

Mr Stafford Andrew Jones

Oakdene Care Providers

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Oakdene Care Providers is a residential care home providing accommodation with personal care to a maximum of 4 people. The service provides support to younger adults with mental health problems. At the time of our inspection there were 4 people using the service.

People's experience of the service and what we found:

People were not fully protected from risks associated with the safe management of their medicines. We have made recommendations regarding the recording of people's medicines. Risks associated with people's health and care needs were considered however risks relating to free standing wardrobes had not been considered. However, the deputy manager gave their assurances that shortfalls would be addressed. People told us they felt safe living at the home and with the staff who supported them. Staff had been trained to recognise and report any signs of abuse. The provider's systems for the recruitment of staff helped to protect people from harm. People were supported by enough staff to meet their needs. The provider's procedures for infection, prevention and control helped to protect people from the risk of infection.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the provider's policies and procedures supported this practice. Staff received the training needed to meet the needs of the people they supported. People were supported to prepare and eat food and drink which met their needs and preferences. People lived in a homely environment and each person had their own bedroom with en-suite facilities.

People spoke fondly of the staff who supported them. There was a small staff team who knew people well. People received support which was tailored to meet their needs and preferences. People were supported to be as independent as they could be. Staff treated people with respect and ensured their protected characteristics were understood and respected. People were able to take part in activities and social events they enjoyed.

The provider's quality assurance systems were not always effective in identifying or improving the quality and safety of the service provided. Audits and checks had not identified the shortfalls we found at this inspection. People were provided with opportunities to express their views about the service provided on a daily basis and through regular surveys. Staff were supported in their role. The provider understood their legal responsibilities to be open and honest when things go wrong. The provider worked in partnership with health and social care professionals to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 October 2016).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Oakdene Care Providers on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Oakdene Care Providers

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Oakdene Care Providers is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oakdene Care Providers is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who lived at the home and 2 members of staff which included the deputy manager and a support worker. We met the registered manager briefly as they had worked the previous night. We looked at 2 people's care plans and multiple medication administration records. We looked at records relating to health and safety and the management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's prescribed medicines were recorded on a pre-printed medicine administration record (MAR). However, when additional medicines had been prescribed, handwritten entries had not been signed by two members of staff to confirm the entry was in accordance with the prescriber's instructions. This could place people at risk of harm if errors in the recording of information occurred. We found no evidence that people had been harmed.

We recommend the provider consider current guidance on the storage and recording of people's medicines and take action to update their practice accordingly.

- People told us they received their medicines when they needed them. One person said, "They [staff] always make sure I get my tablets."
- There was an audit trail of medicines held at the home. Records of medicines received, administered and returned to the pharmacy were maintained.
- Staff received training on the management and administration of people's medicines and checks were made to ensure they remained competent in the task.

Assessing risk, safety monitoring and management

- People were not always protected from environmental risks. For example, free standing wardrobes had not been secured to the wall to prevent them toppling onto people and there were no risk assessments in place to manage this potential risk. The deputy manager gave their assurances this would be addressed.
- People's needs, and any associated risks were assessed, monitored, and regularly reviewed. People's care records provided additional information about their health needs and how these should be managed and met. This helped staff to have a clear understanding of the impact of people's conditions.
- There were regular checks on fire detection and alarm systems.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People told us they felt safe in their environment and with the staff who supported them. One person said, "It's lovely here. I love the staff."
- Staff were trained to recognise and report abuse and were confident action would be taken to keep people safe.
- The provider understood when and how to inform us and the local authority of reportable incidents that occurred in the home.

Staffing and recruitment

- People told us their needs were met by staff and there were plenty of opportunities to spend quality time together. One person told us, "It's a lovely place to live."
- There were enough staff on duty to meet people's needs and help keep them safe.
- The provider operated safe recruitment processes. References and a DBS check were obtained before staff started working alone with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection, prevention and control practices.
- Staff confirmed there was enough personal protective equipment (PPE) to help keep them and the people they supported safe.
- Staff had completed training in infection, prevention and control. Their competencies were regularly assessed to ensure practices remained in line with current guidance.

Visiting in Care Homes

- People were able to see their visitors without restrictions and in line with best practice.

