

Prime Life Limited

Oakdene

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

We carried out an unannounced inspection of the service on 1 September 2016.

Oakdene provides accommodation and personal care for up to 40 people living with mental health needs. At the time of our inspection there were 38 people living at the service.

Oakdene is required to have a registered manager in post. 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. At the time of the inspection a registered manager was in post.

People received a safe service. Staff were aware of the safeguarding adult procedures to protect people from abuse and avoidable harm and had received appropriate training. Risks were known by staff and managed appropriately. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. People received their medicines as prescribed and these were managed correctly.

Staff were recruited through safe recruitment practices. Staff received an induction, training and appropriate support. There were sufficient experienced, skilled and trained staff available to meet people's needs. People's dependency needs had been reviewed and were monitored for any changes.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People received appropriate support with their eating and drinking needs and choices were offered and respected. People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support. When concerns were identified about people's healthcare needs swift action was taken.

The manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. People were asked for their consent before care and support was provided and this was respected.

Staff were kind, caring and respectful towards the people they supported. They had a clear understanding of people's individual needs, preferences and routines. The provider asked people, relatives and representatives, including visiting professionals to share their experience about the service provided. Feedback given on ways to improve the service was acted upon.

People were involved as fully as possible in their care and support. There was a complaint policy and procedure available and confidentiality was maintained. People had access to independent advocacy services should they have required this support. There were no restrictions on people visiting the service.

People were supported to participate in activities, interests and hobbies of their choice and had no restrictions placed upon them. People accessed the community independently and some people were supported to develop their independence and life skills with the goal to live more independently in the future.

There were systems in place for the registered manager to ensure all areas of the service were regularly checked and the overall quality of care was monitored by the director of operations on behalf of the provider.

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 ●

People were protected from abuse and avoidable harm because staff understood what action they needed to take to keep people safe. Staff had received appropriate safeguarding training.

People were supported by a sufficient number of staff being deployed appropriately to meet their needs safely. New staff completed detailed recruitment checks before they started work.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good ●

People were supported by staff that received an appropriate induction, training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

People were supported to access independent advocates to represent their views when needed.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good ●

People received care and support that was personalised and responsive to their individual needs. People were enabled to pursue their own interests and goals.

People were involved as fully as possible in reviews and discussions about the care and support they received.

People received opportunities to share their views and there was a complaints procedure available should they wish to complain about the service.

Is the service well-led?

Good ●

People and their relatives or representatives were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and vision of the service.

The provider had systems and processes that monitored the quality and safety of the service. The provider was aware of their regulatory responsibilities.

Oakdene

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 September 2016 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. Before our inspection, we reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, and Healthwatch to obtain their views about the service provided.

On the day of the inspection we spoke with eight people who used the service and three visiting relatives for their feedback about the service provided. We also observed staff interacting with people to help us understand people's experience of the care and support they received. We spoke with the registered manager, director of operations, one senior support worker, two support workers and the cook. We looked at all or parts of the care records of five people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. Some people told us how they had experienced some inappropriate behaviour shown towards them, by another person who used the service. However, all people we spoke with told us without exception, that they felt staff supported them to remain safe. One person said, "I've always felt safe and comfortable here." We spoke with the registered manager about the concerns people raised with us. They told us how these incidents had been responded to, this included involving the local authority safeguarding team who have responsibility for investigating safeguarding concerns. We were satisfied that appropriate action was being taken to protect people.

Three visiting relatives told us that they had no concerns about people's safety and welfare. They were confident their family member was cared for safely. They told us that some people had behavioural needs associated to their mental health but staff managed this well. One relative said, "It's home from home here, a safe environment, I've not seen anything that would make me overly concerned."

Staff told us how they ensured people's safety. They were clear about their responsibilities in protecting people from abuse and risks associated to their needs including the environment. Staff told us they had received adult safeguarding training and records confirmed this. One staff member told us, "We keep people as safe as we possibly can. If we have any concerns we inform the manager and they report it to the local authority and CQC, they will also get support and advice from other professionals."

