Mrs Gillian Bryden

Oakdene Residential Home

Inspection report

Oakdene
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Waterlooville
Hampshire
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Tel: 02392640055

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22 June 2017

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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

The inspection took place on the 21 and 22 June 2017 and was unannounced.

The service had a registered manager who was also the owner / provider. 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.

Oakdene Residential Home is registered to provide accommodation and support for up to 19 older people who may also be living with dementia. On the day of our visit 18 people were living at the home.

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 independent accommodation for one person who is able to access this area without further aid. The home has a well maintained garden and patio area that people are actively encouraged to use.

The provider had systems in place to respond to and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies.

People who were able to talk with us said that they felt safe in the home and if they had any concerns they were confident these would be quickly addressed by the staff or registered manager.

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were able to tell of the strategies' in place to keep people safe.

There were sufficient numbers of staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe and effective recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained.

Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received supervision and appraisals providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection applications had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Where possible people were involved in their care planning, and staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

People, relatives and health care professionals told us the management team were approachable and the home was well-managed, with a "calm and pleasant atmosphere".

Staff interacted with people positively, displaying understanding, kindness and sensitivity.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff.

The provider had a complaints policy in place. This ensured prompt action was taken and lessons were learned which led to improvement in the service.

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 remains safe. The provider had systems in place to manage risks. Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Robust recruitment procedures ensured that only suitable staff were employed. There were enough staff deployed to provide care and support to people in a safe way and when they needed it.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective. Staff were provided with training and support that gave them the skills to care for people effectively.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service remains caring. People were comfortable and relaxed in the company of the staff supporting them.

Staff treated people with dignity, respect and kindness. Staff fully understood and were aware of people's needs, likes, interests and preferences.

People were involved in making decisions about their care, treatment and support as far as possible.

Is the service responsive?

Good

The service remains responsive. People's individual assessments and care plans were reviewed with their participation or their representatives' involvement regularly.

Care plans had been updated to reflect any changes to ensure continuity of their care and support.

Systems were in place to deal with any complaints received.

Is the service well-led?

Good

The service remains well led. Staff, people and relatives told us the registered manager had created a warm, supportive and non-judgemental
environment in which people had clearly thrived.

Staff interacted with people positively, displaying understanding, kindness and sensitivity.

There were effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the registered manager to drive improvement.

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 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 the 21 and 22 June 2017 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case older people and people living with dementia.

Before our inspection we contacted two health and social care professionals in relation to the care provided at Oakdene. During our inspection we spoke with the registered manager who was also the owner / provider, care manager, chef, administrator, activities co-ordinator, five members of care staff and five people living at the home. Following our inspection we spoke with three relatives by telephone and a general practitioner (GP).

We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. 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.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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 last inspected the home in December 2014 when the service was rated as Good overall but Required Improvement in Effective. We found some care plans did not contain all the information staff may require to ensure significant people were involved in the decision making process.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "I feel very safe living here. If you have a problem here there is a red cord to pull". Another person said, "I feel secure here. I have no worries any more. We asked people if staff responded to call bells in a timely way. One person said, "Yes they do very quickly". Another person said, "They are very quick" and the third person added, "Oh yes definitely, they are here all the time so you don't need to ring the bell". The call bell system and the conscientious and caring approach of staff contributed to their feelings of safety. People's relatives had confidence in staff's ability to ensure the safety and wellbeing of their family members. One relative said, "I've every confidence that the staff here keep [person] safe". Another relative told us, "We didn't want (person) to come into a home but they were getting very frail at home. Knowing (person) is safely cared for here has changed both our lives". A health care professional told us, "I have always found that they manage risk effectively and all their residents are assessed prior to any problems arising. Staff assess for any risks and identify needs. The carer's support the residents to remain independent in a safe environment".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. One member of staff told us, "Thankfully I have never witnessed anything like this but if I did I would have no hesitation at all in reporting it. I would never turn a blind eye to anything like that".

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included "I would report any issue that I was concerned about, no matter how small." and "I know how to report safeguarding and am confident to do so".

