

Mrs Gillian Bryden

Oakdene Residential Home

Inspection report

Oakdene
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Waterlooville
Hampshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakdene is a residential care home providing accommodation and personal care to 19 people aged 65 and over in one adapted building. At the time of the inspection there were 19 people living in the home.

People's experience of using this service and what we found

People felt they were safe, and relatives raised no concerns over how staff supported their family member. Staff knew how to escalate issues and concerns and were aware of potential risks when providing support. People received their medicines appropriately, as required. Staff used the correct personal protective equipment (PPE), such as gloves and aprons when assisting people. Accidents and incidents were managed appropriately. Staff were recruited in a safe way.

Staff received an effective induction and appropriate ongoing training, so they felt confident when supporting people. People felt staff supported their individual needs and requirements. People received food and drinks as required and attended any medical appointments required.

People felt staff were kind and caring towards them. People were given choices and were able to make their own decisions as far as possible. Staff supported people to be independent and ensured that people's privacy and dignity was maintained.

People and relatives felt involved in the development of care plans. Care plans provided staff with information about people's needs and preferences and how they would like these to be met. A complaints procedure was in place, people and their relatives knew how to raise concerns and felt these would be addressed. People were supported to remain active and participate in social activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were a number of activities arranged by the provider and supported by staff. This reduced the risk of people becoming socially isolated. Staff were aware of people's communication needs and how best to support them. People told us they had no concerns or complaints about the service.

We found the management team receptive to feedback and keen to improve the service. The provider and manager worked with us in a positive manner and provided all the information we requested.

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 11 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Oakdene Residential Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Oakdene is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider is registered with CQC as a sole individual. Therefore, there is no requirement to have a registered manager. Registered persons are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, manager, senior care workers, care workers, the chef, domestic and administrative staff. 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 reviewed a range of records. This included four people's care records and eight medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, with one person saying, "I am very safe here, I just ring my bell and they [staff] are here. I feel safe." A relative told us, "I am very happy that [relative] is safe here. They are much safer than they were at home alone." A staff member told us, "We know people well enough to keep them safe, we know what to look out for and how to manage any risks." We saw staff attending to people and providing appropriate support.
- Staff understood how to keep people safe and were able to describe to us the different types of abuse that people may encounter. One staff member told us, "Abuse covers neglect, mental abuse, physical abuse, sexual abuse, and generally not doing what you should be doing for people in their best interests. I would notice if anything out of order was happening and do something about it."
- Staff knew how to report safeguarding issues and make referrals to the appropriate external agencies if required. Policies and procedures were in place to help keep people safe. Information was available for people and relatives to access if they felt someone was at risk of abuse.

Assessing risk, safety monitoring and management

- Individual risk assessments for people were recorded within the care plan and gave detail on risks such as; mobility and falls, skin integrity, behaviour and mental health as well as medicines. Risk assessments provided guidance for staff and staff told us they felt this information assisted them to do their job effectively.
- Accidents and incidents had been dealt with as required, with action being taken if needed.
- Personalised evacuation plans were in place, which gave guidance to staff should there be the need to evacuate people safely from the building.

Staffing and recruitment

- People told us staff were available to them when needed and one person told us, "They come when I want them, I never have to wait for them. They are always around." All of the staff we spoke with felt that there were enough staff to keep people safe and they had time to spend with people. We saw staff being available to meet people's needs.
- Rotas we viewed reflected the amount of staff on duty at the time of the inspection.
- Pre-employment checks had been carried out including, obtaining references and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People told us they received their medicines safely. One person said, "I get all my medicines on time." A

relative told us, "All medicines for [person] are on time and given as they should be." Medicines were managed, stored and disposed of safely

- Staff members we spoke with told us they felt competent to give medicines and had received the necessary training. One staff member said, "They [managers] check regular that I give medicines correctly. "Training records confirmed staff had received medicine training and competency checks carried out.
- Where people received medicines 'as and when' required there were instructions for staff as to how to give these.
- Medicine Administration Records [MAR] that we looked at showed that medicines had been given appropriately.

