



AUDIT REPORT

Oakdene House

Date of Visit: 8th & 9th of January 2025

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Service Name: Oakdene House

Provider: Liaise (London) Limited

Address of Service: 31a Oakdene Avenue, Erith, Kent, DA8 1EJ

Date of Last CQC Inspection: 7th January 2020

Ratings

CQC's Overall Rating for this Service:






Good



SRG's Overall Rating for this Service:

Good



Key Questions	Rating	Overall Score
Safe	Good 	68 (out of 100)
Effective	Good 	70 (out of 100)
Caring	Good 	75 (out of 100)
Responsive	Good 	75 (out of 100)
Well-ed	Good 	75 (out of 100)

Depending on what we find, we give a score for each evidence category that is part of the assessment of the quality statement. All evidence categories and quality statements are weighted equally.

Scores for evidence categories relate to the quality of care in a service or performance:

- 4 = Evidence shows an exceptional standard
- 3 = Evidence shows a good standard
- 2 = Evidence shows some shortfalls
- 1 = Evidence shows significant shortfalls

At key question level we translate this percentage into a rating rather than a score, using these thresholds:

- 38% or lower = Inadequate
- 39 to 62% = Requires improvement
- 63 to 87% = Good
- 88 to 100% = Outstanding

Overall Service Commentary

INTRODUCTION

An audit based on the CQC Key Questions and Quality Statements, aligned with the Single Assessment Framework, was conducted by an SRG Consultant over two days on 8th and 9th January 2025. The purpose of this review was to highlight in a purely advisory capacity, any areas of the service operation which should or could be addressed in order to improve the provision and recording of care and increase overall efficiency and compliance with CQC Standards and Regulatory Requirements.

TYPE OF INSPECTION

Comprehensive inspections take an in-depth and holistic view across the whole service. Inspectors look at all five key questions and the quality statements to consider if the service is safe, effective, caring, responsive and well-led. We give a rating of outstanding, good, requires improvement or inadequate for each key question, as well as an overall rating for the service.

METHODOLOGY

Time was spent observing interactions between people using the service and staff. Discussions were held with the Registered Manager and staff working at the service. Time was also spent with some of the service users to gain an understanding of their experiences.

A tour of the building was conducted, along with a review of key documentation. These included medication records and operational documents such as such as quality assurance audits, staff meeting minutes, and health and safety and fire-related documentation. Service user records for meetings and activities were reviewed. Three care plans and two staff recruitment files were checked, and records were examined to confirm that staff training and supervision had been conducted appropriately.

OUR VIEW OF THE SERVICE

Oakdene House is a residential care home providing personal care to 6 people who are living with a learning disability, autism or mental health conditions. Systems were in place to ensure people were kept safe and protected from the risk of harm and abuse. Staff received safeguarding training and knew the processes to follow if they had concerns therefore, people were protected from harm and abuse. The service had enough staff to keep people safe. Staffing levels were adjusted to ensure that people were supported to take part in activities of their choice. Staff had received regular training, including refresher training and updates

and received regular supervisions. Recruitment checks were in place, but some processes needed improving. There were some minor gaps in consistency in some risk assessment management, but overall risks were identified and managed. Peoples' medication was managed safely.

Individual conditions and syndromes were clearly identified within support plans, to help staff understand how these affected people's daily lives. Individual capacity was considered and assessed. Staff ensured that they involved people using the service and their families. Care staff knew what was important to the people, including their routines and preferences.

The service had an established Registered Manager who was proactive in delivering quality and person-centred care. They were proud of the service and ensured that staff understood the values and aims of the service

PEOPLE'S EXPERIENCE OF THIS SERVICE

Time was spent observing people's experiences of care as not everyone in the service could directly communicate their experiences. People were supported to make choices and choose how they wanted to spend their day. People were supported in enhancing their daily living skills to promote their independence. People living in the home enjoyed taking part in different activities, both in the service, at college and in the community. People were supported to maintain contact with family and friends and maintain relationships with others. Feedback from relative indicated that they were happy with the care and support provided.

DISCLAIMER

The matters raised in this report are only those that came to the attention of the reviewer during this visit. The work undertaken is advisory in nature and should not be relied upon wholly or in isolation for assurance about CQC compliance.

RATINGS

Our audit reports include an overall rating as well as a rating for each of the Key Questions.

There are 4 possible ratings that we can give to a care service;

Outstanding – The service is performing exceptionally well.

Good – The service is performing well and meeting regulatory expectations.

Requires Improvement – The service is not performing as well as it should, and we have advised the service how it must improve.

Inadequate – The service is performing badly and if awarded this rating by CQC, action would be taken against the person or organisation that runs the service.

Please be advised that this represents the professional opinion of the reviewer conducting the audit, based on the evidence gathered during the review visit. This evaluation considers compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and is aligned with the CQC's current assessment framework.