Risk assessments were in place for all people living at the home. Staff told us that where risks were identified measures were put in place to ensure the risk was safely managed. For example, people who were cared for in bed had easy and direct access to an alarm call bell. The level and frequency of observations of these people by staff were increased accordingly. We saw from the staff observation records that these welfare checks had been made frequently and were recorded accurately and in a timely manner.

Equipment used to support people with their mobility needs, including hoists had been serviced to ensure they were safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member told us, "We have all had training in using the equipment to help people get around safely. If I was unsure about moving someone of if I felt the equipment wasn't appropriate at all I would speak with the care manager or owner".

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. On the first day of our visit however we found window restrictors on the first and second floors were not all robust or fit for purpose. This meant that people were at risk of serious injury from falls from heights. We brought this to the attention of the registered manager who immediately contacted their maintenance team to make urgent arrangements to rectify this. Following our inspection the provider sent us photographic evidence to show that appropriate and robust window restrictors had now been fitted. This ensured that the risk to people from falling from a window at height was reduced and people were safe.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels were kept under review and adjusted based on people's changing needs. For example, the manager told us that at times some people present with behaviours that may challenge and this could put other people at risk. They told us and records confirmed that additional staff would be deployed to ensure the person and other peoples safety was maintained for "however long it took". Staff told us there were enough of them to meet people's needs. We observed staff providing care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People said call bells were answered promptly and staff responded quickly when they rang for help. A health care professional told us, "Oakdene is a relatively small residential home which has a good ratio of carers to residents who all have a good understanding of their residents".

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in medicine cabinets that were secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

The provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow. People living at the home had a Personal Emergency Evacuation Plan (PEEP) which instructed staff on the safest way to evacuate people in the event of an emergency. The provider had a reciprocal arrangement with a care home nearby that they could use as a place of safety should the home need to be evacuated.

Good

Is the service effective?

Our findings

People and their relatives told us staff had the necessary training and skills to provide effective care and support. One person told us, "Staff here know what they are doing". One relative said, "I am happy and confident that (person) receives the very best care for their condition". Another relative told us, "Since coming in to Oakdene (person) has put on weight and is really doing well. The level of care (person) receives has had a positive impact on them as well as us". One health care professional told us, "Staff are really good at managing personal care. The residents have access to health and social care professionals and they are supported to make their own decisions". Another told us, "The care provided meets people's needs. Any instruction or advice we give around someone's care is carried out to the letter". Relatives we spoke with were also positive about the care people received and described this as "patient and supportive". Our observations of the care and support provided confirmed that staff worked in a confident and professional manner.

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of development to ensure all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff in dementia awareness and behaviours that challenge. Staff told us that they received regular training. It was provided through training packages, external trainers and in-house, which included an assessment of staff's competency in each area. Training records also showed that 93% of staff held a level two or three Diploma in Health and Social Care. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority.

The Mental Capacity Act 2005 (MCA 2005) 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. At our last inspection in December 2017 we found some care plans did not contain all the information staff may require to ensure significant
people were involved in the decision making process. At this inspection we found that for those people who were unable to express their views or make decisions about their care and treatment, staff had appropriately used the MCA 2005 to ensure their legal rights were protected. Where family members had the legal rights to make decisions regarding the care of their relative, documents were held at the home to evidence this such as, Power of Attorney (PoA). A PoA is a written document that gives someone else legal authority to make

decisions on your behalf. Copies of those documents where relevant were kept in people's personal records which were kept securely in the administration office.

Staff were knowledgeable about the requirements of the MCA 2005 and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate. When people 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 2005.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and hospitals. At the time of our inspection three people living at the home were subject to a DoLS which had been authorised by the supervisory body (local authority).The home was complying with the conditions applied to the authorisation. The home had submitted a number of further applications which had yet to be authorised by the local authority. The manager knew when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People and their relatives told us the quality and variety of the food and drink on offer at the home was very good. One person told us, "Yes I choose what to eat and if I don't like it I can ask for an alternative". Another person told us, "I don't like fish. I always have another option offered by the cook". A relative said, "The food tastes beautiful, it is like at home". People were encouraged and supported to eat and drink sufficient amounts to meet their needs. Most people took their meals in the dining room and this was encouraged to enable people to socialise. The majority of people did not require support with their meals but staff were available to offer this if it was needed. Lunch time was a relaxed affair, there was lively conversation and people ate their meals with enthusiasm. Where people needed support from staff to eat or drink, this assistance was provided in an appropriate and discreet manner. The home promoted healthy eating and encouraged people to have a balanced diet. Plenty of drinks and healthy snacks were available throughout the day with fresh fruit readily available.