Preventing and controlling infection

- Staff ensured hygienic practices were in place when assisting people. One person told us, "Very clean throughout, very tidy." We saw staff using gloves and aprons when assisting people.
- Staff had completed infection control training and told us how they understood the need to ensure cleanliness within the home.
- Cleaning schedules were in place and effective, a relative said, "the home was always clean in all areas and had a fresh smell, the cleaner does a really good job, my relatives' room is always tidy and fresh every time we visit.

Learning lessons when things go wrong

- The manager used a process to learn and make improvements when something went wrong. The provider and manager shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service, these processes were followed up and reviewed by the manager to ensure any changes were effective.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff assessed people's needs regularly and involved them in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person and professionals involved in their care to create written plans of care for staff to follow. Staff knew people's individual needs and preferences well.
- The provider used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights.
- People's oral care was planned. The manager was currently auditing oral care to ensure that this was being carried out consistently and included this topic in staff meetings.

Staff support: induction, training, skills and experience

- People told us they felt staff had the necessary skills and knowledge to support them safely. New staff received an induction to the service to provide them with the skills they needed. One person told us, "I feel very safe with the staff, they know what they are doing."
- Further training was available following the induction, and competency assessments were carried out to ensure staff understood the training and provided effective care.
- Staff told us they felt supported and had regular individual supervision to review their work, discuss their personal development and any concerns.

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

- People told us the food was really good, one person said, "there is always plenty to eat and if I want something different, I just let the staff or chef know."
- People enjoyed the meals served and told us they were happy with the choices and how these were prepared. There was a menu board which displayed the choices being served, this was in a written and picture format and people told us alternatives were always available.
- People were offered fluids throughout the inspection, water dispensers were available in communal areas to enable people to obtain drinks as they wanted, one person said, "staff come around all day offering me drinks, I am never thirsty and if I want a drink in between them coming I use that water machine."
- Staff knew what people liked to eat and drink and people had a nutritional care plan which included information about how meals needed to be prepared to meet their specific dietary needs.
- People's weight was monitored where concerns had been identified, and people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties.

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

- People had regular access to healthcare professionals such as GP's and community nurses.
- Staff were observant to changes in people's health and when concerns were raised, support from the relevant healthcare professionals was sought.

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

- People lived in a service that had been adapted to meet their needs. There were a few communal areas including two large lounges, dining room and a conservatory. These spaces were homely and inviting and gave people space to spend time with others or to be alone.
- Signage was used within the service to help orientate people to their surroundings.
- People's rooms were well presented and personalised with their personal possessions. One person told us, "My family came and made my room more homely."

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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where staff identified that people may no longer have capacity, assessments were completed which recorded how capacity had been assessed against specific decisions. Where people needed help, best interest meetings took place with people who were important to them and knew them well.
- Staff had received training on the MCA and those spoken with understood their responsibilities within this. One staff member explained, "The MCA is there to safeguard vulnerable adults who can't make specific decisions for themselves."
- People's consent was always obtained, and staff encouraged and supported them to make decisions about their day to day routines and personal preferences.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Positive caring relationships had been developed with people. We saw the staff were kind and polite to people and spoke in a respectful, unrushed manner. When supporting people, we observed staff explain to them what was happening. One person told us, "The staff speak to you like human beings, they are always so kind to us." Another person told us, "The staff are lovely, they do lots of bits and bobs and they are really helpful. It seems they know us and the things we want to do."
- We looked at thank you cards that had been received from relatives of people who used the service, and these confirmed that people had been supported with kindness and compassion.
- One health care professional told us they found the management and staff professional but relaxed with people so they felt Oakdene was a home for them.
- Initial assessments were completed to ensure all people's care and support needs were recorded. These assessments included details of any protected characteristics such as disability or religion. This enabled staff to support people in line with their individual preferences.

