

Oakdale Care Home 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 caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Oakdale is a residential care home providing accommodation and personal care for up to 27 people aged 65 and over. At the time of the inspection 26 people were living in the service, this included people living with dementia.

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

People's care was exceptionally person centred. The service worked innovatively with people, relatives and other professionals to adapt their support to meet people's individual needs.

The service was highly responsive to people's changing needs. We saw a number of examples where the service had worked promptly to support people in difficult situations, enabling them to achieve positive outcomes. Relatives and professionals spoke passionately about the impact the service had on people's lives.

People were encouraged to take part in activities that were personalised and meaningful to them and people and relatives were fully involved in making decisions about care.

The service worked closely with people and their families to develop end of life care which met people's individual preferences and ensured they were comfortable and well cared for.

People, relatives and professionals spoke highly of the staff, the registered manager and the positive and welcoming culture of the service.

Systems were in place to safeguard people and risks were assessed and monitored to enable people to do things safely whilst promoting their independence. People were supported to access a range of different health services

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.

Staff were well trained and knowledgeable and supported people with dignity, respect and kindness.

Medicines were managed safely and there were enough staff available to meet people's needs.

The registered manager had good oversight of the service and was passionate about ensuring the service delivered a high standard of care. Staff felt very supported in their roles and were encouraged to learn and develop new skills.

People knew how to raise concerns and told us they felt comfortable talking to the registered manager and

staff team. The registered manager sought regular feedback from people, relatives, staff and professionals about the service.

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

The last rating for this service was Good (published 04 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Oakdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with a visiting health professional and five members of staff including the manager, senior care workers, care workers and the cook.

We reviewed a range of records. This included four people's care records, medicines records, and records relating to the management of the service including policies and procedures, staff recruitment and training and quality monitoring documentation.

# 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 Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service, and relatives told us they had no concerns about people's safety. One relative said, "[Name] is safe, there are a lot of staff here and even when they do their paperwork they are always in the lounge so there is always someone." Another relative told us, "I have no qualms and the staff would phone me immediately if anything happened."
- Staff had received safeguarding training and knew what to do if they had any concerns. One member of staff told us, "We would inform CQC and the local safeguarding team, we have a Whistleblowing policy too."

Assessing risk, safety monitoring and management

- People had risk assessments in place which were personalised to their needs. The assessments showed staff how to support people safely in a number of different areas including support with nutritional needs, mobility and minimising the risk of falls.
- Relatives told us the service was quick to act on any health concerns to minimise the risk to the person. One relative said, "With pressure care, the first sign of redness they get the nurse out, [person] has an airflow mattress and they support them to turn regularly. There is a lot of collaboration with staff and [person] is well cared for."
- Risks to people were monitored and reviewed regularly to ensure the support offered was appropriate and did not limit what the person was able to do for themselves.
- Staff were trained in fire safety including practising using the equipment needed to help people evacuate safely. People had personal evacuation plans in place for staff to follow.
- The registered manager completed regular health and safety audits on the environment and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. People said staff were available when they wanted support. One person told us, "The staff are very good, I get lots of help from them." Another said, "If I press my buzzer staff are pretty good at getting to me quickly."
- Robust recruitment processes were in place to ensure staff were suitable to work in the service.

Using medicines safely

- People's medicines were administered safely. Staff had received medicine training and their competency had been assessed regularly.
- People's medicine records reflected their individual needs, detailing information staff needed to know including any allergies and when to administer 'as and when' medications for pain relief.
- The registered manager completed regular audits of the medicines to check they were being safely

administered.

#### Preventing and controlling infection

- The service was clean and tidy throughout.
- Staff received infection control training and the registered manager completed regular infection control audits.
- We observed staff wearing protective clothing such as gloves and aprons when appropriate.

#### Learning lessons when things go wrong

- The registered manager fully investigated accidents and incidents and completed regular audits to highlight any trends. The service had measures in place to minimise the risk of a reoccurrence.
- Staff told us the registered manager involved them in discussing lessons learned following an incident. One member of staff said, "We review the care plan and risk assessment and talk about it in the handover meeting."