Some people's mood and anxiety could easily fluctuate and we saw staff were quick to respond to these changes to ensure people's safety and well-being.

We saw safeguarding incidents were recorded and these were monitored for new triggers or behaviours and shared with relevant external professionals if required. We saw examples of the provider working with the local authority safeguarding team to investigate incidents that had occurred.

Risks to people's needs had been assessed and planned for. People told us that they had no restrictions placed upon them and that they were able to freely leave Oakdene as they pleased. During our inspection we saw people leaving and returning to the service independently. One person told us that they had restrictions placed upon them with their smoking. They said that they did not receive their cigarettes at the frequency they wanted. We discussed this with the registered manager who said that there were no restrictions placed upon people's smoking habits. We saw examples of people's smoking plans that showed they had been discussed and agreed with individuals.

A visiting relative spoke positively about how their family member and themselves was involved in discussions and decisions about how risks were managed. Comments included, "[Name of family member] and myself have had meetings with the manager to discuss strategy plans, I like it that we are all working together."

Staff told us that they found risk plans informative and provided appropriate guidance and support.

Additionally, staff said that any concerns about risks were discussed in staff handover meetings and risk plans were regularly reviewed. Records reviewed confirmed what we were told. In the care records we saw that risk plans had been developed to advise staff of how to manage and reduce any risk to people's safety as far as possible.

The accommodation was within safe and secure grounds that minimised restrictions on people's freedom. For example, we saw people accessed the garden area independently. Staff showed a good understanding of safety issues in relation to the premises and how hazards and emergencies were dealt with. Staff also told us that regular fire drills were carried out and we saw records that confirmed this. This told us that people could be assured that the environment was safely managed.

Personal had emergency evacuation plans were in place that informed staff of people's support needs in the event of an emergency evacuation of the building. We noted that these lacked specific detail for some people. For example, needs associated to people's hearing or vision was not included and this was important information staff needed to know. We discussed this with the director of operations who agreed with our findings. They made arrangements to have these plans reviewed and amended. The provider also had a business continuity plan in place and available for staff that advised them of action to take in the event of an incident affecting the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

The internal and external of the building was maintained to ensure people were safe. For example, weekly testing of fire alarms were completed, and records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals. Two people raised concerns that one of the communal lounge areas had a lack of tables to place drinks or personal items upon. We observed drinks and items were being left on the floor which resulted in a potential trip hazard. We noted that there was a spillage of a hot drink that had not been noticed or dealt with from staff members. We informed the registered manager who agreed to review the lounge area for safety.

There was sufficient staff deployed appropriately to meet people's individual needs and keep them safe. One person who used the service told us, "Staff members would give me as much time as I need if I needed to talk to them, especially the night staff."

Visiting relatives told us they had no concerns about the availability of staff to support their family member. Comments included, "There's always enough staff when I've been around and I come at different times of the day."

Staff told us that they had no concerns about staffing levels. One staff member said, "The staffing is generally okay. Staff are very supportive and will pick up extra shifts if required, we also have bank staff. It's very rare we are low with staff availability." The provider used a dependency tool to monitor people's dependency needs that was used to identify staffing level requirements.

We observed that staff worked well as a team and communicated effectively to ensure people's safety at all times. The registered manager told us that they regularly reviewed people's dependency needs and adjusted staffing levels if required to ensure people's needs were met. We found there were appropriate numbers of staff on duty and deployed appropriately to meet people's needs. Staff on duty had a good mix of experience, knowledge and skills.

The provider operated an effective recruitment process to ensure that staff employed were suitable to work

at the service. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at four staff files and we saw all the required checks had been carried out. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service. This showed that the registered manager followed robust recruitment practices to keep people safe.

People received their prescribed medicines safely. People who used the service did not raise any concerns about how they were supported with their medicines.

Visiting relatives told us that they had no concerns how their family member received their medicines. Comments included, "I've seen staff administer medicines and they do this safely, I have no concerns."