Key Question	Applicable Regulations	Quality Statements and Comments
<p>Safe</p>	<p>Regulation 12: Safe Care and Treatment</p> <p>Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment</p> <p>Regulation 17: Good Governance</p> <p>Regulation 18: Staffing</p> <p>Regulation 19: Fit and Proper persons employed</p> <p>Regulation 20: Duty of Candour</p> <p>Regulation 15: Premises and Equipment</p>	<p>Learning culture – Score 2</p> <p>Records of accidents and incidents were in place. Staff recorded the event into the RADAR system and steps were followed to review and address individual incidents.</p> <p>Safety events were recorded at different levels, dependent on the severity of the event. Incidents of more intensity were subject to a full investigation by the Registered Manager and a review by the senior management team.</p> <p>One person had behaviours that were displayed often during the day, and for prolonged periods. Staff tended to record that the incident took place, and the length of the episode. However, there was a lack of detail regarding the specific actions taken by staff during these incidents and how they supported the individual. It would be beneficial to include more comprehensive information about the actual support provided at the time of each incident. (SR 1)</p> <p>Debriefs were held following events of more severity. Learning outcomes were included following each incident. Lessons learnt were shared at staff meetings and discussed at handovers and debriefs.</p> <p>Safe systems, pathways and transitions – Score 3</p> <p>Staff were aware of when people had health or social care professional input. They said they felt confident working with other agencies. Recommendations from health professionals or other professionals had been implemented.</p> <p>Internal referrals were made to the provider’s specialist team, which included the SALT (Speech and Language Therapist) team and the PBS (Positive Behaviour Support) practitioner. If support was required from an O.T. (Occupational Therapist), staff had contacted the community O.T.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>There were safe systems and pathways for people who were moving between services. Staff training evidenced there was service specific training in place which was related to the needs of people living within the home, such as dementia care.</p> <p>Safeguarding – Score 3</p> <p>Interactions with people indicated that they felt safe living at Oakdene. When asked, people responded that they felt safe.</p> <p>Staff completed regular training on safeguarding and information was available about how to report any concerns.</p> <p>Staff were knowledgeable of the process of how to recognise potential harm or abuse and how to raise any concerns. Staff were able to explain who they would report any concerns to and were confident that they would be acted on.</p> <p>The Registered Manager understood the processes and worked within local authority protocols. Safeguarding incidents were documented in the RADAR system, detailing who had been informed, including the Local Authority and Operations Manager. Investigations were conducted, in line with Local Authority procedures and findings were recorded. This process not only ensured accountability but also facilitated ongoing improvements in safeguarding practices.</p> <p>People’s money was managed safely. There were systems in place to record money in and out. Staff kept receipts. Audits and checks were carried out.</p> <p>Involving people to manage risks – Score 3</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>There were a range of risk assessments in place. These included: Personal support, support with free and structured time and relationships, support with decision making, MCA and DoLS (Deprivation of Liberty Safeguards), medical and health care, and individual activities.</p> <p>Overall risks were managed well and staff understood how to keep people safe and manage individual risks. One person was identified as a falls risk, but there was no risk assessment. It was discussed that they were not a falls risk, and it was suggested that the flag is removed. (SR 2)</p> <p>PBS (positive behaviour support) plans were in place. These included an overview of the person, goals for the plan, behaviours of concern, triggers, active strategies, and reactive and crisis intervention. PBS plans were reviewed regularly. There were high level support and intervention from the PBS specialist who visited regularly and supported staff to develop these.</p> <p>However, it was noted that there were some behaviours for one person, the information was not clearly identified within the PBS plan or a risk assessment. Although there was a reference to the behaviour, there was no guidance for staff on potential triggers and how they should support with this behaviour. (SR 3)</p> <p>Observations showed that people were being supported by staff who knew them well and supported them appropriately through periods of distress. Staff were supportive and kind and offered redirection, such as taking one person for walk when they became distressed.</p> <p>Safe environments – Score 3</p> <p>Health and safety checks were implemented to ensure the safety of the environment. Checks included safety of water temperatures, window restrictors, emergency lighting checks, call bells and plug safety.</p>

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		<p>Checks were conducted in the kitchen using the ‘safer food – better business’ tool. The kitchen file was disorganised. Staff were completing appropriate opening and closing checks but were also filling out unnecessary check sheets. Safety checks were mixed with menus and recipes, indicating a need to reorganise the folders for improved tidiness and usability. (SR 4)</p> <p>Fire safety was managed effectively through daily patrols and weekly inspections of the fire alarm system, fire doors, and emergency lighting. Additionally, monthly fire safety checks were conducted, which included assessments of emergency door releases, fire door integrity, and fire drills. All checks were completed and remained current.</p> <p>There was a fire grab bag which contained emergency information about people using the service and supplies for use in the event of an emergency.</p> <p>Checks and servicing took place on utilities and appliances. These included:</p> <ul style="list-style-type: none"> • Health and Safety risk assessment: Valid until 11/10/25 • Fire risk assessment: Valid until 11/10/25 • Water Risk Assessment: Valid until 27/07/25 • Five year hard wiring check: Valid until 19/09/29 • Fire alarm servicing: Valid until 04/06/25 • Fire extinguisher maintenance: Valid until 04/25 • Emergency Lighting: Valid until 03/06/25 • Fire door inspection: Valid until 24/04/25 • Water TMV servicing: Valid until 19/06/25 • Gas safety: Valid until 05/06/25 • Call bell system: Valid until 05/11/25