Any risks associated with each person's nutrition and hydration had been assessed, with appropriate specialist input, and plans put in place to manage these. Some people had been seen by a speech and language therapist and the outcomes of these assessments recorded. Staff we spoke with were aware of the practical support each person needed with eating and drinking on a day-to-day basis. Staff worked in accordance with the guidelines in place, as they assisted people to eat and drink during our inspection. A health care professional told us, "The residents are offered a variety of food and plenty of it, all of which is home cooked and smells lovely. There are also snacks and cakes available throughout the day. There is a good understanding by staff and the chef of diabetes management".

Good

Is the service caring?

Our findings

People and relatives told us staff were caring and looked after them well. One person said, "I like living here the people and staff are lovely". Another said, "I really love living here, it's my home. Yes I'm very happy and well cared for. Staff always seem very kind and patient". A relative told us, "I have no concerns at all about the care my relative receives. The staff are very caring and attentive. I would have no hesitation in recommending this home to anyone". Another relative said, "She's (relative) always well turned out. She gets to see the hairdresser every week which I know makes her feel good". One health care professional told us, "The staff show compassion and care, ensuring they spend time getting to know their resident's needs by providing privacy and dignity".

Staff cared for people in a relaxed, warm and friendly manner. Non care staff who worked in the home such as kitchen and maintenance staff took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. Staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves. A relative said: "I know mum can't do much for herself anymore but it is good to see the staff trying to get her up on her feet and walking around a bit".

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow relatives opportunities to speak with staff privately about the care provided to their loved one.

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. Staff covered people with blankets when necessary to preserve their dignity. People were assisted with their personal care needs in a way that respected their dignity.

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included information about people's upbringing, early life, education, teenage years, career and work, social and recreational

interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

People were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "We are pretty involved so we get plenty of notice if anything is going to change". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. "One person told us, "I've been really pleased with my decision to move here". Another told us, "Nothing is too much trouble. I only have to ask and they (staff) oblige". A relative told us, "The home responds well to (persons) needs. I did worry at first when they came to live here about how it would all work out but the home has been very good, I can't fault them". One health care professional told us, "The staff will always contact us if they have any concerns regarding any of their residents". A GP told us, "Oakdene is a very good service. They have people living with dementia there and they respond and support people and their needs very well. The call on us for advice as and when needed".

The registered manager told us that before people moved into the home, a pre-admission assessment was carried out. The registered manager told us how important this process was, both in terms of ensuring the home could meet people's needs but also, ensuring people's preferences were captured. People told us staff understood their individual needs and preferences, and that these could change. One relative told us, "The home understands the needs of (person) very well. They asked us lots of questions about (person) before they came to live here. The home knew everything about them which helps in looking after them". One person told us, "When I first moved here, I was asked what I wanted. I have changed my mind about how I want some things done but that's fine by them (staff) they look after me well". This was reflected in what other people told us. For example, another person we spoke with told us the timing of their morning personal care routine had been altered, at their request, to better suit their needs.

People's individual assessments and care plans were reviewed monthly with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. Updates had been made when people's medicines or health needs had changed. One relative told us, "The home reviews the care plans regularly and we are always invited and updated on how (person) is doing. Even if (person) becomes unwell or has to see the doctor we always get a phone call telling us". Another relative told us how their family member's general wellbeing had improved since they had moved to the home and how they had gained weight because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs.

People and relatives told us that the service they received was flexible and based on the care and support they wanted. One relative said: "I visit every other day so I know they do a good job. They look after (person) well and they do everything they need to do to make sure they are looked after well".

