

Prime Life Limited

# Oakdene

## Inspection report

Stacey Road  
Mansfield  
Nottinghamshire  
NG19 7JJ

Tel: 01623655123  
Website: [www.prime-life.co.uk](http://www.prime-life.co.uk)

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Oakdene is residential care home providing personal care for up to 40 adults living with enduring mental health needs. This may include people who are subject to specified provisions of the Mental Health Act in order to live at the service; and people who may abuse drugs and alcohol. At this inspection, there were 39 adults receiving care at the service. This included 3 female adults.

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

People's individual choice and control was not fully promoted in relation to communal living arrangements, or to maximise opportunities for people's mental health support and life goal planning.

Improvements were made and ongoing to ensure people's care plans were individualised; to inform their care needs, preferred daily routines and lifestyle interests. People were mostly happy with their care and daily living arrangements and knew how to make a complaint or raise a concern if they needed to.

The provider was meeting the accessible information standard for people. The service is not a primary care provider for end of life care. Systems were in place to enable people's related support, wishes and decision making.

Arrangements for the prevention and control of infection helped to protect people from the risk of an acquired health infection. Safeguarding, staffing, medicines and risk management arrangements helped to protect them from the risk of harm or abuse. The provider acted to ensure people's safety when things went wrong at the service and to prevent any reoccurrence.

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.

People received effective care from staff who were trained and supported to ensure this. Staff supported people to maintain and improve their health and nutrition through timely consultation and information sharing with relevant external health and social care professionals, when needed.

People were happy with their environment, which was kept clean, generally well maintained and equipped. Improvements were assured from people's expressed views in relation to lighting levels and wifi access.

People received care from staff who treated them with respect and ensured their dignity and rights. People were supported to express their views and involved in making decisions about their care.

Improvement was made to ensure effective monitoring of the quality and safety of people's care.

Management and staff understood their role and responsibilities for people's care. Operational management arrangements were sufficient to ensure effective communication, partnership working and information handling for people's care.

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 and update

The last rating for this service was Requires Improvement (published September 2018) with one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made. The provider was therefore no longer in breach of regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was Well Led.

Details are in our responsive findings below.

# Oakdene

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by two inspectors.

**Service and service type:** Oakdene is a care home. People in care homes receive accommodation and nursing or personal care. 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 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:** The inspection was unannounced.

**What we did:** We looked at information we held about the service to help us plan the inspection. This included written notifications the provider had sent to us about any important events that happened at the service and the Provider Information Return (PIR) of August 2019. This is information we ask the provider to send us, usually at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. We also contacted local care commissioners who contract for people's care at the service along with an external health professional and a social care professional concerned with people's mental health care at the service.

During this inspection we spoke with 11 people receiving care at the service and an external social care professional. We also spoke five care staff, including two seniors; a domestic and a cook, the registered manager, an external senior manager for the provider. We reviewed six people's care records to check whether they were accurately maintained and checked a range of records relating to the management of the service. This included staffing, medicines and complaints records and areas of care policy. We also looked at the provider's arrangements to check the quality and safety of people's care.

After the inspection visit: We requested further information from the provider. This was provided within the requested timeframe. We also spoke with the registered manger by telephone to further check some of our inspection findings with them.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- The provider's arrangements for the prevention and control of infection at the service had been improved, which helped to protect people from the risk of a health acquired infection
- Relevant information, support and equipment was provided for people and staff, to help ensure good hygiene principles at the service. For example, to promote hand washing hygiene environmental cleanliness.
- The environment, furnishings and equipment used for people's care were visibly clean, hygienic and mostly well maintained. People were encouraged and supported to maintain cleanliness and hygiene of their own rooms. Planned improvements were in progress for the completion of environmental redecoration where required.
- People were supported as agreed with them, to help maintain cleanliness and hygiene in their own rooms. One person said, "It's nice and clean here; Thursday's is the day we clean my room; staff help me - we do it properly."

