

Oakdale Care Limited

Oakdale Care Limited

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 Care Limited is a residential care home providing personal and nursing care to up to 63 people. At the time of our inspection there were 62 people using the service.

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

People and their relatives told us they felt people were safe and we found staff understood their responsibilities to protect people from abuse and avoidable harm. Staff were recruited in a safe way and there were enough staff to meet people's needs. Risks were assessed and appropriately managed. People were supported to receive their medicines as prescribed in a safe way.

People and their relatives were involved in assessments of people's health and wellbeing needs prior to moving into the home. People and their relatives were able to meet with the registered manager as and when required and were regularly involved in decisions around the care provided. Referrals to specialist professionals for advice and support were made in response to people's needs.

Staff had the training and support they required to meet people's need. Staff knew people well, communicated with people effectively and provided person centred care and support. People and their relatives told us staff were kind and caring and involved them in making decisions about their care and support.

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, staff and relatives said the registered manager was supportive, accessible and approachable. Quality monitoring was effective, people and their relatives were asked to provide feedback and this was used to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 July 2022 and this is the first inspection. The last rating for the service under the previous provider was requires improvement (published 10 February 2021).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and staff training. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please

see the safe, effective, caring, responsive and well-led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Oakdale Care Limited

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 4 inspectors.

Service and service type

Oakdale Care Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oakdale Care Limited is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 August 2023 and ended on 6 September 2023. 3 inspectors visited the service on 30 August 2023 and 1 inspector made calls off-site to staff, relatives and professionals.

What we did before the inspection

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

During the inspection

We spoke with 2 people who used the service and 5 relatives of people who used the service about their experience of the care provided. We spoke with 16 members of staff, including the registered manager, the deputy manager, 4 directors, 1 operations manager, 2 nurses, 1 pharmacist, 1 senior carer, 3 carers and 2 chefs. We spoke with 2 professionals who visited the service regularly.

We reviewed a range of records. This included 8 people's care records and 7 people's medication records. We looked at 7 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including policies and procedures.

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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were happy living at the service and felt safe. One person said, "I feel very safe here." One person's relative told us, "We are totally happy and [Name] is really comfortable here. We have nothing to worry about and know [Name] is safe."
- The provider had a safeguarding policy in place for staff to follow. Staff had received training in safeguarding procedures, were able to describe potential safeguarding issues and knew what action to take to protect people from harm and abuse. One staff member said, "I have had safeguarding training and the registered manager discusses safeguarding in group supervisions to check we understand our safeguarding responsibilities."
- The provider and registered manager understood their responsibilities to report any allegations of abuse or neglect to the local authority and the Care Quality Commission (CQC). The registered manager had reported safeguarding concerns appropriately and promptly.

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

- Risks to people's health, safety and welfare were assessed, documented and kept under regular review. This included consideration of people's nutrition and hydration, mobility, pressure care and continence needs. Staff knew about people's individual risks and could tell us how these were monitored and managed.
- The provider implemented systems to ensure environmental risks were consistently managed. Staff understood how to use these systems and were confident any concerns or issues they identified would be addressed. We saw environmental certificates were within date and environmental checks had been completed in line with the provider's policies.
- There were processes in place to record, investigate and monitor accidents and incidents. Themes and trends were identified, lessons were learnt when things went wrong, and actions were taken to drive improvements.

Staffing and recruitment

- Staff were recruited safely. For example, Disclosure and Barring Service (DBS) checks and previous employer references were obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough experienced and qualified staff deployed to safely meet people's needs. We saw rotas which showed there were enough staff on shift to meet the service's dependency tool requirements. Staff said there were always enough staff on duty to meet people's needs.
- One person's relative told us, "There is never a shortage of staff. There are always staff around." One professional who regularly visited the service said, "There are always enough staff on hand whenever I visit. I

have never noticed any issues with staffing or had any concerns myself."

Using medicines safely

- Staff had received training in safe handling of medicines and their competencies were tested regularly. We observed a medicines round and saw medicines were administered in a safe way, maintaining people's dignity and respect. One staff member told us, "I have had training in administering medication and have regular competency checks. The pharmacist the service employs is really helpful and gets involved with training and compliance."
- Medicines were managed safely. We saw medicine administration record (MAR) charts were in place and had been completed accurately, showing people had received their medicines as prescribed. Medicine stock was checked in to the service, stored and disposed of appropriately.
- When people were prescribed medicines 'when required' (PRN), the correct PRN protocols were in place to guide staff on when to administer these medicines. Staff recorded when and why they had administered PRN medicines in good detail and this information helped to inform people's risk assessments and care plans.
- The provider employed a pharmacist who supported the service with training, competency checks, compliance and medicines optimisation. The pharmacist worked closely with GPs and dispensing pharmacies the service used to ensure people received medicines which were clinically appropriate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service had clear visiting protocols in place and information was provided to all visitors to ensure they were familiar with the service's IPC procedures and PPE policy. The service was meeting the government guidelines in relation to visiting.