We observed people received their medicines in a timely manner. Medicines were administered in a safe way that valued the person's preferred choice. Records we viewed confirmed this. Medicine Administration records (MAR) were used to confirm each person received their medicines at the correct time and as written on their prescription. We saw these had been fully completed and confirmed people had received their medicines correctly. Each MAR was identified with a picture of the person. This meant staff could safely administer medicines to the correct person.

Staff told us and records we looked at showed, they had received up to date medicine training. There was a named person responsible for completing audits of MARs and ordering and disposing of medicines. We saw medicines were safely managed and stored. Protocols were used to manage the use of medicines to be taken when needed, for example for pain or anxiety

Is the service effective?

Our findings

People had their needs met by staff that was knowledgeable and skilled to carry out their roles and responsibilities. People we spoke with were positive about the staff that supported them. Relatives were confident that their family member was appropriately supported by staff that understood and knew their individual needs. A visiting relative told us, "I think the staff are very competent. They appear to know and understand mental health needs. They know when to and how to intervene to support people."

Staff told us about the induction they received when they started their employment. They said that it was supportive and helped them to understand what their role and responsibility was. Staff described the training opportunities they received and said this was a mix of face to face learning, on-line training with training workbooks to complete. Staff also said that they received refresher training to keep their knowledge and skills up to date and it enabled them to be aware of best practice guidance. Staff gave examples of the training they had received this included, health and safety, first aid, dementia and mental health awareness.

We looked at the providers training programme and found there were robust systems in place to ensure staff were up to date with the training the provider offered. The director of operations told us staff also received specialist training such as mental health and that each staff member had a development plan in place to ensure they received and met all their training needs. Records confirmed staff had received training for people living with epilepsy, diabetes and end of life care. We saw one person was returning from hospital and staff had received relevant training on the day of our visit to help them support this person. Training records showed 18 out of 24 staff had received training in mental health awareness. We were assured by the director of operations that they would ensure all staff received this training as a matter of priority.

Staff received appropriate support, supervision and opportunities to review their work and development. One staff member said, "We have regular meetings with the manager or senior every three to four months. It's helpful; we talk about any concerns, safety issues and people's needs." Records confirmed what we were told.

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.

We saw that assessments of people's capacity in relation to specific decisions had been completed when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed. The registered manager and staff demonstrated they understood the principles of MCA. One staff member said, "We assume people have capacity to consent but if we have concerns we assess their needs and sometimes have to involve others in best interest decisions."

We observed staff interaction with people and saw that staff were courteous and respectful with regard to consent. People were given choices and explanation; staff were seen to respect people's decisions. We saw examples within care records that showed people had given written consent to the care and support provided.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working within the principles of the MCA. At the time of our inspection no person was being restricted of their liberty. The registered manager showed a clear understanding of the action they would take if they had any concerns about people's freedom and liberty.

Training records confirmed staff had received training in MCA and DoLs. The provider had a policy and procedure to support staff of the action to take to ensure they applied the principles of MCA and DoLs when required.

Some people experienced periods of high anxiety and behaviours associated with their mental health needs. Staff spoken with were knowledgeable about people's needs. However, we found behavioural strategy plans lacked specific detail to support staff about potential triggers and the action required to support people effectively. Information was more reactive than providing staff with proactive strategies. Clear and informative written information is required to ensure people receive a consistent approach from all staff. The director of operations showed us new behavioural strategy plans that were in the process of being implemented. These were far more detailed and provided staff with all the required information to provide effective and responsive care.

People were supported to eat and drink sufficiently and received a balanced diet based on their nutritional needs and preferences. People were positive about the meal choices. One person said, "The food is fantastic here, I have absolutely no faults." Another person told us, "Full compliments to the cook." Additional comments included, "I really like the food here – always.", and, "The food here is even better than at home." Relatives said they were confident that their family member was supported appropriately with their dietary needs.