Key Question	Applicable Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> • Legionella risk assessment: Valid until 27/07/25 • PAT testing valid until 21/10/25 <p>Environmental and generic risk assessments were in place and maintained on RADAR.</p> <p>Safe and effective staffing – Score 3</p> <p>Staffing levels were appropriate. Support was provided to people in line with assessed needs. Where people needed one-to-one support, this was provided. Staffing levels were adjusted according to activities, which meant that when people needed support in the community, more staff were on duty to help facilitate this.</p> <p>Recruitment practices were reviewed, with one staff file reviewed in depth and another sampled. Recruitment was managed by the HR department who carried out all checks.</p> <p>Most of the information required by regulation was in place. This included:</p> <ul style="list-style-type: none"> • Proof of DBS (Disclosure and Barring Service) checks were in place. • Proof of address and identify was obtained and these were signed to say the original had been seen and verified. • Right to work was again checked and verified. • Health declarations were in place to demonstrate that staff were medically fit to provide care and support. <p>Some minor improvements were needed to some areas of the recruitment process:</p> <ul style="list-style-type: none"> • On one file, confirmation of a gap in employment had been recorded on a notepad document and maintained on the staff file. However, there was no authenticity of who had recorded the information. It was not signed and the gap in employment was not recorded on the staff ‘welcome pack’ (SR 5) • References were in place and where needed these were verified. Staff files showed that both employment and character references were in place. However, the employer for one person had

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>changed the start date for when the person had been employed by them, which no longer agreed with the dates provided by the staff member. This should have been checked. (SR 6).</p> <p>In addition, there was a warning on one of the references which stated that the reference had been supplied from the same IP address as the candidate. Although this was probably not an area of concern, as there was a warning, it would have been good practice to record that this had been reviewed. (SR 7)</p> <p>Signed contracts were in place when staff started employment.</p> <p>Staff were supported to be aware of their responsibilities and accountabilities through induction, training and supervision. When new staff started an induction was in place and there was evidence seen of completed inductions. The provider had introduced a new induction programme, which was now embedded for new staff. The induction included an introduction to the organisation and the service. This included an overview and the organisational mission and values, alongside a robust induction training programme, which followed the care certificate standards and the Liaise training programme. Observations were completed during induction along with regular supervision to monitor progress.</p> <p>Staff were supported with an ongoing training programme. This was primarily online through the training provider Your-Hippo. Training was primarily up to date:</p> <ul style="list-style-type: none"> • COSHH: 18/18 - 100% • Diabetes: 18/18 - 100% • Duty of Candour: 18/18 - 100% • Duty of Care: 18/18 - 100% • IDDSI: 18/18 - 100% • Key Word Signing: 18/18 - 100% • Key working: 18/18 - 100% • Medication Administration: 18/18 - 100%

Key Question	Applicable Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> • Mental Health: 18/18 - 100% • Nutrition: 18/18 - 100% • Oral Health: 18/18 - 100% • Your Role: 18/18 - 100% • Personal Development: 18/18 - 100% • Autism 18/18 - 100% • Equality & Diversity: 18/18 - 100% • Fire Safety: 18/18 - 100% • Food Safety: 18/18 - 100% • GDPR & Data Protection: 18/18 - 100% • Health & Safety: 18/18 - 100% • Infection Control: 18/18 - 100% • Learning Disability: 18/18 - 100% • MCA & DoLS: 18/18 - 100% • Manual Handling: 18/18 - 100% • Medication Awareness: 18/18 - 100% • Privacy & Dignity: 18/18 - 100% • Safeguarding: 18/18 - 100% • Person Centred Care: 18/18 - 100%. • Positive Behaviour Support: 18/18 - 100%. <p>PROACT-SCIPr training was face-to-face and was at 100%. Approximately eight staff were due for refresher training and the Registered Manager confirmed that this had been booked in. In addition, two staff had been booked in for refresher training on safer handling of people, which meant that training was planned in advance to ensure staff stayed up to date with their training.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>A system of supervision and appraisal was in place to help support staff members. Staff supervision was at 100% compliance and appraisals at 93.8%, although there were no staff appraisals outstanding.</p> <p>Staff feedback indicated that they felt well supported and received regular supervision. When asked about the training and support provided staff were complementary and said the training was good and it helped them carry out their duties. All staff spoken with said they felt well supported.</p> <p>Infection prevention and control – Score 2</p> <p>There were daily and weekly cleaning schedules in place for the kitchen. During the week staff completed daily cleaning and there was a monthly deeper cleaning schedule in place.</p> <p>Some of the chairs were an infection control risk. At least one dining chair and one of the armchairs had torn and ripped material, which compromised their impermeability and cleanliness. (SR 8)</p> <p>Some of the walls were marked, however a redecoration programme was set to start soon, which would positively impact the ambiance of the environment.</p> <p>Staff had use of appropriate PPE when needed.</p> <p>Medicines optimisation – Score 3</p> <p>People received support with their medicines safely.</p> <p>Each person had a medication profile. This included the individual diagnosis, any allergies, any specific medication needs or preferences, how people liked to take their medicines, and what to do if someone declined their medicines.</p>