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

- A thorough assessment of people's care and support needs was completed prior to them moving into the service. People's care plans and risk assessments were personalised and contained information about what people were able to do for themselves, what choices they were able to make and what they required support with.
- People and their relatives told us they were involved in initial assessments. One person's relative told us, "I was involved in [Name]'s initial care planning. I had an initial meeting with the registered manager and then a nurse rang me to discuss [Name]'s support needs in advance of them moving in."
- Staff were kept up to date with changes to people's care and support needs through regular staff handover meetings. We saw the information shared at these meetings resulted in changes to people's care plans and risk assessments where necessary.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and well trained. The provider ensured staff received the induction and training necessary to ensure they had the skills and experience to effectively meet people's needs. One staff member told us, "We are trained to know what the residents' needs are and we follow their individual care plans."
- People and their relatives told us they felt staff were well trained and supported people appropriately. One person's relative said, "I have 100% confidence in the carers. They all appear fully trained and they support people really well."

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

- People's care records contained detailed information on their dietary requirements and preferences. Where people had been assessed as requiring a modified diet or fluids, for example if they were at risk of choking, appropriate guidance was in place for staff to follow. We saw staff encouraging people to eat and drink appropriately and effectively during mealtimes.
- We saw systems were in place to identify any concerns around people's nutrition. People were weighed regularly and advice was sought from health professionals if people lost weight.
- People and their relatives told us they were happy with the meals provided and records showed people were offered choice at mealtimes. One person said "The food here is very nice. We get lots of choice." One person's relative told us, "[Name] can have a cooked breakfast whenever they like, which they really enjoy. The food is very good."

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

- Adaptations had been made to the service to support people's needs. A lift, adapted bathroom facilities and lifting equipment were available to support people with mobility needs. Specialist equipment such as sensor mats were used to support people at risk of falling.
- People and their relatives were happy with the home environment. People's rooms were personalised and they were encouraged to furnish them with their own possessions where possible in order to make them feel more at home. There was dementia friendly decoration and signage throughout the home. One person's relative said, "Each time you come it gets better. Maintenance workers are always improving things." Another person's relative told us, "We have been able to put pictures up on the walls and [Name] has their own bedding."

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

- People's health needs were identified in their care records and the provider ensured people were supported with their health needs. The local GP was regularly consulted and visited the service weekly. Referrals were made to healthcare services as and when people required support, such as from dietitians and district nurses.
- Care plans contained specific guidance about people's health care needs, including their medical history, medicines and any allergies. Staff understood people's health conditions, how these affected people and how they related to people's personal care needs. The provider had worked closely with health professionals to ensure people's care plans were personalised, for example in relation to diabetes management.
- There was information within people's care plans which demonstrated people's oral care needs were considered and met. Care plans were clear, contained a detailed oral health overview and dental visits were recorded and planned for. Staff were able to tell us how they supported people's oral health and we saw oral health equipment in people's bedrooms.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and, where needed, the appropriate legal authorisations were in place to deprive a person of their liberty. We saw the service was meeting the conditions relating to these authorisations.
- We heard staff asking people for their consent before assisting them and saw people were supported and encouraged to make their own choices where they were able.

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 and their relative's told us staff treated people with kindness and compassion. One person said, "The staff are lovely. I get on well with all of them." One person's relative told us, "The staff are very kind and caring." Another person's relative said, "The carers here really do care. They get to know people, they hold people's hands, they talk to them nicely and make them comfortable."
- Staff supported people in a respectful and caring way. We observed staff regularly stopping and chatting with people. People looked comfortable and relaxed with staff, and staff offered reassurance when people were upset or confused. One staff member told us, "We look after people like they are our own family members."
- The provider had considered people's equality and diversity characteristics. We saw care plans included information about people's religion, marital status, gender, sexual orientation and ethnic origin. Staff respected people's diversity and treated them as individuals.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured they promoted people's privacy, dignity and independence. For example, we saw staff knocking on people's doors before entering their rooms and speaking with people discretely whilst supporting them.
- People were addressed by staff in a respectful, polite and warm manner. We observed positive interactions between people and staff. One staff member said, "There is a family atmosphere, we all get on well with the residents and it is a happy place."

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

- Staff encouraged people to express their views and make choices when they could, and people and their relatives confirmed they were involved in decisions about people's care. One person told us, "Staff always ask me what I want. Things like whether I want a drink, or whether I would like a shower. They always respect my choices." One person's relative said, "Staff worked really well with us as a family and involved us all in decisions about [Name]'s care."
- People had access to information about advocacy services where needed. We saw this information was provided as part of a residents pack and information regarding advocacy services was displayed around the service.