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

- People made decisions about their day to day care and we saw people were asked about how they wanted to be supported. People told us the staff knew their preferences and supported them to do what they wanted to do and helped them to carry on their daily routines.
- Some people who were living with dementia found it difficult to make decisions. We observed staff speaking with people in a way they could understand which enabled them to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke to people with genuine affection. When staff offered personal care to people, this was done so in a discreet way. One relative told us, "The carers always knock at the door, and they treat [name] like a member of their own family and make sure they are respectful when speaking and supporting them."
- Staff respected people's privacy and supported them to maintain their dignity. People and their relatives gave us positive feedback about the caring approach of staff.
- Staff promoted people's independence as far as possible. Staff supported people to make choices and to do what they could for themselves. For example, prompting people to support them with personal care, rather than taking over and doing the task for them.
- The service protected people's private information. Information was stored securely and was not left visible, for example on desks or noticeboards.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People consistently told us that staff knew their preferences well. One person said, "They [staff] know me well now, and know how I like things, they're really good."
- Staff were able to tell us about people's needs and preferences and we saw throughout the inspection that they knew people well. We saw conversation was easy between people and staff, and staff knew people's usual preferences for things such as drinks and activities they enjoyed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed as part of a pre-admission assessment and ongoing care planning process. People who needed hearing aids or glasses were supported to wear them and information was available in large print and illustrated with pictures. A notice board helped to show people what was going on.

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

- Activities were planned and took place. An activity co-ordinator was employed and arranged various activities throughout the week, a timetable of activities was displayed on the notice board. Activities were available to people in-house and in the community including quizzes, arts and crafts, visits from a vicar to perform holy communions and woodland walks.
- People were supported to maintain relationships with those close to them. Staff supported people to call relatives and relatives we spoke with told us there were no restrictions on when they were able to visit.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would be comfortable to raise concerns with the provider or care staff. One person told us, "I've nothing to moan about here, but they'd sort it if I did," and a relative said, "I've never had to complain about anything here, but I'd be ok going to the manager with anything as they are very approachable."

End of life care and support

- No one was receiving end of life care, however, people's wishes on their end of life care, such as

resuscitation had been discussed and documented. Plans were in place to ensure people's preferences at the end of their life were met.

- Staff had relevant training to meet these needs and worked with other health professionals to ensure people's end of life care needs were effectively met.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the provider and the staff team.
- One person told us, "They always keep us informed and always make a point of speaking to us." Another explained, "The staff are so good. It's more like a family home. There's always music on which [person] loves. Communication is really good, and we always get a cup of tea."
- Staff felt supported by the provider. One explained, "I do feel supported, and I know I can go to them [provider] If I have a concern."
- Staff understood the provider's vision for the service, and they told us they worked as a team to deliver good standards of care. One staff member explained, "We work together to ensure people are safe, happy and cared for in the right way."

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 was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The provider and manager supported staff to learn from incidents and actions taken through supervision and staff meeting.

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

- The provider and manager carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service. For example, we saw that learning was shared at a staff meeting after audits identified minor medicine recording errors, resulting in daily medicine auditing.
- The provider and manager were responsive to feedback given during the inspection and was keen to improve the service.
- The provider understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was with surveys, regular meetings and informal chats. A comment in a recently returned survey read, "Absolutely wonderful care. Management most certainly always listen and assist."
- Staff had been given the opportunity to share their thoughts on the service and be involved in how it was run. This was through formal staff meetings, supervisions and day to day conversations with the provider and manager. One explained, "We have supervisions every other month, they are a chance to feedback, they are useful. "supervisions were carried out in line with the homes policy.

Working in partnership with others

- The provider sought advice and support from specialist healthcare professionals when people had complex needs.
- Staff shared information with people's family and health and social care professionals to ensure the service continued to meet people's needs for example, advocates and mental health nurses.