Key Question	Applicable Regulations	Quality Statements and Comments
		<p>There was an easy read profile in place which identified what the medicines was, what it looked like, why the person was taking it, any side effects and when the person took it.</p> <p>A sample of medication administration records (MAR) charts were reviewed, those viewed had been completed accurately. Countdown sheets were in place. A sample viewed evidenced the correct medicines were in stock.</p> <p>There were PRN protocols in place. PRN is medicine, which is given as and when required, for example to support with pain relief or when a person is expressing distress.</p> <p>Homely remedies were signed off by the G.P.</p> <p>There were systems in place for signing medicines in and out of the home for social leave or days out.</p> <p>There were safe systems in place for ordering and returning medicines. Temperatures were taken to ensure medicines were kept safely.</p> <ul style="list-style-type: none"> • This service scored 68 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximised the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation”.</p>		

Key Question	Regulations	Quality Statements and Comments
Effective	<p>Regulation 9: Person Centred Care</p> <p>Regulation 11: Need for Consent</p> <p>Regulation 14: Meeting Nutrition and Hydration Needs</p> <p>Regulation 18: Staffing</p>	<p>Assessing needs – Score 3 No one had recently moved into the service, but the Registered Manager was able to describe the processes for moving into the service.</p> <p>A pre-assessment would be carried out and all necessary information would be gathered before a placement started. Consideration was given to how to support anyone to move. The Registered Manager explained about the transition process and how they had worked with people in the past to support this.</p> <p>Regular reviews and assessments took place to ensure that care needs were kept up to date.</p> <p>Delivering evidence-based care and treatment – Score 3 The service used good practice evidence-based guidance to tailor support needs. For example, PBS plans were based on practice to support people with behaviours. There were PBS specialists within the organisation who provided assessments and support plans to help guide staff on how to support people.</p> <p>Recognised training was in place in the form of PBS and PROACT-SCIPr, to help support people appropriately with any behaviours that may challenge.</p> <p>The service was aware of STOMP (Stopping over medication of people with a learning disability and autistic people guidelines) and only ever used medication to deescalate people's distress as a last resort.</p> <p>Medical and healthcare support plans identified individual needs in relation to their health care support.</p> <p>Individual conditions were described in the support plans. This helped staff understand how these affected people's daily lives.</p> <p>Where people suffered with epilepsy, there were support plans in place. Where people had diabetes or were at risk of diabetes, there was information in the support plans. Some of this varied in content. One person needed their blood sugars tested twice a day, and the district nurse visited the service to complete this.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>There was information in the support plan about blood sugar levels and how to maintain. However, there was no record of the actual level of what blood sugar levels were considered too high, only the low reading. (ER 1)</p> <p>How staff, teams and services work together – Score 3 There were internal specialists who supported the service. This included the PBS (Positive Behaviour Support) specialist and SALT (Speech and Language Therapy) team who supported with communication, speech and swallow reflex, where needed. The internal specialist team worked proactively with the service to provide guidance for staff.</p> <p>The service worked with social and health care professionals in the community. These included the psychiatrist, district nurses, G.P.'s, community mental health team, O.T.'s, physiotherapists and the local authority. Records showed that referrals were made when needed. Where people had specific conditions, they were supported by specialist healthcare professionals. In addition, people were supported to access the optician, dentist and chiroprapist.</p> <p>People had a hospital passport, which is a document that helps to share information between services. A sample were viewed which identified the support need, communication, preferences and any conditions which may affect people.</p> <p>Supporting people to live healthier lives – Score 3 People were supported to access health care appointments and professionals within the community. Staff arranged for people to book and attend medical appointments. On one day of the visit, staff were seen to arrange a G.P. appointment for someone who was unwell, and they were worried about their wellbeing.</p> <p>Weekly menus were planned in advance, although these could be subject to change if people did not fancy what was on offer. Staff supported people to maintain a healthy diet by ensuring a variety of fresh fruit and vegetables were also on offer.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Everyone had been supported with an assessment of risk in relation to eating and drinking to ensure that people were supported with a safe and healthy diet. There was information in the support plans about healthy diets and managing areas of risk such as high cholesterol and managing healthy diets.</p> <p>Staff assisted people in adopting healthy diets and making informed meal choices. One person learned the advantages of nutritious meals, and with staff support, they transitioned away from solely consuming junk food and successfully reversed their diabetes.</p> <p>Alongside the promotion of a healthy diet, one person was being supported to take the weight loss drug, Manjaro. Staff were working with the person, the G.P. and D.N. to ensure this was administered appropriately.</p> <p>Some people needed diets of a specific consistency. Observations showed that staff prepared a level 4 puree meal and served this appropriately to the person. However, information in the support plans varied in relation to levels of food modification. For example, the support plan and risk assessment identified actions to take should there be a choking episode, but the information from the SALT guidelines was not in the support plan, although there was a reference to the guidelines. I suggest that where food needs to be a specific level, that this is included in the support plan. (ER 2)</p> <p>Monitoring and improving outcomes – Score 2</p> <p>Some improvements to monitoring records were needed. Where people were at risk of constipation, there were monitoring records for bowel movements. For one person, the support plan stated that staff should contact the G.P. if the person did not have a bowel movement for one day or shows signs of constipation. However, the monitoring records indicated that the person was not having a bowel movement every day. (ER 3)</p> <p>Records showed that people were weighed on a regular basis to monitor and ensure people remained at a healthy weight.</p> <p>Where one person needed 15-minute checks, when they were in bed, these were completed.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Monthly health checks were conducted, during which the key worker engaged with individuals to assess their health care needs. The assessments encompassed a review of feet, hands, skin condition, ears, hair and scalp, dental care and oral health, weight and BMI, bowel management, and other health monitoring processes, including seizures.</p> <p>Consent to care and treatment – Score 3 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.</p> <p>Staff understood people’s rights around consent to care. Observations showed that staff asked people for their consent and checked that they were happy with any decisions.</p> <p>Where people needed help with decision making, MCA assessments were completed. If the assessment determined the person lacked capacity, a best interest decision was completed which had the person at the centre of the decision.</p> <p>MCA assessments were decision specific. These included assessments in relation to activities, diet and nutrition, understanding of sexual activity, medical and health care related needs, medication and finances, for example.</p> <p>Within the assessments there was evidence that staff discussed the individual decision and used prompts and visual aids to help people understand the question.</p> <p>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. This is known as Deprivation of Liberty Safeguards (DOLs).</p>

