their work.

The registered provider promoted an open and honest working culture in the home. The views of every person mattered and were respected. Staff were encouraged to question practice and develop new ways of working in the home. During our visit, a member of staff challenged the outcome of a health care professional’s visit and this was followed up to improve the safety of the person. The registered provider actively encouraged staff to understand the reasoning behind their challenge and then pursue this.

The registered provider met with staff, people who lived at the home and their relatives each day when they visited to ensure they were up to date with any changes in the service. Whilst no formal notes were made of these meetings, people and their relatives said they enjoyed having the opportunity to speak with the registered provider or a senior member of staff each time they visited rather than setting aside a special time to meet.

The registered provider had implemented a new management structure since our last visit to support their role. This allowed staff to take some management responsibility for the home and further their development in the home, as well as to support the increasing demands on the registered provider to meet their legal responsibilities. The registered provider and senior staff provided support, training and supervision for all staff which supported staff to understand their roles and responsibilities in the home and seek support for their own development.

Management meetings were held monthly. All staff were required to attend a mandatory fire training session every six months and following this a staff meeting would be held. Notes from these meetings, and other relevant meetings were shared with all staff.

An annual program of audit was completed by the registered provider and their administrator to monitor and maintain the safety and wellbeing of people who lived at the home. This included audits of; infection control practices, safety equipment maintenance, care plans, health and safety practices and medicines. Actions identified from these audits were completed and monitored and feedback from any audits was given at staff meetings as required. In response to our feedback during the inspection the provider identified the need to ensure that some care plans more comprehensively reflected the individual care that was being provided.

The home had a clear leadership structure which allowed people to feel valued, involved in the running of the home and an integral part of an efficient team.