

## ENCORE OAKDALE POOLE LTD

# Oakdale

### 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Oakdale is a purpose-built home in a residential area of Bournemouth. It is registered to provide nursing care and support for up to 84 older people some whom were living with dementia. The home is split over three floors which are accessible by stairs or a lift. There were 67 people receiving care and support at the time of inspection.

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

Developments to governance systems had been made and the overall management oversight of the home had improved. Some processes were still being embedded and further were planned. The management staff structure introduced was stable and this had increased confidence in leadership within the home.

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. The home had identified some paperwork was not always in place to record people's decision-making capabilities. We have made a recommendation about assessment of mental capacity.

People, their relatives, staff and external professionals told us Oakdale was a safe place to be. Improvements had been made across the whole service. However, the manager and provider were still working on increasing confidence especially with relatives and visitors to the home.

People were protected from avoidable harm as infection control procedures were in place and robust, the home was clean, tidy and free from clutter. Staff had access to enough personal protective equipment (PPE) to support safety from infections. Risks people faced in their daily lives had been assessed and steps to reduce them were known to staff. Staff worked in a safe way, environmental and utility checks throughout the home were robust.

Staff knew how to recognise signs of abuse and how to raise their concerns, they were confident they would be followed up. People received their medicines as prescribed, staff who gave medicines were trained and had their competency assessed. People had access to health care services as needed and these were sought in a timely manner. People were supported to have enough to eat and drink. Where there were concerns or risks for people's nutrition robust measures were in place to support the need.

Staff felt supported and proud to work at Oakdale. Training and supervision meant staff had the necessary skills to support the needs of people. Significant developments had been made in diabetes and dementia care within the home. This included working with external agencies to pilot good practice initiatives. Health and social care professionals worked well with the home and gave positive feedback about their relationship with Oakdale.

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 19 June 2019) and there was a 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 and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 May 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakdale on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Oakdale

## 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.

#### Inspection team

The inspection was carried out by 3 inspectors, a specialist nurse advisor 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.

#### Service and service type

Oakdale 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 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 not a registered manager in post. A manager had been in post for 11 weeks and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

#### 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 service improvement and the safeguarding team. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 8 relatives about their experience of the care provided. We spoke with 21 members of staff. This included the home manager, nominated individual, clinical lead, head of quality, operations manager, maintenance officer, chef, nurses and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 3 health and social care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at 12 people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

- People had risk assessments in place for all of their care and support needs. Risk assessments were reviewed monthly or in response to a change.
- Risk assessments were detailed, and staff understood the risks and knew people well.
- Risks to people's health and wellbeing were discussed daily within handovers and smaller meetings. This meant staff were involved and knew the presenting risks for people on the day. For example, senior staff met daily to discuss concerns, for example, the chef was involved where there were concerns about eating and drinking. In addition, risks were discussed in a daily clinical meeting.
- Equipment checks were maintained and there were general risk assessments in place for the home, for example, using outside spaces. Fire systems and procedures were robust, this included equipment checks and practice drills. People had individual personal emergency evacuation plans to support them safely leaving the building if needed in the event of a fire.
- There was an open culture within the home to learn from accidents and incidents. Accidents were recorded and analysed, the outcomes were used to reduce the likelihood of the accident or incident happening again.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us Oakdale was a safe place to be. Some comments we received were: "I am happy", "Staff treat me really well here", "Oh they are amazing", "Wonderful, the staff are really helpful", "I feel very safe, they are a great bunch of people", "Yes, everything they do is for my safety", "I feel safe and secure, they always come and check on me."
- Staff told us they knew how to recognise the signs that someone may be at risk of harm or abuse. They knew who to report their concerns to both inside the home and externally. Posters were displayed around the home giving emergency telephone numbers and ways to report concerns.
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon. Safeguarding concerns were reviewed monthly, records showed all necessary actions had been taken. The manager told us they understood the process and worked well with the local safeguarding team.

Staffing and recruitment

- There were enough staff on duty. However, the home used agency staff to support them during ongoing recruitment. People and their relatives told us staff were busy but were available when they needed them. The home had experienced recruitment difficulties due to the national shortage of care workers.
- Staff told us staffing levels were acceptable, agency staff supported the home and where possible the

home tried to secure regular agency staff to support continuity of care.

- The home had a recruitment procedure in place and checks the service made demonstrated staff had the necessary skills and knowledge to carry out their role. The provider was in the process of transferring to an electronic system for recruitment to improve oversight of the process.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as prescribed. The home had arrangements for the ordering, storage and disposal of medicines. Daily checks were made to ensure safe storage of medicines and safe temperatures were maintained.
- Staff responsible for giving medicines had been trained and had their competency assessed by a senior member of staff.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly, audited and actions taken when discrepancies were found.
- Guidance was in place for staff when using prescribed creams, this included body maps which detailed where creams were applied.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

#### 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.
- The provider was facilitating visits to the home in line with current government guidance.



# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 home was following the principles of the MCA 2005. However, individual MCA assessments were not always carried out to determine people's capacity. This meant there was a risk people's rights were not fully protected. The provider had identified this area for improvement and had secured additional staff, training and had started to work on assessments.

We recommend the provider ensures their practice and processes are in line with legislation to make sure people's rights are fully protected.

- Care was delivered in consultation with people and their relatives and in the person's best interest.
- People and their relatives told us staff asked for their consent before supporting them and providing their care. We overheard staff seeking consent and offering choices during the inspection.
- The provider had identified where people needed to be deprived of their liberty. They had correctly applied for this to be authorised under the DoLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home. This information formed the basis of their care plan. Care plans were person centred and updated regularly.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet

these were detailed in the plans. Staff training and knowledge about diabetes, dementia care and wellbeing demonstrated the plans had been created with evidence-based practices in mind.

