

# Virtue Health Services Ltd

# Oakdale House

## 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Oakdale House is a residential home providing personal care for up to two younger adults with a learning disability and autistic people with sensory and communication impairments. The service delivers community-based living for individuals with varying degrees of disability and complex behaviours. Two people were living at Oakdale House at the time of our inspection.

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

Medicines systems and processes needed to be strengthened to ensure they were following best practice guidance. We have made a recommendation about the management of some medicines.

People were protected from the risk of abuse. People told us they felt safe in the service.

Risks to people's safety were managed. Staff were recruited safely.

The service was clean and hygienic. COVID-19 government guidance was followed.

People's needs were assessed before they moved into the service.

Staff had been trained and had the necessary skills and experience to support people to achieve a positive lifestyle.

People were supported to eat and drink enough to maintain a balanced diet. People had access to health services.

The service worked closely with external health professionals to monitor people's physical and mental health. We found health records needed to be updated to contain all the relevant health information.

People were treated with kindness and their privacy was respected by staff. People were enabled and encouraged to express their views and were involved in making decisions about their support. This included reviewing their care plans or deciding what activities to take part in.

People received personalised care to ensure their needs and preferences were met. Staff were matched with people based on their hobbies and preferences.

People were given information in a way they could understand. Staff knew people well and knew how to communicate with them.

People were supported and encouraged to maintain relationships with their relatives.

The registered manager and staff had a clear vision about the service and support they offered to people. A range of audits were completed to ensure good quality services. Medicines audits needed to be strengthened and embedded into practice.

Staff and the registered manager worked together with other agencies to ensure people received right care and support. People, staff and relatives were involved in the running of the service and were asked for feedback about the service.

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.

We expect health and social care providers to guarantee people with autism and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: people were supported and encouraged to achieve positive outcomes, for example, people had been supported to reduce restrictions previously placed on them.

Right care: people were supported in a person-centred way which promoted their dignity, privacy and human rights. For example, the service's values were designed to support people's development and independence.

Right culture: the ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 27/08/2020 and this is the first inspection.

Why we inspected

This was a planned inspection since the service first registered with us.

## 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.

# Oakdale House

## 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

Oakdale House is a 'care home'. People in care homes receive accommodation and 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

two relatives and gathered feedback from two members of staff. We spoke with the registered manager. We reviewed a range of records. This included one person's care records and medication records. We looked at two staff files in relation to recruitment. 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.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to take their medicines safely.
- Medicines administration records [MARs] confirmed that people had received their medicines as prescribed.
- Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely.
- Medicines were administered by suitably trained staff.
- Medicine administration care plans were updated following the inspection to include who had responsibility for ordering and collecting prescribed medicines.
- There were no guidelines in place where people had 'as and when required' (PRN) medicines. We discussed this with the registered manager who addressed this following the inspections.

We recommended the provider consider current guidance on administering medicines and act to update their practice.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Oakdale House. A person said, "Yes, it feels safe."
- Staff had received safeguarding training. Staff understood their responsibilities to report any concerns. A staff member said, "I know who to and when to report a safeguarding issue."
- There were clear processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had systems for assessing and managing risks both at home and in the community.
- Care records contained risk assessments which identified risks and what support was needed to reduce and manage those risks.
- Risk assessments were reviewed regularly or when people's needs changed.
- We saw staff monitored people's risks throughout the day. For example, when people went into the community without support staff ensured check-in calls took place to monitor safety.
- The registered manager reviewed the accident or incident reports to ensure appropriate action had been taken. The details were reviewed to check for themes and trends that may have occurred.

### Staffing and recruitment

- There were safe and effective recruitment procedures in place to help ensure only suitable staff were

employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- Systems were in place for the prevention and control of infection. Staff had received training in how to use PPE which was readily available throughout the home.
- The service was exceptionally clean, and well maintained.
- We were assured that the provider was accessing testing for people using the service and staff.
- The provider had assurances those they employ and deploy within the service met vaccination requirements as a condition of deployment.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs had been assessed before they moved into the service. The registered manager had completed detailed assessments which considered people's current needs, their life histories, background and any protected characteristics such as people's religious and cultural needs.
- The registered manager told us about the time they worked in partnership to ensure smooth transition of people to service.
- People's support plans were written and developed in line with current good practice guidelines. Staff were proactive in ensuring people's support plans were reviewed regularly and updated when any changes took place.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and had the necessary skills and experience to support them safely and in line with their needs.
- New staff members completed an induction. This required them to complete mandatory training and additional training in topics such as positive behaviour support and understanding attention hyperactivity deficit disorder (ADHD).
- New staff were given the opportunity to shadow more experienced staff so they could get to know people until they felt confident working on their own. One staff member said, "I had an induction then was working with experienced members of staff to be able to do the job efficiently. My confidence has built over time, but this is down to good staff and a great management team."
- Staff told us the training had given them the necessary skills and knowledge to be able to successfully support people. Staff told us they were encouraged to self-develop. One staff member said, "I have attended specific training which involved different members of a multi-disciplinary (MDT) team. This was to get a better understanding of what the guest needs."
- Staff told us, and we saw evidence that regular supervisions took place.