People took part in various activities which were arranged daily. Activities included music, board games, pamper sessions, visiting musicians, trips to the shops or going for a walk. The activities co-ordinator told us, "We have planned activities but on the day it's the residents who make the decision. If people don't want to do a planned activity that's fine. We do what they want to do, not what we want to do". People told us the activities were usually well attended and if they didn't want to take part in a specific activity their decision was respected. One person told us, "There is a list on the wall of what we are doing but if we fancy something different we change it". Another person said, "We do enjoy them all in this home". A further

person added, "I go out in the car with (staff member) to the top of the hill and we look out over Portsmouth and The Solent. It's lovely up there on a fine day. I look forward to it".

The activities co-ordinator also told us that some people didn't want to mix with others and preferred their own company. To reduce the risk of social isolation they told us how they spent one to one time with people reading to them, talking with them or painting their nails". On the first day of our inspection the weather was extremely sunny and warm. People were encouraged to access the gardens. Staff ensured people wore sun hats, sat in shaded areas under parasols and applied sun screen to minimise the risk of sunburn. Cold drinks and ice creams were also readily available and offered by staff at regular intervals.

The provider kept a complaints record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager, care manager or staff. One person told us, "There is nothing to complain about in this home". Another person said "If I am not happy I will go straight to the manager and she will listen to me". They told us they were listened to and that they felt confident in raising any concerns with the staff. There had been no formal complaints since our last inspection. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. One relative said: "I have no complaints at all about anything. If I did I would speak with the owner. I know she would put things right".

Good

Is the service well-led?

Our findings

People and relatives we spoke with were positive about the registered manager and the running of the home. All told us the registered manager was 'hands on' and spent time with people. People, relatives and health care professionals told us the management team were approachable and the home was well-managed, with a "calm and pleasant atmosphere". One person told us the management team did a "good job", and they could approach them with any issues. A relative we spoke with told us, "I know the (registered) manager. They are very nice to the family. Very approachable, and I can go to them with any concerns". Another relative told us, "I can approach the manager at any time. She always has time to speak with us and tell us how (person) is doing". A health and social care professional told us, "The registered manager and staff work with the community team well and have built good relationships with the team. The proprietor is often in the home when we visit and there is always a senior carer on duty all of whom respond to their resident's needs. I have always felt that we have a very good relationship with Oakdene, they will ring for advice if they need it and we have developed this relationship by introducing a link nurse who is attached to all of our residential homes in the area".

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Although people were unable to recall if residents meetings were held one person told us when asked, "Yes, last year, cannot remember the content or what it was about. Another person said, "I don't know, I do not go, I don't like meetings". The care manager told us, "We try to hold informal residents meetings but it isn't always easy due to people's communication levels however the managers door is always open and people do like to tell us if something is troubling them".

Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff worked well together and as a team, they were focused on ensuring that each person's needs were met and liaised with families to keep them updated when people's needs changed. Staff clearly enjoyed their work and told us that they received regular support from the registered manager.

The registered manager was aware of the day to day issues and culture within the service and spoke positively in support of the staff team. They said, "I've got a totally open door policy. It's relaxed because it's the resident's home. I empower staff. They love their jobs". The staff that we spoke with confirmed that they enjoyed their roles and understood what was expected of them. One member of staff told us, "I absolutely love it here. It's a good team".

The quality and safety audits that we saw were comprehensive and demonstrated honesty and transparency when mistakes were identified. We saw from the staff meetings records that staff had been challenged with improving the communication within the service. Audit processes were completed on a

regular basis by the registered manager.

The service had received many compliments from people and relatives. For example, "Thanks to everyone at Oakdene for caring for (person) in all senses of the word. We feel so fortunate to have found you to look after them", "Thank you for providing us with a haven and for supporting us when she passed" and "Thanks for all your kindness and love for (person). The home also used the public review website www.carehome.co.uk. Comments we read included, 'After visiting other care homes in the area I found that Oakdene best suited my father's needs. On my unannounced first visit I was impressed by the homely atmosphere and the welcome given by staff', 'The staff are caring, kind and professional. Any concerns I have had have been listened to and acted upon promptly and efficiently'.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role.The registered manager had, when appropriate, submitted notifications to the CQC. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our on-going monitoring of services.

Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.