# 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's needs had been assessed before they started using the service.
- Care plans were reviewed regularly to ensure they reflected the person's needs and preferences. One member of staff told us, "We do reviews monthly unless there are changes before then and then the manager audits the care plans."
- Staff knew what people's needs were and could tell us how people liked to be supported.

Staff support: induction, training, skills and experience

- Staff completed an induction when starting at the service, and were supported to complete the Care Certificate as part of this process. One member of staff said, "New starters complete an induction booklet which is ticked off when it's done."
- Staff received regular training relevant to their role and the registered manager monitored this to ensure it was completed and up to date.
- The service ensured specialist training was provided to staff in order to meet people's specific needs. One member of staff said, "I had training last week at Rochford hospital, arranged by the district nurses, on how to monitor people's blood glucose levels. They will come and observe me doing this to sign me off as competent. I really enjoyed the training and found it useful."
- The service had supported a member of staff to complete a 'train the trainer' qualification enabling them to deliver moving and handling training to the rest of the team.
- Staff told us they received regular supervisions and the registered manager monitored these to ensure they were up to date.

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

- People and relatives told us there was enough to eat and drink and people were generally positive about the quality of the food. One person said, "The food is good" and another told us, "The food is not bad, there's a nice selection."
- People were offered a choice of meal options. We spoke with the cook who told us, "Menus are planned over a four-week period, there are two choices at lunchtime and we approach people in the morning for their choices. People can have whatever they choose."
- People were encouraged to give feedback on the menus during monthly resident's meetings.
- We saw one example where a person who had recently moved in told the service they did not like the type of food being offered. The person was supported to work alongside the cook in the kitchen, using their own

recipes and showing the cook how they liked their meals prepared. The person's relative told the service, "[person] is much happier with the food now and says the Cook is very accommodating and cooks very well"

- Staff knew how to support people who required a special diet. Information was available to staff about people's dietary needs and we observed staff supporting people appropriately whilst eating lunch.
- We saw staff encouraging people to eat a variety of snacks and drink regularly throughout the day.

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

- People were supported to access a range of health services when needed. People's care plans showed they had received support from GPs, district nurses and speech and language therapists.
- People and their relatives said the service was quick to seek support from healthcare professionals. One person told us about a recent health concern and said, "I was seen by the doctor and given antibiotics." And a relative told us, "They are prompt at getting the doctor out."
- Care plans contained detailed assessments and information about how to support people with their oral health. The service had arranged training for the staff and a dentist visited the service regularly.
- Healthcare professionals told us the service worked well with other agencies. One professional said, "They are very good at following advice and very good at using the extended health team. They have enough knowledge and experience and they don't call unnecessarily. If I am called here, it's because I need to be here. I've spoken with the relatives and none of them have a bad word to say."

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

- People and relatives were involved in decisions about the home's decoration and design.
- A new outside courtyard had been built following feedback from relative's meetings. The new space was being used to host events and activities.
- People's bedrooms were personalised to meet their individual needs and preferences. One relative told us, "It's a home from home. The room is lovely, [person] has extra blankets as they feel the cold, sometimes when you come in you see [person] all cocooned in the blankets."

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.

- Staff received regular training in MCA and DoLS.
- People were asked for their consent before being offered care and support. Staff checked regularly with

people to make sure they were happy with how they were being supported.

- People's care plans showed their capacity to consent had been assessed and where needed, a DoLS had been applied for. The service made decisions in people's best interests and involved families, advocates and other professionals in the process.

# 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 now 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 told us they were happy with their care and spoke positively about the support from staff. One person said, "I think it's good here, all the staff are very nice, and they look after us." Other comments included "the staff are very good", "It's rather nice here" and "If I ask for anything, I usually get it."
- Relatives told us the staff were kind and caring. One relative said, "The staff are lovely, I truly believe we're very fortunate here. The staff are kind without exception and have [person's] best interests at heart." Another relative told us, "It's a lovely place, as soon as we walked in here, we knew. Very seldom do the staff walk past without stopping to touch someone's arm, or to speak to someone."
- Staff were knowledgeable about people's needs. We observed staff were quick to offer support when people needed comfort and reassurance and stayed with people, engaging with them until they seemed happier and more relaxed.
- People's care plans were personalised and included detailed information about their needs and preferences.