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

- Care plans were person-centred and contained relevant and in-depth information about how people wished to be cared for, their life history and the people who were important to them. People and their relatives were involved in the development of their care plans. One person's relative told us, "[Name] and are both regularly involved in reviews of their care plans and risk assessments. We have been involved in planned reviews with the service and the local authority, as well as reviews as and when things change for [Name]."
- People were able to make decisions regarding all aspects of their care and were given choices around how they received their support. This ensured staff were able to support people well and understood how they preferred to be cared for. One staff member said, "Care plans and risk assessments cover everything – mobility, nutrition, personal care, etc. – we access them on a device like a mobile phone. All the information we need is on there."

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

- Staff encouraged people to maintain relationships and avoid social isolation. We saw several people's relatives visited on the day of inspection. Family and friends could visit people as often as they wished and were able to take people out into the community.
- Staff supported people to take part in activities and to pursue their interests. The service had an activities co-ordinator who consulted with people to ensure they could participate in activities which were meaningful for them. These included such things as movie nights, dancing, baking, arts and crafts, entertainment and massages. The service also arranged for a therapy dog to attend weekly for people to play with and pet. One person's relative said, "The activities co-ordinator is really good and asked us for [Name]'s history so they could plan activities with them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard (AIS) for people's care. People's communication needs were assessed and agreed with them. Staff were aware of people's communication needs and we observed staff communicating effectively with people, repeating or explaining information

where necessary.

- The service ensured people received the support they needed in relation to communication. There were 2 tablet computers available to residents where pictures or translation applications could be used to aid communication. Large print format was available for all documentation. An independent company was commissioned to attend the service every 3 months to clean, replace tubing and replace batteries to people's hearing aids.

Improving care quality in response to complaints or concerns

- There was an effective process in place to deal with any complaints. The service kept records of any complaints, investigation, the actions taken to address the concerns and a written response to the complainant.
- People and their relatives told us they had received information on how to raise a complaint and would feel able to do so if necessary. One person's relative said, "If I had a complaint I would go to the registered manager and they would deal with it."

End of life care and support

- End of Life care plans were in place and contained a good level of personalised detail to guide staff on how to support people appropriately. Staff had received training in End of Life care which prepared them to support people coming to the end of their lives in a dignified and caring way.
- The service worked closely with community health professionals to care for people as they approached the end of their lives.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, people's relatives and professionals who visited the service all praised the care and support provided at Oakdale Care Limited. One person's relative said, "This is a good service. The staff are amazing. They all understand [Name] and have made them feel at home." One professional who regularly visited the service told us, "I am very impressed with the service."
- Staff described an open and supportive culture within the service, where positive teamwork was actively promoted by the registered manager. The registered manager regularly held staff meetings and encouraged staff to identify improvement opportunities. One staff member said, "The registered manager is very supportive. They are always there for us and we can go to them at any time." Another staff member told us, "We have regular staff meetings and are asked our views on how to improve things for residents."
- People's relatives were wholly complimentary regarding the way the service was managed. One person's relative said, "The management of the service is absolutely top class. It is run by an excellent manager and I cannot praise it enough." Another person's relative told us, "There is nothing I would change. They don't need to improve anything in my opinion. The management are ten out of ten."
- People's health needs were regularly reviewed, and we saw staff worked with healthcare professionals and other authorities to make sure people received joined up care. A visiting healthcare professional described Oakdale Care Limited as, "Clinically very good. Everything we ask them to do is done in a timely manner. They are good at keeping track of who has been reviewed and who requires review. I am impressed with the oversight."
- People and their relatives were able to give feedback through care reviews, meetings and surveys. We saw resident meetings were held regularly and positive changes were implemented as a result of these. One person's relative told us, "The service hold coffee mornings which are joint meetings for residents and relatives. This gives us and the residents an opportunity to provide feedback and suggest changes." Another person's relative said, "We regularly receive surveys on the quality of the care provided."

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

- The provider and registered manager had effective oversight of the service. Regular audits and checks were carried out by the registered manager and senior staff. These were used to review the quality and safety of the service. Information was analysed, trends were identified and actions were implemented to improve and change the service.

- The provider and registered manager had identified effective strategies to keep people safe. Risk assessments were completed appropriately and there was clear guidance for staff on how to manage people's risks. These documents were regularly audited and reviewed to ensure that they were accurate and up to date.
- Staff performance was monitored by supervision and spot checks. Staff felt supported and told us that the management team were approachable and fair. One staff member said, "We have regular supervisions and appraisals to ensure we have the support we need to do our jobs effectively." Another staff member said, "Managers and seniors are approachable and caring. We work like a family – all the staff and managers help each other."
- The service adopted a positive approach to continuous learning and improving care. The service had been involved in several pilot projects to improve outcomes for people in relation to such things as falls and equality and diversity issues. The service demonstrated a dedication to continuous professional development for their staff. There was a service development plan in place to drive continuous improvement within the service in general.

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 was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We saw a staff meeting had been held shortly before the inspection focused on staff's responsibilities under the duty of candour.
- The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notification of incidents, events or changes that happen to the service within a required timescale.
- The provider had a whistle blowing policy in place for staff to follow. Staff felt confident they could whistle blow both internally and externally, and knew who to approach should they need to do so.