The cook told us how they provided meals that were appropriate for people's individual needs. For example some people required a soft diet due to concerns about their swallowing. Other people required a fortified diet due to issues with weight loss. Some people were living with diabetes and needed a particular diet. Kitchen staff had written records of people's needs, likes and dislikes including allergies and the cook was aware of people's portion size preferences. The cook told us that snacks such as cakes, sweets, biscuits and fruit was available and we saw these foods were present.

There was an easily accessible menu for people this was in an easy to read format, with pictures of the food and a description provided. There was also a chalkboard in the kitchen area which was updated throughout the day to reflect on menu options.

We saw people were encouraged to be independent and get drinks for themselves. There was a separated drinks area where people could make hot and cold drinks. People were observed to have an informed choice on meal and drink options and were encouraged to eat during the observed lunch period. Second helpings were also offered. Whilst people had the opportunity to make themselves a drink, we did not observe staff offer people drinks and snacks. This was a concern for people who may have had difficulty getting a drink independently or asking for a snack.

People's dietary and nutritional needs had been assessed and planned for. Nutrition plans had been developed to advise staff of people's needs. These plans showed us that consideration of people's cultural and religious needs was also given in menu planning. People were weighed on a regular basis to enable staff to monitor their weight so action could be taken if changes occurred.

People did not raise any issues or concerns in relation to the support they received to access external health services. Relatives were positive that their family member was supported appropriately with their health care needs.

Care records confirmed people's health needs had been assessed and people received support to maintain their health and well-being. People had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. We saw that the provider made timely referrals to external healthcare professionals when concerns were identified about people's health. A community psychiatric nurse visited the service weekly and provided staff with guidance and support and monitored people's mental health needs. Additionally, other healthcare professionals such as GP's, district nurse, speech and language therapists had been involved in people's care.

Is the service caring?

Our findings

People had developed positive and caring relationships with the staff that supported them. People were positive about staff. One person said, "I feel comfortable talking to the staff members." This reflected what other people told us. A consistent theme throughout the day in which people made an unprompted point, was to praise kitchen staff engagement, friendliness, adaptability and food quality. One person described the cook by saying, "They go above and beyond."

Relatives were also positive about staff that they described as being very caring and kind. They described the home as being friendly, and said people who used the service were relaxed and chattered to visitors and amongst themselves.

Staff spoke without exception positively about working at the service, they said that they felt they made a difference to people's lives. One staff member told us, "I get a great deal of satisfaction working here. I would describe it as a homely place."

We observed that Oakdene promoted a relaxed, homely environment, with established positive relationships between staff and people that used the service.

We had some concerns about a person that spent time by themselves pacing up and down a corridor. Due to this person's communication needs we were unable to ask them about the service they received. We were concerned that they spent large parts of the day in their own company. We spoke with the registered manager about our concerns and looked at this person's care records. The registered manager gave us detailed information about this person's needs and recent personal changes that had heightened their anxiety. The registered manager told us of the action they had taken in response, which involved meetings with external healthcare professionals to provide additional support. Records confirmed what we were told. This person's care records showed that they accessed the community independently when they wished. A translation service was used to support the person with their communication needs. Staff also had information about this person's communication needs and information that was important to them including their religious and cultural needs.

Information was available for people about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager gave an example of a person who had been supported by an independent mental capacity advocate in relation to decisions about the person's health care needs.

People told us that felt they were treated with dignity and respect and we heard staff speak to people in a calm and caring way.

Staff told us how they respected people's privacy, dignity and communication needs. One staff member said, "I like to think that I communicate well with people and that I can adapt to any situation." Another staff member told us, "We support and encourage people to be as independent as possible." Staff and the

registered manager, gave examples of how some people had been supported with developing their independence that had led them to move onto more independent living. We noted that throughout people's care records staff were directed about promoting people's independence as fully as possible. We observed staff communicated with people effectively using good listening skills and picking up on non-verbal communication appropriately.

