

Oakdene Care Home Limited

Oakdene Care Home

Inspection report

32-34 Stamford Road
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Oldham
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Tel: 01616244594

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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

Oakdene Care Home is a residential care home providing personal and nursing care to 31 people at the time of the inspection. Oakdene Care Home offers accommodation for up to 32 people in a detached property in Oldham.

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

People told and indicated to us that they felt safe and were happy living at the service. Potential risks to people health, welfare and safety had been assessed and there was guidance for staff to mitigate the risks. People were supported by staff who had been recruited safely.

Staff received appropriate training for their role. People told us there was enough staff to support them and to do the activities they wanted.

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 were cared for by staff who were kind and compassionate. Staff were happy in their jobs which helped to provide a warm and relaxed environment for people to live in. People had built good relationships with staff and during the inspection we heard laughter and observed meaningful interactions.

People received care and support in a way that met their personal needs and enabled them to follow their own routines, interests and beliefs. People who lived at the home were treated as individuals and chose how they spent their time.

The registered manager completed checks and audits on the quality of the service. People, relatives and staff were asked for their opinions of the service. When staff and people made suggestions, these were acted upon.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 21 September 2018) and there was 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 and the provider was no longer in breach of regulations.

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?

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 ●

Oakdene Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Oakdene Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the management team, registered manager, care staff, chef, kitchen assistant and laundry attendant. We also spoke with a health and social care professional who visited the service.

We reviewed a range of records. This included four people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to health and safety of people. This was a breach of regulation 12 (Safe Care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed, monitored and reviewed. Where people were at risk, appropriate strategies were put in place to mitigate the risk. People were monitored for risks of falls, choking and malnutrition. Staff were able to describe the risks each person presented and the strategies in place to reduce each risk.
- Since the last inspection security gates had been fitted to the rear of the building. The provider had also reviewed the security of other points of access and taken measures to improve safety.
- The provider had oversight of the external health and safety of the home. Regular maintenance checks were completed by professionals on the passenger lift, moving and handling equipment, firefighting equipment, gas, electrical and water safety. Internal checks were also completed on fire alarms, emergency lighting, nurse call alarms and water temperatures.
- Other risks in the home were assessed and monitored. The home had a fire risk assessment in place and staff were aware of the procedures to evacuate people in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. One person said, "I feel safe here. It's a nice place to be. There seem to be a lot of staff around." A relative told us, "If I can't visit and feel secure in the knowledge that [person] is safe."
- Staff received safeguarding training and were aware of what action to take should they suspect abuse was occurring. Comments included, "I would always pass concerns on if I was worried, "All staff seem to care about the residents" and . "I keep an eye out and would report anything worrying. That's an important part of my job."
- Staff could describe signs and symptoms of abuse and they were aware of the whistle blowing policy to protect them should they need to raise concerns. All people, relatives and staff were confident they could raise any concerns with the registered manager and provider and would be listened to and they would be acted upon.

Staffing and recruitment

- The registered manager and provider were fully aware of their responsibilities to ensure new staff were

recruited safely.

- People, relatives and staff told us there were always enough staff on duty.

Using medicines safely

- People were supported to receive their medicines safely and as prescribed.
- Nurses administered medicines and were assessed as competent to do so.
- We reviewed medicines for three people and the medication administration records were appropriately completed. We also checked the boxed medicines numbers correctly reflected what had been administered.

- Nursing and senior staff had clear oversight of medicines and had accurate records for receipt and disposal of all medicines. Medicines were regularly audited to assure the provider they were being administered safely and as prescribed.

Preventing and controlling infection

- The home was clean and well maintained.
- There was personal protective equipment such as aprons and gloves available across the home. We saw staff use them as required. We suggested the registered manager remove gloves from a public area to improve safety.
- Cleaning staff worked across the home each day. All staff were aware of their responsibilities to report any concerns with cleanliness or infection control.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed. Where accidents occurred on a regular basis, the manager acted to reduce reoccurrence. For example, where someone was becoming a frequent faller consideration was given to how risk could be reduced.
- All relatives told us they were informed when an accident occurred. One relative said, "The management team always keep me abreast of what's been happening."