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

- There were effective arrangements in place at the service to safeguard people from the risk of harm or abuse.
- People told us they felt safe at the service and that staff helped them to keep safe.
- Staff were supported, informed and understood how to recognise and report abuse.
- The provider had acted in a timely manner, to notify us of any safeguarding incidents when they happened at the service. Related records showed they had acted to ensure people's ongoing safety and help prevent any reoccurrence.

### Assessing risk, safety monitoring and management

- Risks to people's safety associated with their mental and physical health conditions, environment or any care equipment they used were effectively accounted for.
- Staff understood any risks identified to people's safety and the related care plan actions they needed to follow for their mitigation. This included recognised care measures to support people who could sometimes behave in a way that could be challenging for others.
- A visiting social care professional told us, "Staff at Oakdene provide a safe service that is responsive to the needs of some of the most challenging of our clients."
- The provider had effective arrangements in place for the timely servicing and maintenance of equipment at the service.
- Emergency contingency planning measures were in place to help ensure people's safety. Staff understood

related safety procedures to follow, such as event of any equipment failure, any person being missing from the service.

- People and staff were informed and instructed in relation to fire safety procedures at the service.
- On call senior management arrangements were in place to support staff outside normal working hours, if needed for advice or direct input.

#### Staffing and recruitment

- The provider's recruitment and staffing measures helped to ensure people's safety at the service.
  - Nationally recognised procedures were followed for staff recruitment. This included obtaining required employment checks before staff began working at the service; to ensure they were safe to provide people's care.
  - Staffing levels were reviewed when needed for people's care and safety.
  - Staff worked flexibly and provided additional hours to support any gaps arising from staff vacancies, sickness or absence. Recruitment of additional staff was in progress to alleviate this.
- People, staff and others with an interest in people's care at the service, felt staffing levels were maintained sufficient for people's safety. A health professional said, "When people required additional support hours because of changes in care needs, management have always liaised with the social worker to agree this [for people's care and safety]."

#### Using medicines safely

- The provider followed relevant protocols to ensure people's safety in relation to their medicines.
- Staff were trained, competency checked and understood how to support people to take their medicines safely when needed.
- People confirmed they received the level of support agreed with them, to enable them to take their medicines safely at the times they should.

#### Learning lessons when things go wrong

- The provider had taken action for people's safety and to help prevent any re-occurrence, when things went wrong at the service. This also included the implementation of standardised safety measures when needed, from lessons learned across the provider's care home locations.
- Examples, of recent service improvements from this for people's safety included, revised risk assessment and missing person's procedures.
- The provider ensured regular management checks and analysis of any significant health or safety incidents at the service. This information was used to check for any trends or patterns that may help to inform or improve people's care when needed.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service design and decoration to meet people's needs

- People were consulted and mostly happy with their environment; and they were supported to personalise their own rooms as they wished.
- Action had not been taken, following people's expressed views in relation to lighting levels and access to Wi-Fi at the service. We discussed our findings with the registered manager and a senior external manager for the provider who told us about their improvement measures to rectify this.
- The environment was generally well maintained. Records also showed further improvements were planned, including areas of redecoration with timescales for completion.
- People were able to move freely around the home, which provided communal facilities and private living space for people and visitors.
- There were some facilities and equipment to support peoples' recreational activity and independence

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff working with other agencies to provide consistent, effective, timely care

- People's received effective, informed care, which met with their assessed needs and choices.
- Staff understood people's health conditions, how they affected them and their related personal care requirements.
- Staff followed standardised arrangements for to ensure timely communication and information sharing with external care professionals and providers, when needed for people's care at the service. This also included if someone needed to transfer to hospital for their health, to support people's planned move to live more independently.
- We received positive feedback from external health and social care professionals with an interest in people's care at service. One mental health professional said, "Oakdene facilitates a flow of information between the client and professionals, ensuring everyone is up to date with the right information for people's care."
- A range of care policies and guidance were provided for staff to follow for people's care. These were periodically reviewed, to ensure they met with nationally recognised guidance and practice standards.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain or improve their health and nutrition and to eat and drink sufficient amounts of food they enjoyed.
- Management improvements were in progress, to ensure people's oral health care was effectively assessed,

considered and delivered in accordance with nationally recognised standards. A related information session had also been held with people living at the service to help promote effective oral health.

