Oakley Lodge Care Home Ltd

Oakley Lodge Nursing Home

Inspection report

55 Oakley Road
Luton
Bedfordshire
LU4 9PX
Tel: 01582 613656

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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

Overall summary

We carried out an unannounced inspection on 16 April 2015.

The service provides care and support for up to seven people who have a learning disability and may also have physical disabilities or are living with dementia. At the time of the inspection, there were seven people being supported by the service.

There was a registered manager in post, who was also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and the provider had effective systems in place to safeguard them.

There were risk assessments in place that gave guidance to the staff on how risks to people could be minimised.

People's medicines were managed safely and administered in a timely manner.

Summary of findings

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had supervision, support and effective training that enabled them to support people well.

People were supported to have sufficient food and drinks in a caring and respectful manner. They were also supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of people's individual needs, preferences, and choices.

People were supported to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people or their representatives, and acted on the comments received to improve the quality of the service.

The registered manager provided stable leadership and managerial oversight. They were a role model for the behaviours, values and standards of care they expected of others.

The provider's quality monitoring processes had been used effectively to drive improvements.

Summary of findings

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.

There were effective systems in place to safeguard people.

People's medicines were administered safely.

There was enough skilled staff to support people.

Good

Is the service effective?
The service was effective.

Staff received effective training to maintain and develop the skills needed to support people well.

Staff understood people's care needs and provided the support they needed.

People had enough and nutritious food and drink to maintain their health and wellbeing.

Good

Is the service caring?
The service was caring.

Staff were kind, friendly and caring towards people they supported.

People were supported in a way that maintained and protected their privacy and dignity.

Information was available in a format that people could understand.

Good

Is the service responsive?
The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people's relatives and other representatives so that people's needs were appropriately met.

The provider had an effective complaints system.

Good

Is the service well-led?
The service was well-led.

The registered manager provided stable leadership and effective support to the staff.

People who used the service, their relatives and professionals involved in people's care were enabled to routinely share their experiences of the service.

The provider's quality monitoring processes were used effectively to drive improvements.

Good

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 April 2015 and it was unannounced. It was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

Due to people's complex needs, we were only able to speak with one person who used the service. This meant that we mainly relied on our observations of care being provided and our discussions with staff, professionals involved in people's care and some of the people's relatives to form our judgements. We also saw the feedback the provider received from a recent survey of the relatives of people who used the service and the professionals who visited the home regularly.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with a nurse, a care staff, an administrator and the registered manager, who is also the provider of the service.

We reviewed the care records and risk assessments for three people. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for two members of staff, and training for all the staff employed by the service. We saw a report of the most recent review by the local authority. We also reviewed information on how the quality of the service was monitored and managed.

Following the visit to the home, we spoke with the relatives of two people who used the service, two professionals who visited the service regularly and the commissioners of the service from the local authority.

Good

Is the service safe?

Our findings

We spoke with one person who told us that they were happy, adding, "I like it here."

Feedback from people's relatives as part of a recent survey conducted by the provider indicated that they had no concerns about their relatives' safety One person's relative said, "[Relative] is always kept safe." Two healthcare professionals who visited the on a regular basis to support people agreed that people were safe at the home. We observed that people looked relaxed and at ease with the staff and with each other.

The provider had up to date safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Staff told us that they had received training on how to safeguard people and we saw evidence of this in the records we looked at. Staff had good understanding of how to keep people safe and told us of the procedures they would follow if they suspected that people were at risk of harm. They also said that they had never witnessed anything of concern within the home. One member of staff said, "People are safe here. We know everyone really well and would notice if someone wasn't their usual self. I would speak with the manager or call the local authority safeguarding team if I was ever concerned about a person's safety." The provider appropriately reported incidents of concern to the local authority and to the Care Quality Commission and took action to reduce the risk of reoccurrence. Very few incidents had occurred in the 12 months prior to the inspection because the provider had effective processes in place to keep people safe.

There were personalised risk assessments for each person who used the service. Each assessment identified the risks people could be exposed to, the steps in place to minimise the risk and the actions staff needed to take should an incident occur. Assessments included those for risks associated with people being supported to move and risks of developing pressure area skin damage for people who were mainly cared for in bed. The risk assessments contained enough detail to enable staff to minimise the risks to people, whilst promoting their independence. Staff told us that these were reviewed regularly or when people's needs changed and we saw evidence of this. Each person also had a personal emergency evacuation plan (PEEP) in their records. These identified the support people required so that they were able to leave the home safely in the event of an emergency.