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 has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received a thorough assessment of their needs prior to using the service. Relatives told us they were able to give key information as part of the assessment process such as likes, dislikes and personal preferences.
- The assessment process highlighted the needs of individuals. Staff at Oakdene Care Home were realistic about meeting them and considered the current people living at the home and their dependency levels.

Staff support: induction, training, skills and experience

- Staff received an induction when they began working at the home. Staff we spoke with confirmed this and a copy of the induction record was stored in staff personnel files.
- Staff received training suitable for their job role which was regularly updated. Staff told us the training was effective and equipped them to carry out their role.
- Many members of the staff team had worked at the home over many years. They told us the people and their relatives were like family, although staff were aware of the professional boundaries between them.

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

- People told us the food was good quality. Comments included, "The food is nice, lots of choice" and "If I don't like something the cook will make me something I like."
- People were supported to receive a healthy and nutritious diet.
- We observed lunch time and people were served a meal of their choice. People were able to sit with whom they chose and chatted with staff or among themselves.
- People who required assistance with eating and drinking were helped with patience and dignity.
- People who required a modified diet were catered for. Where people needed a soft diet due to choking risk, this was documented in the care plan and discussed with the cook who held a copy of the information.
- Where people were at risk of weight loss or dehydration, medical advice was taken, and food and fluid intakes were monitored and recorded. People's weights were regularly recorded.

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

- People and their relatives told us they could see a GP when they needed to. We saw the home worked with other professionals including district nurses, dieticians, speech and language therapists and

physiotherapists to improve people's health and wellbeing. Intervention from professionals was recorded in care files.

- A health and social care professional told us staff at Oakdene Care Home were caring and responsive. They had no concerns at all about the care.

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

- Since the last inspection all the bathrooms at the home had been refurbished. A spacious, modern upstairs bathroom was equipped with a specialist bathing equipment to transfer people safely when receiving personal care.

- Corridors were wide and clear for people with mobility difficulties to access. The lounge, dining area and gardens were fully accessible.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who were being deprived of their liberty were supported appropriately under the mental capacity act.
- People had their capacity assessed and where concerns were raised about particular decisions, appropriate referrals were made to the local authority to deprive the person of the liberty.
- People and the families were included as far as possible in decisions about people's care and support and decisions to deprive people of their liberty were made in their best interests.
- All decisions and any restrictions placed on people were recorded in care plans and staff could describe if people had any restrictions in place.

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 has 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

- People and their relatives gave us excellent feedback about the care at Oakdene Care Home. They told us they were treated well by kind, patient, respectful and caring staff.
- Comments included, "The staff are fabulous" and "The staff are lovely. Many of them have been working here for some time and [person] has developed an amazing with them."
- Staff spoke to people respectfully and we observed pleasant conversations and high spirits throughout our visit.
- The laundry provision at the home was extremely conscientious and efficient.
- People were encouraged to maintain relationships with their family and friends and were given the opportunity to meet in privacy. Birthdays were celebrated within the home.
- Staff described how they support equality and diversity. This included calling people by their preferred name, supporting people to be themselves and giving them choice and control about how they spend their time. Staff told us they didn't discriminate, and everyone was equal.

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

- People and relatives told us they were involved in planning their care.
- People and relatives were able to attend regular meetings with the registered manager to share information and raise ideas.
- Where decisions were needed to be made about care and support, such as when people's needs changed, we saw they and their relatives were consulted as much as possible. Relatives told us there were always open lines of communication and had been involved in reviews of people's care.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knocking on doors and gaining permission to enter people's rooms. Staff attended to people quickly when they needed assistance and used appropriate personal protective equipment when assisting people to eat and drink. Doors were closed when people were in the bathroom or having personal care delivered in their rooms.
- People were encouraged to remain as independent as possible. We saw staff encouraging people to remain mobile with equipment and offering encouragement when eating and drinking. Care plans detailed which tasks people could do independently and identified where they needed support from staff.