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

- People and their relatives were involved in decisions about care. One relative told us, "Initially we discussed what [person's] needs were, we reviewed the care plan with the manager and discussed what they will do and [person's] outcomes and aims." Another relative said, "We review the care plan every year, and the staff are good at involving the relatives and discussing issues."
- Where there had been a change in needs the service had ensured relatives were involved in decisions about how best to support the person.
- We saw staff offering people choices about what they would like to do and checking how they would like to be supported.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative said, "Staff definitely talk to people with respect, if I ever saw anything else I would speak up."
- People told us staff respected their privacy. One person said, "I spend a lot of time with the activities staff, but I can go back to my room if I want to be on my own."
- People's care plans gave staff detailed guidance about what they could do for themselves and what they needed support with.
- Staff encouraged people to do things independently. One relative said, "Staff support [person] according to their needs, sometimes they can manage it themselves." A member of staff told us, "It's supporting people

to have the best quality of life they can have, keeping them as independent as possible."

## 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 Outstanding. At this inspection, this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service had worked exceptionally well with people, families and other professionals to innovatively plan and adapt care to meet people's specific needs and preferences. For example, one person's mobility had changed leading to an increase in falls. The service worked with the family and professionals to look at a number of different mobility aids, staffing allocation and environmental factors to enable the person to maintain as much independence as possible whilst staying safe. Following the success of the measures put in place, their relative wrote, "Since this has been implemented there have been no further incidents or accidents. Thank you for your support during this very difficult time and for trying to think of every possible option to keep [person] safe."
- Another person who had recently moved into the service had at times become very distressed and this impacted on them and others around them. The service monitored how the person interacted with different staff and tried different techniques to offer the person reassurance. They also looked at how the person's life history and previous career could be used to create personalised activities for them. The service purchased an electronic tablet for the person to use when doing 1:1 activities with staff and found the person could engage in these activities for longer periods of time and was less distressed. Over time the number of incidents decreased, there was less use of medication to support the person when distressed and the person was able to speak at length on a 1:1 basis about topics they enjoyed.
- Relatives and professionals consistently told us about the positive changes they had seen in people's lives since coming to live in the service. One professional said, "The needs of the person always seemed to be at the top of their list. They are very proactive and provide outstanding care to their residents." One relative told us, "It's the little things that make this home exceptional." And another relative said, "It's outstanding, they take into consideration all [person's] needs."
- The service offered flexible respite to people who wanted to stay in their own homes but may need some extra support for a short period of time. We saw examples of how the service had enabled people to regain their strength and independence. One relative said, "[person] is now stronger on their feet, eating well and sleeping soundly."

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 a wide range of activities which were meaningful for them. The service had a 'Wish Tree' where people could tell staff about something they would like to do, and staff would try to make it happen. We saw a range of wishes which had been fulfilled including going to the opera and having a day out at a Cat's Protection show. Following their day out, one person said, "Thank you so

much for taking me, I had a great time." Another person's record of their outing said, "The smile did not leave their face all day"

- The service ensured people were supported to maintain frequent contact with families and friends. Relatives told us they were always welcomed into the service. One relative said, "Staff always welcome you when you come in with great big smiles, you are asked how you are and if you want a drink." Another said, "I visit every day. They always open the door with a smile."
- People's cultural and social preferences were considered during assessment and their care plans contained detailed information about what people liked to do and how staff should support them.
- Relatives were involved in people's activities. One relative told us they arranged regular church services for people and held these in the service.
- The activity co-ordinators attended networking meetings in order to share and develop new and innovative ways of working. One member of the activities staff said, "We meet other people who are in the same position we are in. We listen, we talk, we swap ideas. The registered manager told us, "They come back with ideas, and they're pleased they've shared their experience."