A record was kept of all accidents and incidents and where required, people's care plans and risk assessments were updated. There were processes in place to manage risks associated with the day to day operation of the service so that care was provided in safe premises. Other issues, such as fire risk and the safety of electrical appliances had also been assessed. The chair lift and other equipment, such as hoists and wheelchairs had been serviced regularly so that they could be used to support people to move safely within the home.

There were robust recruitment procedures in place. Relevant pre-employment checks had been completed so that the staff were suitable for the role to which they had been appointed. The checks included reviewing the applicants' employment history, obtaining references from previous employers and Disclosure and Barring Service (DBS) reports. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed. The service employed registered nurses and as such, checks also included obtaining evidence of their qualifications and registration with the Nursing and Midwifery Council (NMC).

There were enough, suitably trained and qualified staff to support people safely. The rota showed that three staff usually supported people during the day and the manager, who was a registered nurse, was always available to provide additional support. There was also additional staff who provided cover when regular staff were on leave. Staff we spoke with said that there were enough of them to support people safely. A member of staff said, "People almost get one to one support here."

People's medicines were managed safely and administered by nurses who had been trained to do so. The medicines administration record (MAR) had been completed correctly with no unexplained gaps. The medicines were stored securely and in accordance with good practice guidance. There was a system in place to return unused medicines to the pharmacy for safe disposal. Audits of medicines and MAR were completed regularly as part of the provider's quality monitoring processes and we did not see evidence of any issues about how people's medicines were managed being identified during these.

Good

Is the service effective?

Our findings

Feedback from a relative during a recent survey by the provider stated, “Staff at the home are always very good.” Another relative said, “The level of care is first class.” A relative we spoke with said this of the staff, “I’m happy with all of them. They give [relative] very good care.” We also saw comments from professionals including, “Staff are knowledgeable about how to care for people.” One member of staff said, “We do our very best to support people well.” Another member of staff said, “We provide very good care.”

The provider’s training programme included an induction for all new staff. They used a computerised training record which monitored any shortfalls in essential staff training or when updates were due. This enabled the staff to update their skills and knowledge in a timely manner. The staff said that the training they had received was sufficient to enable them to support people well. In addition to the essential training each staff received, some of the staff had also completed training in dementia awareness, learning disabilities, risk assessments and health action plans. They in turn, shared their learning with the rest of the staff. One member of staff said, “The training we get is really good. We can discuss with the manager if we feel that we need additional training. I would like to be trained to support people well at the end of their life and I will discuss this with my manager during my next supervision.” Some of the care staff had either completed a nationally recognised qualification in health and social care or were working towards completing the course. The nurses were also supported to further develop their skills and knowledge to maintain their registration with the Nursing and Midwifery Council (NMC). The manager also completed competency assessments for all nurses to assure themselves that they were able to manage people’s complex health needs safely and competently.

The staff told us that they supported each other really well, including through staff meetings where they could share learning with others. They also said that they worked well as a team so that they met people’s needs. There was evidence of regular supervision in the staff records. These meetings were used as an opportunity to evaluate the staff member’s performance and to identify any areas in which they needed additional support. One staff member said, “My supervision is well managed and I get this regularly.”

People were supported to give consent before any care or support was provided. The staff understood their roles and responsibilities in relation to ensuring that people consented to their care and support. One member of staff said, “Only one of our service users can tell us their wishes and how they want to be supported. We get to know what people’s facial expressions, gestures and shouts mean. We always want to ensure that we provide care the way people want it.” There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made in conjunction with people’s relatives or other representatives such as social workers, to provide care in the person’s best interest. Where necessary, Deprivation of Liberty Safeguards (DoLS) authorisations had been applied for and received so that people were appropriately protected in accordance with the requirements of the Mental Capacity Act 2005 (MCA). This included safeguarding people who were not able to leave the home unaccompanied by the staff so that the measures in place to protect them from harm did not place unnecessary restrictions on their freedom.