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 good. At this inspection this key question has remained the same. 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

- People had care plans in place which captured their needs and preferences. The plans gave detailed information to staff about how the person needed to be cared for. These took into account, the person's preferences such as what time they got up, who should assist them and how they would like to be assisted.
- People had a personal profile in place which gave key information to staff on the person's preferences, potential risks around allergies and how to support their mobility.

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.

- People's communication needs were identified during their initial assessment before moving into the service.
- Information was presented to people in alternative format such as large print.
- There was signage used around the to identify rooms and areas. The signage was 'dementia friendly' and displayed the name of the room.
- There was pictorial information displayed in communal areas showing the menu and activities available each day.

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 supported to take part in activities. An activities coordinator developed activities based on what people wanted to do.
- We saw people went to visit local amenities and were able to join in a range of activities at the home including; 'juke box memories', cards and dominoes, movie afternoon, beauty salon, sing-a-longs and quizzes.
- Regular visitors to the home included singers and dancers. A newsletter and an activity board displayed the activities on offer.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint should they need to. People and their relatives were given information on ways to complain and every person we spoke with felt if they had any concerns, they could speak to the registered manager and were confident they would be taken seriously.

- There had been two complaints made to the home since the last inspection. These had been dealt with in line with the complaints policy.

End of life care and support

- People could be supported should they be at the end of their life and wish to remain at the home.
- Families were invited to discuss planning with the staff and the person, should the person be at the end of their life. This was not compulsory, and some relatives and people chose not to take part.
- Some people had 'do not attempt cardio-pulmonary resuscitation' (DNACPR) records within in their care file. The DNACPR is a form completed by health professionals, usually a doctor and in agreement with the person and their family when resuscitation is unlikely to be successful. Staff were clear on which people were for resuscitation.
- Staff who cared for people coming to the end of their lives received effective support from the management team.

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 high-quality, person-centred care.

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

- The home had a pleasant, relaxed atmosphere and many relatives told us, they enjoyed the traditional style of the home and how everyone was made to feel welcome. Every relative we spoke with told us they had seen improvements in their relative's wellbeing since moving into the home and were confident the culture of the home and the support from the staff team had enhanced this.
- The management team were available to speak with people, relatives, staff and professional visitors daily. A staff member told us, "The registered manager and deputy are always around and know people well."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home had a registered manager in post who was registered with the Care Quality Commission. The registered manager understood their responsibilities of their registration.
- The staff team felt well supported by the management team. Comments included, "I feel happy and valued working at Oakdene Care Home"; "I am clear about my role and I've been supported with my professional development" and "Yes, I feel supported, we work well as a team."
- The management team were visible throughout the home. People and staff confirmed this and told us that the management team assisted with care tasks as part of their role. This helped them stay up to date with people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under duty of candour and had sent all notifiable incidents to the Care Quality Commission (CQC). They were keen to stop concerns escalating and had an open-door policy and we frequently saw people and families pop in to see them throughout our visit.

Continuous learning and improving care; working in partnership with others

- The registered manager and provider completed audits to monitor and improve the service. Audits including reviewing care files, health related information such as weight loss and concerns around skin integrity, the management of falls and health and safety and infection control. Medicines were regularly

audited to assure the registered manager. They were being given as prescribed.

- The registered manager worked with the local authority as part of a monitoring process and attended various quality workshops.
- Staff were encouraged to attend training and gain further qualifications to offer a high standard of care. An external assessor was working with staff on the day of the inspection.

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

- People, relatives and the staff told us they were involved in regular meetings to share ideas and plans for the home. Surveys were completed and findings analysed to support quality improvement.