#### End of life care and support

- The service spoke with people and their relatives about end of life wishes and recorded this in people's care plans. The registered manager showed us examples of how the service had carried out people's last wishes. They said, "We're very proud of that at Oakdale. We go over and above to make that last wish happen."
- Relatives spoke highly of the end of life care people received. One relative said, "It means more than anything in the world to me to know that [person] was well looked after in their last years. I am eternally grateful for each and every one of you." Another relative told us, "'We feel [person's] fear of being lonely subsided and they were comforted by all the tender loving care they received during their time there."
- Where people were receiving end of life care, the service had worked closely with other health professionals to ensure people were comfortable and all their needs were being met.

#### 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 care plans contained detailed information about their communication needs.
- People were supported by staff who knew how they communicated and we saw staff adapt how they interacted with people depending upon their communication needs.

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

- The service had a complaints process in place. The registered manager had acted on concerns raised and documented the actions taken.
- People and relatives told us they would raise any concerns with the manager. One person told us, "I would go to the office manager." A relative said, "I've never had any complaints, but if I did I would discuss it with [registered manager], they are very reassuring."

## 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 Good. At this inspection, this key question has remained the same. 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; 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

- People and relatives spoke positively about the registered manager and the culture in the service. Comments from relatives included, "[registered manager] is very available, and always giving their time", "They always have an open door and are very comfortable discussing anything" and "[registered manager's] enthusiasm is infectious and rubs off on the staff."
- Staff felt supported by the manager. One member of staff told us "There is plenty of support and we all work well together as a team."
- Staff were encouraged to take lead roles in specific areas of support, such as oral health or moving and handling, enabling them to take on extra responsibilities and learn new skills.
- The registered manager understood the duty of candour. Incidents were investigated, and people and relatives were fully involved and informed of outcomes.

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

- The registered manager completed a range of audits to monitor quality and safety, this ensured they had good oversight of the service. The service also invited external professionals in to complete quality audits and used the feedback from these to look at how they could improve the service further.
- The service had a clear management structure in place and staff understood the responsibilities of their roles.
- The service had submitted appropriate notifications to CQC as required.

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

- People and relatives gave regular feedback on the service through residents and relatives meetings and satisfaction surveys. The service also held regular social events for relatives. One relative told us, "They have a cheese and wine evening for relatives to socialise with the management."
- Staff were able to give their feedback on the service through regular team meetings, surveys and supervisions. One member of staff told us, "We have staff meetings monthly. If there are any issues we have a general discussion and they ask for ideas."
- People's equality characteristics were considered by the service, and information was recorded in their care plans as appropriate.

- The service promoted an open culture which allowed people and staff to express themselves as they wished. They had recently held an information evening for relatives to discuss sexuality and relationships in care homes. One relative we spoke with told us, "They made us all feel comfortable and able to discuss opinions."

- The service received many compliments from visitors, relatives and people who used the service. Comments included, "It is clearly a very special place and you have definitely created a home from home", "Thank you for everything you all do to make Oakdale such a happy home" and "I think that yourself and your team of carers do a wonderful job. Such a lovely atmosphere you have in the home, a truly amazing feeling"

Continuous learning and improving care; Working in partnership with others

- The service had a 'You Said, and We Did' board, which had been regularly updated to show what changes and improvements people wanted and what the service had done in response. This was also updated after the annual satisfaction surveys had been returned and considered the feedback of people, relatives, staff and professionals.

- The service worked closely with other professionals to look at how people's care could be improved. One professional from the dementia service told us, "They have built a close working relationship with the team and in my opinion that is good for the residents, they always seemed to be well looked after."

- The registered manager played an active role in a number of different forums for care providers. They were also part of a pilot scheme with the local hospital, looking at how to support care homes with people's hospital admissions and discharges. The registered manager told us, "There are always new challenges, always something to aim for and to get better at."

- The service had built strong links within the community. Groups of students from the local school and college came in to do activities with people and the registered manager had given a talk to students to help their understanding of life for people living with dementia. A local nursery held their sports afternoons at the service. The registered manager said, "People love it. We link in with schools, and the playschool up the road shares our garden. We're giving something back to young people and everyone has a wonderful time."