Key Question	Regulations	Quality Statements and Comments
		<p>DoLS were appropriately requested, resulting in the approval of applications for five people living in the home, while one person did not require a DoLS.</p> <ul style="list-style-type: none"> This service scored 70 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflects these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work”.</p>		

Key Question	Regulations	Quality Statements and Comments
Caring	Regulation 9: Person-centred Care Regulation 10: Dignity and Respect	<p>Kindness, compassion and dignity – Score 3</p> <p>Observations showed that staff communicated well with people and treating them with kindness, dignity, and compassion. Observations showed that staff spoke to people in a respectful manner.</p> <p>There were positive interactions between people who were being supported and staff. All people who were being supported appeared to be comfortable in the presence of staff. One person spent time sitting in the kitchen area and liked to engage with staff in a range of exercises. Staff took time to take part in these with them.</p> <p>Another person would need reassurance from staff and observations showed that staff listened to them and responded to any questions or queries.</p> <p>People were supported to maintain contact with family and friends and maintain relationships with others.</p> <p>One person was supported by their family to visit an escort service. This was identified discreetly within the support plans.</p> <p>Treating people as individuals – Score 3</p> <p>Staff treated people as individuals. Staff were communicating with people in their preferred way and had the relevant training to support them with this. For example, staff had been trained by the SALT team for Makaton to help communicate more effectively with one person.</p> <p>Support plans were specific to the individual person. Routines which were important to the person were included and individual support plans identified preferences in relation to activities, choices and important people in the person’s life.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People were supported to maintain their interests and take part in activities they enjoyed. Each person had an individual timetable and activity programme to help them structure their time.</p> <p>People were supported to access community activities and where needed; additional support was provided for people to get the maximum benefit from the activity.</p> <p>Independence, choice and control – Score 3 People were supported to be independent, to make choices and have control over their lives. The staff team were able to describe activities they supported people with, and how they made these choices.</p> <p>People were supported in enhancing their daily living skills to promote their independence. Staff worked with people to support them to make meals, do their laundry and clean their individual rooms. Key worker meetings identified what daily living activities people had achieved during the previous month. There were good examples of people managing their own daily activities with staff support. This included meal preparation and household duties such as organising their laundry.</p> <p>People were able to make choices and daily living preferences were listened to.</p> <p>Responding to people’s immediate needs – Score 3 Staff were key workers for people which meant they took responsibility for supporting people to review goals and identify individual support needs.</p> <p>Staff recognised indicators of agitation or unrest in individuals and responded appropriately when they expressed a desire to participate in specific activities.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Referrals were made to external health or social care professionals if concerns about their welfare were identified.</p> <p>Workforce wellbeing and enablement – Score 3</p> <p>Information was made available to staff regarding the support mechanisms within Liaise. This was also included in the induction pack.</p> <p>There was a 24-hour counselling and advice support service available for staff. Additionally, staff received a blue light card, granting them access to discounts at various shops.</p> <p>There was a referral program for friends, and a colleague recognition program which allowed staff to nominate peers who exceeded expectations.</p> <p>It was reported that the senior management team were supportive and visible. Where one member of staff had suffered with personal issues, the senior management team had actively supported them with ensuring they had the time off they needed, when they needed it and providing counselling, along with regular checks on their well-being.</p> <p>Feedback from other staff also confirmed that there was a supportive and collaborative ethos, where they felt their opinions mattered. One staff member said, ‘The manager is really supportive, we matter’.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs</p>		