- Staff supported people to access relevant external health professionals and followed any related instructions for people's health and personal care when needed. This included routine and specialist health screening and for related treatment and advice.
- Staff supported people to make healthy lifestyle choices for their mental, physical and nutritional health. This information was detailed in people's care plans; subject to regular review.
- People said they enjoyed their meals and were offered plenty of choice. We observed meals provided met with their individual choice and any special dietary needs.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA and found this was followed to ensure people's care was lawful and in their best interests.
- Staff were trained; understood the requirements of the MCA and consulted with people to obtain their consent for their care.
- Some people were subject to specified provisions of the Mental Health Act (MHA), for their care and treatment whilst living at the service. People and staff were informed by the relevant registered medical authority, where people were subject to any conditions relating to their care and treatment, in order to live at the service. This included people's related rights under the MHA.

#### Staff support: induction, training, skills and experience

- Staff were mostly trained, supervised and supported for their role and responsibilities.
- Management plans were in progress to address identified staff training gaps, where training updates were overdue; within identified and reasonable timescales for achievement.
- This included accredited training updates in relation to least restrictive positive behavioural support and effective physical intervention.
- Measures were also in progress to introduce formal post incident reviews with staff; following any physical violence or aggression from a person receiving care at the service. This helped to mitigate any risks to people from receiving inconsistent care that was not effectively informed against relevant national standards.
- A visiting care professional told us, "Staff appear to be well informed, trained and knowledgeable about people's care needs."
- During the inspection staff demonstrated effective, informed care interventions, to support people's mental health needs when needed.
- Staff were supported to obtain relevant national vocational qualifications relevant to their role. New care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which nonprofessional care staff are expected to adhere to when they provide people's care.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People received care from staff who were respectful, kind, caring; knew people well and ensured their dignity and rights in care.
- We saw management and staff interacted with people in a positive, respectful and caring manner.
- People felt they had good relationships with staff, who knew them well and what was important to them for their care and daily lives.
- Relevant information was recorded in people's care plans and staff were appropriately informed and directed, to ensure people's equality and rights in their care.
- We received positive feedback from people and external health and social care professionals with an interest in people's care. This included, "I am well supported; staff have patience; they are thoughtful and caring."

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

- People were supported, informed and involved to make decisions about their care. This was done in a way that helped to promote their independence, autonomy and rights. For example, one person whose first language was not English, was provided with a language translation service to support and inform decision making for their care.
- A range of methods were used to inform and involve people in their care. This included regular meetings held with people, such as one to one care reviews and home life group meetings.
- People said staff listened and supported them to make choices about their care, daily living and future living arrangements. This information was shown in people's care plans as agreed with them.
- People were provided with a range of service information and literature to help them understand what they could expect from their care. This included how to access outside services and agencies relevant to their needs, such as independent or specialist advocacy services, if people needed someone to speak up on their behalf.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant people's needs were not always planned, delivered or met in a way that consistently ensured flexible, individualised care and choice.

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

- At our last inspection, people's care plans were not consistently detailed to inform an individualised approach to their care. At this inspection, care planning improvements were evidenced and ongoing.
- However, people's individual choice and control was not always optimised in accordance with nationally recognised mental health care standards best practice guidance.
- People living at the service were predominantly male. There were no dedicated same sex communal lounges and bathing facilities available.
- People were not routinely offered one to one time with a staff member, trained to support regular structured conversations in relation to people's mental health and key life goal planning..
- Otherwise, people's care was mostly personalised and people were generally happy with their individual care and daily living arrangements, as agreed with them.

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.

- The provider was meeting the accessible information standard for people's care at the service.
- People's communication needs were assessed, and related care records showed their related needs and choices.
- Relevant service information was provided for people, to help to them understand what they could expect from their care and how to raise any concerns they may have. This included through regular meetings held with people and key written information, which could be provided in alternative formats to enable people's understanding when needed. Such as large print, relevant language or an easy read version. Language translation services were regularly accessed to help support and inform one person's care and rights.