Staff support: induction, training, skills and experience

- People told us staff were well trained and understood their needs.
- Developments had been made in staff training at Oakdale. Together with core subject such as safeguarding, moving and handling and first aid, staff had access to more practical sessions. In particular, the introduction of dementia training. A member of staff said, "Things you thought you knew about dementia is presented in a more elaborate way. It makes you think of the person and what you can do better for them."
- Staff felt supported in their role. Overwhelmingly staff told us in recent months they felt support had increased and they were happier in their work.
- Staff received an induction when they commenced employment. It was a combination of formal learning and shadow shifts. Some staff had undertaken The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust programme. A member of staff said, "I loved the training and the warm welcome so far."

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

- People had enough to eat and drink. People were given a choice of meals and there were alternatives and lighter meals available for them. People's comments about the food included: "I can have what I like for meals", "The food looks very good", "The food is good and they give us a good choice", "We get plenty to drink and lots of snacks", "The food is lovely. They give us a menu which we can choose from. If I don't like anything on it, they will make me an omelette."
- People were given the opportunity to discuss their likes and dislikes. We spoke to the chef and they told us they attended the daily meeting and visited people at least monthly to discuss their needs and levels of satisfaction. People were offered choices both verbally and visually by 'show plates', these were smaller portions of the meals on offer to support decision making.
- People's preferences and dietary needs were recorded in their care plans, in the kitchen and discussed with the chef. Input from specialists was included where required. Dietary needs were assessed and recorded which included cultural, allergies and where there may be a risk of choking.
- We observed the mealtime to be a relaxed social occasion with people having various discussions between themselves and with staff. Where people were supported to eat, this was carried out in a respectful way.

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

- Since our last inspection significant improvements had been made in diabetes care and dementia care. The provider had employed staff to specialise in lead roles. This included access to specialist training and support throughout the providers locations.
- Staff were passionate about people's individual health needs. A member of staff said, "It's my role to keep residents and staff safe and, increase the standard of excellence."
- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors and nurses.
- The clinical lead and manager said they worked well with all professionals and were comfortable seeking their input when needed. The provider had a regional clinical lead nurse who was accessible to the home for advice and had additional clinical oversight.
- People had a summary of care needs and risks. This was used for staff handovers and gave the staff a

quick view of people's needs.

- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers. This meant that people were receiving the most up to date support to meet their health needs. A clinical meeting was held daily to discuss medical and nursing needs.
- Health and social care professionals were positive about how care was sought for people in a timely manner.

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

- The provider and staff had identified improvements were needed to the environment where people were living with dementia. Guidance was being sought on décor and surroundings to support people to orientate themselves and maintain their independence.
- People were encouraged to bring in their personal effects to make their rooms homely. Personal items and treasures were displayed in memory cabinets outside their rooms.
- The home was accessible by stairs and a lift. There was level access to the secure gardens and outdoor spaces, balconies and patios.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure their quality assurance systems were operating effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems in place and were effective in managing the risks to the quality of the service. Governance systems were multi-layered, the provider had oversight of the checks carried out by the manager which enabled them to continually monitor safety. Some processes were still being embedded.
- A range of audits were undertaken to enable the manager and provider to ensure all areas of the home operated safely. Each audit had a clear action plan which fed into one dashboard for improvement.
- Staff understood their role and had clear responsibilities. Staff had job descriptions and told us they were clear on the expectations of the manager and the home.
- The manager told us they were supported in their role by a deputy manager, clinical lead and senior management team. They had a clear plan of action for further developments and improvements within the home.

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

- Improvements were underway, the manager was working on improving communication and engagement at the home. They told us it was vital for them to involve everyone in the running of the home.
- The manager told us they actively engaged staff in decisions about the home. There was an improved and positive culture, staff told us they felt included. A member of staff told us, "It has felt like things have really got going here again. It's made me love working here again."
- Staff were proud to work at Oakdale, their comments included: "It's a great team, everyone is really welcoming, I love working here", "We all take on little extra tasks to support the senior staff. It's the extras that makes us a great team, supporting each other and helping out where you can", "I'd recommend it as a place to work", "The home is a good place to work and made me realise care should be my career."
- People, their relatives, professionals and staff were complimentary about the leadership of Oakdale. Some

of their comments included: "The manager [name] is sorting everything out, they listen and get on top of it", "The manager [name] is lovely, they smile and give everyone a warm welcome", "I really feel like I have got to know the manager [name] and they are approachable", "We have amazing support from the manager [name] and deputy manager [name] they are more approachable", "The clinical lead [name] is passionate about providing a high standard of care", "Immediately managers listen and take action", "I am confident with new management we will develop excellent care."

- Staff felt appreciated and the manager was working hard on building confidence within the team. New in post, they told us it was important to them to involve staff, show appreciation that was meaningful.

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 manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

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

- People were offered the opportunity to be involved in the home by attending a monthly meeting. Engaging people and their relatives were a focus point for the manager. Various meetings had been held and more planned to gain the views of everyone linked to the home.
- The home had scheduled satisfaction surveys for people, their relatives and staff. Results were not in at the time of our inspection. However, a recent staff survey had a good response rate of over half the staff team. The manager told us they would be responsive to any feedback received and provide a clear link to improvements within the home.
- Oakdale was working with external agencies and participating in a pilot scheme for diabetes care and had been invited to work on a dementia care initiative with the NHS. Feedback received from professionals was extremely positive about the working relationships.
- Oakdale worked and communicated well with health and social care professionals to support people. This had been improved in recent months. One health professional told us, "I consider ours a good partnership. Working with Oakdale is a satisfying part of my job."