Key Question	Regulations	Quality Statements and Comments
		<p>with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible.”</p>

Key Question	Regulations	Quality Statements and Comments
Responsive	Regulation 9: Person Centred Care Regulation 17: Good Governance Regulation 16: Receiving and Acting on Complaints	<p>Person-centred Care – Score 3</p> <p>Staff were able to describe what person-centred care meant. Staff said, they had time to spend with people listening to their views and wishes about their care and support. Staff knew people and understood individual needs and worked with people on an individual basis.</p> <p>Feedback seen from people using the service was positive. One person had written to staff and said, ‘I am happy living here and want to live here for the rest of my life. This is the best place I have lived in, and I don’t want to leave’.</p> <p>People living in the home often needed or wanted a routine and a structure. Observations showed that staff knew and understood this and helped people to manage their day-to-day activities in a positive and proactive way.</p> <p>Support plans were detailed and specific to the person and broken down into individual areas of care and support needs. Support plans included what people could manage for themselves and where they needed support.</p> <p>Staff knew people and understood individual needs and worked with people on an individual basis. Daily care records showed that people were supported to take part in pastimes and activities of their choice.</p> <p>Care provision, integration, and continuity – Score 3</p> <p>Staff said, professionals were involved in people’s support. Feedback seen from professionals was positive with comments including, ‘It appears that [x] has an excellent quality of life’, and ‘staff have done really well as [x] is always presentable’.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>The manager was able to describe the diverse health and care needs of the people they supported. They provided joined up, flexible working which supported choice and continuity for people.</p> <p>Handovers were in place, which kept staff up to date with any developments and changes during the different shifts. This helped staff to maintain consistency and continuity when supporting people.</p> <p>Providing information – Score 3 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. There was information available in a format suitable to individual needs.</p> <p>There was information available in different formats for people including alternative formats such as easy read guidance or pictorial information. For example, menus were pictorial and there were some recipes available in an easy read format. Pictorial drink choices were also available.</p> <p>The complaints procedure was in an easy read format and made available to people. In addition, staff provided information such as activity schedules in formats that met people’s needs.</p> <p>Listening to and involving people – Score 3 Information about communication was included in support plans. For example, one person communicated through gestures, vocalisations and facial expressions. The risk assessment identified that they may become agitated when they were unable to express themselves. There was information in relation to staff utilising objects of reference, gestures and touch when supporting to communicate.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff met with people to discuss choices of menus and food and arrange the shopping lists. Monthly service user meetings were held. These gave people the opportunity to discuss different subjects. These included activities and events from the previous month, upcoming events, family visits, weather updates, any safeguarding concerns, education updates, and any recent news. People were actively involved in the meetings.</p> <p>Staff regularly checked with people that they were happy living at Oakdene and that they were able to take part in activities and pastimes of their choices.</p> <p>People felt listened and when asked confirmed that they thought staff took notice of what they had to say.</p> <p>Equity in access – Score 3 The Registered Manager ensured that people were supported to access care, treatment, and support when they needed to and in a way that worked for them.</p> <p>People used regular and specialised healthcare services depending on their needs, and staff advocated for them where necessary to ensure they received the services they were entitled to.</p> <p>The management and staff team had prioritised supporting people to access and be a part of their local community.</p> <p>One person had an incorrect birth certificate, and the Registered Manager had worked tirelessly to locate the correct information and ensure that they were provided with an appropriate birth certificate and also a passport. They had also supported the person to access benefits they were entitled to.</p> <p>Equity in experiences and outcomes – Score 3</p>

Key Question	Regulations	Quality Statements and Comments
		<p>People had opportunities to take part in different experiences and activities. People were able to choose what they wanted to do on a daily basis. For example, one person enjoyed going out and about and regularly attended a local community centre to take part in a range of activities.</p> <p>People living in the home enjoyed taking part in different activities, both in the service, at college and in the community. People were supported with a range of activities, which were tailored to their individual needs. Photographs were seen of people enjoying a range of activities including horse-riding, sailing, bowling, going out for drives, visiting local attractions, going to the cinema and local coffee shops.</p> <p>People enjoyed activities within the home and in the summer months had completed a gardening project. One person loved music and during the visit played instruments with staff and carried out impromptu and enthusiastic karaoke sessions. Other people enjoyed arts and crafts or relaxing and watching programmes on television. People also enjoyed baking and made brownies on one day, which they shared with staff and visitors.</p> <p>Some people attended college to learn different skills, including baking, cooking, and life skills. One person had been actively involved in the local community centre and taken part in celebrations.</p> <p>Goals were included in people’s care plans and these included healthier living and things people wanted to do. One person said, ‘I am doing lots of things now’.</p> <p>Planning for the future – Score 3</p> <p>There was no one living in the home who was at end of life. Consideration, however, had been given to end of life within the support plans. Discussions had been held with families in relation to any preferences or religious / cultural needs. There was information in the support plans in relation to this.</p>