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 encouraged and supported to engage and participate in social, recreational and occupational activities. There were some opportunities provided for people to develop their day to day independent daily living skills. Such as, shopping, cooking or doing personal laundry,
- Staff followed people's care plans, which showed their individual needs and choices for their daily living routines, lifestyle preferences and arrangements for their chosen contact with friends and family.

- People told us they were happy with the related support they received from staff.
- Staff regularly consulted with people to support their participation in home life and community activities that were meaningful to them. This included through individual and home group meetings.

#### Improving care quality in response to complaints or concerns

- People were appropriately informed and supported to make a complaint or raise any concerns about their care if they needed to.
- People said the manager and staff listened and acted on what they said, without having the need to make a complaint.
- There was a standardised management system in place for complaints handling, investigation and monitoring, which included timescales for response.

#### End of life care and support

- The service is not a primary care provider for end of life care. Systems were in place to enable people's support, wishes and decision making; and to access to relevant external health professionals and services when needed, in relation to end of life care.
- A standardised approach to individual needs assessment was followed, to encourage and support people to consider their preferences and choices for end of life care and treatment. This included any related advance decisions they may wish to make, such as in the event of their sudden collapse or diagnosis of a life limiting illness.
- People and care records confirmed this was raised with them and their choices were respected, including if they did not wish to consider this further.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted overall, high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements

At our last inspection, systems to assess, monitor and improve the quality and safety of the service were not effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider was implementing a recognised, revised quality assurance system across their services. Management checks of the quality and safety of people's care at the service, were now being operated a more effectively. Findings from this were being used to help inform, improve and enhance people's care experience.
- Since our last inspection, service improvements either made or in progress from this; included risk management, staffing, environmental, care planning and record keeping improvements.
- Arrangements were in place for the safe handling and storage of confidential personal information for people and staff, in line with legal requirements.

How the provider understands and acts on their duty of candour responsibility

- The provider had met regulatory obligations for their registration and also in relation to their duty of candour (DoC) responsibility. The DoC places legal responsibilities on organisations to be open and honest when things go wrong. This included sending us written notifications about any important events when they happened at the service.
- The provider had also ensured the required display of their most recent inspection summary and rating for public information.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support

- Managers and staff understood their roles and responsibilities and overall, strove to deliver individualised quality care in line with nationally recognised practice.
- There was a registered manager for the service, who understood the requirements of their registration.
- People, staff and external health and social care professionals we spoke with were confident in the management and leadership at the service. All confirmed the registered manager was visible and accessible to them.

- There were clear lines of accountability, communication and reporting established within the service for people's care. Staff felt supported and informed to understand their related role and responsibilities. Related management measures helped to ensure this.
- The provider had a comprehensive range of operational policy guidance for staff to follow for people's care and safety. These were periodically checked against nationally recognised standards, to make sure they provided up to date guidance for staff to follow for people's care and safety.

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

- The provider regularly sought to engage and involve people who used the service, staff and relevant parties, to help inform people's care. This was done in a way that took account of people's equality and rights.
- The registered manager regularly consulted with people, staff and relevant parties, to help inform people's care and ensure their rights and best interests.
- People, staff and external partners we spoke with confirmed they would recommend the service to friends and family; either for care, or as a place to work.

Working in partnership with others

- The provider worked in partnership with relevant external health and social care partners, educational partners and national voluntary organisations, to help ensure people received safe, effectively informed care.
- The manager had begun to attend a recently created local area, cross sector provider network forum. The forum aimed to enhance, support and inform people's ongoing care within the care home sector, via active care co-ordination from local mental health services. Further national and local links were being established through the forum, with relevant health and social care agencies, to help ensure the network's aims.
- We found a number of related care improvements and initiatives recently made, planned or in progress at the service, via partnership working. This included, promoting effective oral hygiene standards; ensuring people could access annual health screening; ensuring safe smoking and implementing effective care planning.