Learning lessons when things go wrong

- Accidents and incidents were reviewed when they occurred, and action was taken to reduce the risk of reoccurrence.
- Where required, care plans were updated following an incident to help reduce the risk of repeat incidents. Changes to people's care and risk management plans were communicated to staff in a timely manner.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before a placement at the home was offered. This helped to ensure the home could meet people's needs, preferences and aspirations.
- People's diverse needs such as religion were discussed with them prior to moving to the home so that staff had the information needed to support them in accordance with their wishes.
- People's care was planned and delivered in accordance with best practice and current guidance. For example, the provider liaised with and followed the guidance of healthcare professionals.

Staff support: induction, training, skills and experience

- Before staff started work they completed an induction programme which provided them with the basic skills and training to meet people's needs.
- Staff also worked alongside more experienced staff which enable them to get to know the people they supported.
- Staff were positive about their on-going training and there were systems in place to ensure they received refresher training when due. A member of staff told us, "The training is good. I get everything I need."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us there were provided with food and drink which they enjoyed. One person said, "The food is lovely."
- People were supported to eat and drink enough to maintain a balanced diet. People's needs and preferences were assessed and recorded in their plan of care.
- At lunch time we saw people were provided with a meal they had chosen.
- People were weighed regularly which helped identify any concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Care plans showed people saw health and social care professionals to meet their physical, emotional and mental health needs.
- People had individual hospital passports which gave detailed information about the person should they need to attend hospital.

Adapting service, design, decoration to meet people's needs

- People lived in a homely environment and each person had their own bedroom which they could personalise in accordance with their tastes and preferences. Bedrooms also had the provision of en-suite toilet/shower facilities.

Ensuring consent to care and treatment in line with law 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- The deputy manager told us the people living at the home had capacity to consent to the care and treatment they received and there was nobody who required a DoLS authorisation to keep them safe.
- Staff received training about the MCA and knew the importance of respecting people's rights. People told us there were no restrictions on their daily life. One person said, "I can do what I want. I go to bed and get up when I want."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the staff who supported them. One person said, "I love the staff, they are my best friends."
- People were supported by a staff team who knew them well. People looked comfortable and relaxed when interacting with staff and staff interactions were kind and respectful.
- Staff took time to get to know what was important to people. Care plans considered people's protected characteristics such as religious preferences.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care. We observed this during our inspection.
- Care plans had been signed by and developed with the people living at the home. People told us their views were sought on a daily basis and staff consulted them on the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People made choices about how they spent their time, including spending time alone in their bedrooms. We observed this on the day of our inspection.
- Care plans provided information for staff about what a person could do for themselves and how to promote their independence. For example, preparing food and drink and meeting personal care needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected their needs and preferences. These had been regularly reviewed with people to ensure they remained up to date.
- People were able to voice their opinions about the care they received and were fully involved in planning and reviewing the care they received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood and supported.
- Care plans detailed people's communication needs and information could be provided in accessible formats, such as large print, for people where required. For example, information had been produced in pictorial and large print for one person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People told us they regularly accessed the community and took part in activities and social events they enjoyed. One person said, "We go out a lot to the theatre, shops and the pub."

Improving care quality in response to complaints or concerns

- The home had not received any complaints however people told us they would feel confident about raising concerns if they had any. One person said, "I am very happy here. I could talk to the staff if I wasn't happy."
- A complaints procedure was displayed in the home to ensure people and visitors understood how to raise concerns.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems to monitor and improve the quality and safety of the service provided were not always effective in identifying risks or areas for improvement. For example, checks and audits had not identified the issues we found relating to the recording of medicines and risks associated with free standing wardrobes.
- The provider was aware of their legal requirements to inform relevant agencies and CQC of any concerns in a timely manner.
- Staff understood the whistleblowing policy and were confident to raise any concerns where needed.
- Staff received regular supervisions with their manager where they could discuss their role, performance and training needs. A member of staff said, "I have regular supervisions and feel supported. We have a good team who support each other."
- Staff training was monitored and the provider's systems ensured staff received refresher training when it was due.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider encouraged people and relatives to provide feedback about the service. People's views were sought on a daily basis and through feedback questionnaires. The results of a recent survey had been positive.
- People and where appropriate, their representatives were involved in planning and reviewing the support they received.
- Staff received training in equality and diversity to help them understand and support people in accordance with their protected characteristics and wishes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. They had informed professionals and communicated with people's relatives where there had been concerns about people's care or well-being.

Working in partnership with others

- The registered manager and staff worked in partnership with health and social care professionals to

achieve good outcomes for people. These included the local authority, GP's, and specialist health professionals.