Key Question	Regulations	Quality Statements and Comments
		<ul style="list-style-type: none"> This service scored 75 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics”.</p>		

Key Question	Regulations	Quality Statements and Comments
Well led	<p>Regulation 17: Good Governance</p> <p>Regulation 5: Fit and Proper Persons Employed - Directors</p> <p>Regulation 7: Requirements Relating to Registered Managers</p> <p>Regulation 18: Staffing</p> <p>Regulation 20A: Requirement as to Display of Performance Assessments</p>	<p>Shared direction and culture – Score 3</p> <p>Staff and the management team shared the values and vision of the service. They described how the organisation’s values were embedded into daily practice through involving people and promoting activities and community involvement.</p> <p>New staff received induction and support which helped them to understand the values of the organisation. Staff spoken with knew the vision and values of the service and explained how they put those into practice. One member of staff said, <i>‘where we are progressive, it means that people get chance to do things, and we always make sure we personalise to their individual needs’</i>.</p> <p>Staff were asked about their understanding of the right care, right support and right culture ethos. Staff were able to give an overview, and it was evident that their focus was on people using the service and ensuring that they were fully involved in all aspects of their care.</p> <p>Teamwork was promoted. Staff spoken with all said they felt part of a team and that they supported each other. One staff said, <i>‘we are all here for each other and we work well together’</i>.</p> <p>Capable, compassionate and inclusive leaders – Score 3</p> <p>Staff said they felt the service was well-led. They said the registered manager was a capable and inclusive leader and led by example. Staff said the registered manager did not expect staff to carry out any duties that they would not carry out themselves.</p> <p>Observations showed the Registered Manager was involved in the daily running of the service and on one of the days of the visit, supported staff and people to prepare lunch.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>When asked, people confirmed that they felt staff knew what they were doing and gave them the support they needed. One person confirmed that they felt staff were available and gave them the help they needed.</p> <p>There was an Area Manager and a senior management team who supported the service. It was reported that this support was positive.</p> <p>Freedom to speak up – Score 3 Staff felt there was a culture of openness and transparency and were confident in speaking up and raising any concerns. Staff said they felt listened to and their opinions mattered.</p> <p>Staff said they received supervision, and this gave them opportunities to raise any concerns, discuss individual service user needs and any training needs staff felt they had.</p> <p>Staff meetings were held monthly and were now being stored on the RADAR system for convenient access. Staff had the chance to discuss individual service user needs, including activities and goal setting. Information from senior management meetings, which are crucial for staff operations, was reviewed, along with topics related to health and safety, as well as quality and risk management. Each meeting included actionable items, with a review conducted at the beginning of the subsequent meeting. Evidence indicated that staff were encouraged to share their ideas with the team and identify actions to implement for the benefit of service users.</p> <p>Workforce equality, diversity and inclusion – Score 3 There were policies and procedures in place for equality and diversity and staff received training.</p> <p>The Registered Manager explained how they promoted an inclusive environment, with consideration given to individual staff cultural, religious beliefs and flexible working.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff felt that there was an inclusive culture. They said they felt part of a team, and that consideration was given to their work life balance. They explained how adjustments were made and the Registered Manager worked with them to arrange their rotas, so it met the needs of people using the service but also gave them flexibility.</p> <p>Governance, management and sustainability – Score 3</p> <p>The Registered Manager understood their responsibilities around quality and safety monitoring and governance. The Registered Manager could explain governance systems in the service and their individual responsibilities</p> <p>Quality assurance systems were in place to monitor the effective of the governance of the service. Regular audits took place on a rostered schedule. The most recent audits were reviewed and were at:</p> <ul style="list-style-type: none"> • Manager Walk Around Audit: 7th January: 100 % • Weekly Medication Shift Leader Audit: 1st January: 100 % • Health and Safety Monthly: 18th December: 100 % • Out of Hours: 14th December: 100 % • Managers Monthly Medication: 14th December: 100 % • Vehicle Maintenance Audit: 13th December : 94 % • Finance Audit: December: 100% • Manager's Quarterly Support Plans and Risk Assessments: 19th December: 93 % <p>Audits included evidence of compliance through photographs and documentary evidence to help demonstrate how individual measures were being met.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Oversite was maintained by the quality team through the TaMI (Trends and Monitoring Information) review. This reviewed data generated from RADAR, Blyssful, QUOODA, the training department and the quality team, for example.</p> <p>An internal mock inspection had been carried out and it was seen that recommendations from this were acted on.</p> <p>The Registered Manager provided a weekly report to the Area Manager to help monitor the service and identify any areas of concern or improvement and also any areas of success.</p> <p>Partnerships and communities – Score 3 Staff and the Registered Manager explained how they worked with healthcare, social care and community partners. They had good knowledge of the local services and support systems and how to access them.</p> <p>Staff worked with various external agencies including, social workers, Local Authorities, safeguarding teams, and healthcare professionals. Referrals were made in a timely manner to relevant people to ensure the needs of the people using the service were met.</p> <p>Community access was promoted with people being supported to go out and about in the community and visit local day centres.</p> <p>Learning, improving and innovation – Score 3 Processes for learning was in place. These included sharing information through meetings, handovers and actions plans.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Action plans were developed from audits, accidents and incidents. Actions in RADAR confirmed that learning took place following audits, incidents and reviews.</p> <p>Staff confirmed that there were systems and processes in place that supported learning and improvements. This included having de-brief meetings following an incident to consider if there were any learning and actions required to reduce recurrence.</p> <p>Systems were in place to engage with people, their relatives, visitors, and health professionals to obtain feedback about the service and share learning. Surveys were sent out and actions from surveys identified.</p> <p>Manager forums and quality and risk meetings helped to identify any learning, and these were shared with staff.</p> <p>Quality monitoring by the provider identified themes and patterns to help individual services identify and address these.</p> <p>There was a business continuity plan in place with safe alternative accommodation available, should any emergency occur at Oakdene House.</p> <p>Environmental sustainability – sustainable development – Score 3 Policies and procedures were in place to promote environmental sustainability.</p> <p>Recycling was promoted through the local authority recycling procedures and staff made sure they disposed of items correctly.</p>