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

- Staff supported people to access healthcare services. There were regular telephone consultations with the practice nurse from the local GP surgery to discuss people's health related needs.
- We saw that staff were responsive in getting urgent appointments for people who required services such as the dentists.
- The service worked well with professionals to deliver care and support in line with people's assessed needs.

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

- We observed Oakdale House to be a relaxing and homely environment.
- People had been encouraged to personalise their own bedrooms and communal areas of the service. We saw that each person had their own Christmas tree which they had decorated in colours of their choice,
- Areas of the home had been adapted to suit people's needs, one room was made into a craft room and could be adapted to facilitate beauty treatments like nails and hair.

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

- Staff had had training in food and nutrition and had received specific training in dietary requirements. People told us they were able to choose the meals they wanted. One person said, "I like to go food shopping on a Monday and always cook for myself."

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).

- Policies and procedures appropriately reflected the principles of the MCA. Care plans developed with people identified circumstances when staff would consider people's capacity during risk situations.
- People told us that staff asking them for consent before they delivered care.
- Training records confirmed that staff had received training in MCA. One staff said, "Mental capacity means to me that all guests are deemed to have capacity, unless assessed otherwise. If the guest's choice is putting them at risk, then I will act in their best interest and speak to management or their social worker for more advice."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported by staff who knew them well and committed to supporting people to move on to further independence. One staff member told us, "I would be happy (for my relative) to live here. The staff are always happy and positive."
- People spoke positively about the caring nature of staff. We were told, "All staff are nice 100%."
- People's diverse needs were known and respected, including any characteristics under the Equality Act 2010.

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

- People were supported to discuss their care and express their views about their future goals and aspirations.
- People's views on where they wanted to live in the future had been taken into consideration.
- Staff said there were opportunities for people to be involved in their own care. One told us, "There are lots of activities (for people) to be involved in. Great opportunities to build independence and access college and schooling to create a better future. It makes me proud to be part of a fantastic team."

Respecting and promoting people's privacy, dignity and independence

- Staff helped people to be as independent as possible.
- People were actively encouraged to do as much as possible for themselves to maintain and promote their daily living skills.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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 actively encouraged and supported to take part in activities of their choice.
- A relative said, "[My relative] has absolutely done so much whilst they had been there, it's fantastic. Staff have supported them to do lots, like going to a Halloween event recently, visiting the racecourse, and they had a camping trip at a local the marina. I think [my relative] is quite settled."

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.

- Care plans were in place on how best to communicate with people.
- One person's care plan guided staff to give them time to process information and time to give a response.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. People were aware of how to make a complaint and felt their concerns would be addressed promptly.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Regular audits and checks were undertaken to monitor the quality and safety of the service. These were mainly effective in identifying improvements; however, medicine audits had failed to identify and address some medicines issues.
- The registered manager was committed to drive quality. Investigations were carried out to understand the reasons behind shortfalls in medicines. The outcome was used to strengthen audits and drive improvement.

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

- The registered manager and staff had a clear vision about the values the service offered to people.
- Staff, people and relatives were positive about the management of the service, describing the management team as 'Between them all they are brilliant.'
- The provider actively promoted workforce equality and diversity. One staff member said, "I couldn't wish for a better manager and deputy manager, they are both kind and considerate. They go out of their way to not only support the guests but the staff too. They know when staff are not feeling themselves and so will sit and talk to them and offer support and guidance where needed. It's an absolute pleasure to work with them."
- People were positive about the management of the service. One person said, "[The registered manager] cares about everyone. [Registered manager] makes everyone's lives better."

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 registered manager understood their responsibility around the duty of candour and was committed to being open and transparent when something went wrong.
- The registered manager also understood their responsibilities and the requirements of the provider's registration. Statutory notifications had been submitted to CQC to inform us when events such as accidents and incidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider ensured equality and inclusion within its workforce. Equality and diversity was discussed at

interview and staff completed training in the subject. A diverse staff team had been employed.

- The provider worked with other agencies and organisations to deliver joined-up care. Staff worked with healthcare professionals, such as the local learning disability team, speech and language therapists and occupational therapists.
- Multi-disciplinary teams (MDT) were part of consultations and meetings held about people's care and support needs.