We saw a dignity tree within the service which identified what people liked about the service. For example, one person had commented Oakdene was a nice place to live. Another person had said the people and staff were friendly. The majority of the comments stated the food provided by the service was lovely.

On display there was information about the ten dignity challenges that reminded staff of what was expected of them in providing dignity and respect at all times. This also gave people who used the service an opportunity to know what the provider's values were in terms of dignity. Staff had also received training in dignity in care and the provider had a policy and procedure they expected staff to adhere to. This told us the provider had clear expectations of its staff in providing a high standard of care at all times.

Visiting relatives told us that there were no restrictions around them visiting their family member. One relative said, "I come at all times of the day and it's never a problem."

The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Is the service responsive?

Our findings

People who used the service received care and support that was personalised to their individual needs and in a way they wished to be supported. People told us they were free to leave the service as they pleased to engage in leisurely pursuits and personal interests. People knew door codes to leave and access the service and felt the local area was accessible to them. People said they had informed choice around aspects of their daily activities of living and that they were involved in their care.

Relatives were positive that their family member received a supportive and responsive service that was based on their individual needs. One relative said that they were highly satisfied with the service their family member received. They told us, "[Name of family member] is definitely happier since being here; they have improved with their communication and are more relaxed."

Another relative told us how their family member and themselves were involved in the pre-assessment. Comments included, "The manager asked us a selection of questions, I felt they really listened and wanted to know and understand [name of family member] needs and what was important to them."

Staff told us that they had appropriate information available to them about how to meet people's needs. They said this enabled them to provide an effective and responsive service. Staff said support plans were reviewed on a regular basis to ensure they reflected people's current needs.

Care records showed that a detailed pre-assessment was completed before people moved to the service. This is important to ensure people's needs are known and assessed to ensure they can be met. Support plans were then developed that detailed people's physical and mental health needs, including diverse needs, routines and preferences. This enabled staff to be aware of what was important to people and to understand their individual needs.

Throughout our inspection we saw examples where staff responded appropriately to people's needs and well-being. For example, one person became anxious during meal time where they began swearing and shouting. A senior staff member promptly and appropriately dealt with and de-escalated the situation. During our inspection three people became unwell at separate times of the day. Staff responded quickly in contacting the relevant healthcare professionals. They had information ready and available about the person to pass over to the paramedics, so they were able to care for the person appropriately. Staff showed concern but maintained a calm and relaxed atmosphere that supported other people.

People received opportunities to discuss their preferences in relation to activities. Examples of activities people had participated in were in several framed photographs and included summaries of visits organised, one being to the seaside. An activities board also identified different activities that gave people the opportunity to choose. There was a dedicated games area within the service. This showed us people were responsible for making choices in what they wanted to do on a daily basis.

In the afternoon of our inspection staff were observed to encourage people to partake in activities; group

singing was noted alongside physical activities outdoors and games on the pool table. Staff members offered people a trip out into the local town for shopping and an ice-cream whilst also picking up items for a person who was unable to join the trip.

A visiting relative told us about their family members particular hobby and interests which they said the staff encouraged and supported the person to pursue.

We saw copies of resident meetings that had taken place on a regular basis. We saw people had discussed things that were important to them. Discussions had taken place in regards to trips out in the community.

People were encouraged to participate in growing their own produce and flowers in a poly-tunnel and around the premises. We observed two people working in the garden in the afternoon of our visit.

Oakdene had recently had some redecoration that people were reported to have been involved in choosing the colour scheme. Some people raised concerns about a television remote control that had broken and garden furniture that needed to be replaced. We discussed this with the registered manager who agreed to look into these issues raised.

People told us and visiting relatives said that they knew how to make a complaint and that they would not hesitate to do so if required.

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs. Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The complaints log showed that two complaints had been received in the last 12 months. These had been responded to in a timely manner and all resolved.

Is the service well-led?

Our findings

People we spoke with told that they were happy living at Oakdene and that they were supported to live their life as they wished. A frequent comment made by people was that they were, "very happy here."