Key Question	Regulations	Quality Statements and Comments
		<p>Staff actively promoted energy savings through turning off lights and electrical items when not in use. LED lighting was used, and the heating was thermostatically controlled to help reduce over-heating the environment.</p> <p>People had grown a range of vegetables and herbs during the previous summer including courgettes, chillies, tomatoes, peppers, French beans, thyme and parsley and used these items in their cooking. Food waste had been recycled to be used as compost.</p> <p>Paper records were limited to save on paper and waste paper was shredded to reduce waste. Digital systems helped to reduce the use of paper.</p> <ul style="list-style-type: none"> • This service scored 75 (out of 100) for this area.
<p>SRG RATING: Good</p> <p>This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>“Characteristics of services the CQC would rate as ‘Good’ There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities”.</p>		

ACTION PLAN:

CQC Key Question - SAFE

By safe, we mean people are protected from abuse and avoidable harm.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
SR1	<i>Include more detail in incident records about the actual support provided at the time of the incident and the impact</i>						
SR2	<i>Ensure that if a risk is 'flagged' that either a risk assessment is in place, or the flag is removed if it not a risk</i>						
SR3	<i>Include more information about behaviours associated with shouting and calling out consistently and include guidance for staff on actions to take.</i>						
SR4	<i>Tidy up the files used for kitchen safety management, menus and recipes, so staff can easily access the correct documentation.</i>						
SR5	<i>Where staff provide a statement for any gaps in employment, ensure that there is proof of who has provided the information, such as a signed statement, for example.</i>						
SR6	<i>Where previous employment dates provided by staff do not agree with those provided by their previous employer a</i>						

CQC Key Question - SAFE

By safe, we mean people are protected from abuse and avoidable harm.

	<i>record of any checks should be maintained</i>						
SR7	<i>Where a warning note is highlighted on a reference, ensure there is a record that this had been reviewed.</i>						
SR8	<i>Identify chairs which are an infection control risk due to torn material, which makes them impermeable and either replace or cover effectively to reduce the risk of infection.</i>						

CQC Key Question - EFFECTIVE

By effective, we mean that people's care, treatment and support achieve good outcomes, promotes a good quality of life and is based on the best available evidence.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
ER1	<i>Include safe levels of both high and low blood sugar levels in the support plans</i>						
ER2	<i>Include more information in the support plans about the management of the level of food consistency and what individual levels were</i>						
ER3	<i>Care needs to be taken to ensure that either support plan is followed or there is a justified reason why the GP is not contacted if people have not opened their bowels.</i>						

CQC Key Question - CARING

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
CR1	NO RECCOMENDATIONS MADE						

CQC Key Question - RESPONSIVE

By responsive, we mean that services are organised so that they meet people's needs.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
RR1	NO RECCOMENDATIONS MADE						

CQC Key Question - WELL-LED

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

Reference Point	Recommendation Made	Action to be taken	Who By	Date to Complete by	Evidence of Completion	RAG Status	Comment
WR1	NO RECCOMENDATIONS MADE						