Visiting relatives were positive that Oakdene provided a safe and secure environment that met their family member's mental health needs in an effective and responsive way. Relatives were equally complimentary about the staff team and leadership of the service. Comments included, "The manager is fabulous, brilliant, anything we ask they have time for us and will do. I can't fault the service at all." Additional comments included, "If I could work here I would. The manager has followed through with everything they said they would, I couldn't expect any more or a better service for my family member."

We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people. Staff demonstrated they understood the provider's vision and values. One staff member said, "We respect people's individuality and support people in a safe environment where we promote independence and support people with their mental health needs."

We looked at the service user guide and statement of purpose that informed people of what they could expect from service. This included the provider's values and philosophy of care; we saw that staff acted in line with those values.

Some people were living with long term complex mental health care needs; we observed staff to provide an environment that was relaxed and calm. We noted positive relationships between people who used the service and staff had been developed and this helped create a caring and warm atmosphere for people who used the service and visitors.

All staff spoken with were very positive about the leadership of the registered manager. One staff member said, "I cannot speak highly enough of the manager, they are very conscious. They have an open door and sort out any problems quickly." Another staff member told us, "The manager is really the best I've had, they're approachable and you can contact them outside of office hour's which is really supportive."

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

We found staff had a clear understanding of their roles and responsibilities and good communication systems were in place. Staff were observed to work well together as a team; they were organised, demonstrated good communication and were calm in their approach.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any safeguarding any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records

confirmed what action had been taken to reduce further risks from occurring.

The registered manager had developed positive links with the community and the local police protective service officer (PSO). They visited the service regularly to develop positive links with people that used the service.

As part of the provider's quality assurance processes, people, relatives, representatives and visiting professionals were asked to give feedback about the service Oakdene provided. The annual survey for October 2015 was on display for people with information about what people had said and what the provider did in response. People who used the service also had regular opportunities to talk about the service they received. This was used as an opportunity to exchange information and consult people about any changes they wanted to see. We saw records that confirmed these meetings. An example of requests and suggestions made by people that used the service included having accessible information about local transport services. We saw local taxis services and bus timetables were provided in the reception area for people. This told us the provider enabled people to share their experience about the service they received and feedback was respected and acted upon.

We saw the provider had received a number of written compliments from visiting professionals during 2016. Visiting paramedics said, "Staff were very helpful, Oakdene feels calm and all paperwork required was given to the crew." A visiting social care professional described staff as, "Very professional" and a visiting training provider comments included, "Staff were fantastic, lovely homely environment."

Accidents and incidents were recorded and action was taken to reduce further risks. Some people had high anxiety that resulted in behaviours that were challenging. These incidents were recorded to show how the person was before the incident, what occurred and what the outcome was. This was to monitor any triggers and the action taken by staff. These incident records were checked by the registered manager and sent to the provider's head office where the information was analysed for any patterns or triggers. This was supportive to the staff team and provided an additional check to ensure appropriate action had been taken.

The director of operations told us about the provider's systems and procedures in place to check on quality and safety. The registered manager completed a variety of daily, weekly and monthly audits which we saw and included areas such as the environment, staff training and supervisions and care records. We saw examples of these completed audits. The registered manager also completed unannounced night spot checks to ensure people received a continuous effective and safe service. We identified some concerns with the cleanliness of the service and made a referral to the local clinical commissioning group to complete an infection control audit. The director of operations assured us that they would also arrange for a deep clean of the service to be completed.

The director of operations received regular reports on the audits completed by the registered manager who then shared this information with the provider's operational board of directors. This provided a clear oversight of all the provider's services. The director of operations for the service also visited the service once a fortnight and completed additional checks and the provider's estate team completed an annual risk assessment. We saw audit reports that confirmed what we were told. Where actions had been identified to improve the service we saw action plans that identified what work was required and by whom. The registered manager told us of a refurbishment plan and the provider confirmed the plan and timescale for this. This told us the provider had continuous and robust quality assurance processes in place.