As much as possible, people were involved in the planning of the menus. The menu offered a choice of food each mealtime and the staff that cooked the meals had information about people’s preferences and specific dietary requirements. For example, they had worked closely with a speech and language therapist to develop suitable eating and drinking guidelines for a person who had swallowing difficulties in order to reduce the risk of choking. The menu was also presented in a pictorial format to enable people to choose what they wanted to eat by pointing at a picture of the food they liked. The staff made the choices for people who were not able to do so and we saw that people had a balanced diet that included vegetables and fruits. During lunch, we observed that the food appeared well cooked and was presented in an appetising way. Staff gave support to people who were unable to eat their meal without assistance. The three people who ate their lunch in the dining area appeared to enjoy their meals and finished all the food given to them. In addition to the main meals, people were also regularly offered snacks and hot or cold drinks. The service had been reassessed for the ‘Food First’ award on 10 February 2015 and this showed that they provided consistently nutritious food and fluids in sufficient volume to support people to maintain their well-being.

Good

Is the service effective?

Records showed that where people were deemed to be at risk of not eating or drinking enough, there was a system to monitor how much they ate and drank, and their weight was checked regularly to ensure that they maintained a healthy weight. Where necessary, appropriate referrals had been made to other health professionals including dieticians.

People were supported to access additional health and social care services, such as GPs, dentists, dieticians, opticians, and chiropodists so that they received the care necessary for them to maintain their wellbeing. Records indicated that the provider responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals. Where necessary, staff also supported people to attend appointments outside of the home.

Good

Is the service caring?

Our findings

One person told us that the staff were "nice." Comments from people's relatives about the staff attitude and the atmosphere within the home given as part of a recent survey conducted by the provider included, "Wonderful staff.", "It's like a home from home.", "The staff are always professional and caring.", "I am pleased to have [relative] in such a good home." Feedback from a health professional stated that the service 'goes an extra mile' for their service users.

We observed that the staff were kind and caring towards people who used the service. There was also a happy and friendly atmosphere throughout the home. Our observations were supported by a relative of one person who said, "I wouldn't want [relative] to be anyway else because they are happy there." They also said that their relative had started to make sounds and gestures that they had interpreted as them expressing how happy they were adding, "We have not seen [relative] that happy in a long time prior to moving to the home." One member of staff said, "As a small service, there is more like a family relationship between staff and the people who live here. We are all caring." People's relatives and friends could visit whenever they wanted and they told us that they felt welcomed each time they visited. A relative of one person said, "You always feel welcome when you go there." The provider provided transport to enable a person's relative to visit them every fortnight so that they could maintain a close relation with their loved ones.

We saw positive interactions between the staff and people they supported, and observed that people were always treated with respect. While supporting people, the staff gave them the time they required to communicate their wishes and it was clear that they understood people's needs well to enable them to provide the support people required. A relative of one person, "All the staff do their utmost to make people feel comfortable and happy."

As much as possible, people were actively involved in making decisions about the way in which their support was provided. Staff told us that people's bedrooms had been furnished and decorated in the way they liked to reflect their individual interests and taste. People were given choices, such as in how they spent their time during the day, what time they got up and what clothes they wanted to wear, and the staff respected their choices.

The staff supported people in a way that maintained their privacy and protected their dignity. We observed that if people were in their bedrooms, the staff knocked on the door before entering the room. Although the bedroom doors of some of the people being cared for in bed were mainly left open so that the staff could easily monitor their welfare, the staff were able to demonstrate how they maintained people's privacy and dignity when providing care to them. A member of staff told us that they would always close the door when supporting people with their personal care and would be discreet when asking people if they needed support while they were in the communal areas. The staff were also able to tell us how they maintained confidentiality by not discussing people's care outside of work or with agencies who were not directly involved in the persons care. We also saw that all confidential and personal information was held securely within the home.

Information was given to people in a format they could understand to enable them to make choices and decisions. Some of the documents given to people were in an easy read format, with short sentences and pictures to help people understand what they were being told. Most of the people's relatives or social workers acted as their advocates to ensure that they had the care they needed. The manager told us that it was important for them to work closely with people's representatives to assure themselves that they always listened to and acted on people's views and choices. Information was also available about an independent advocacy service that people could access if required.

Good

Is the service responsive?

Our findings

People had a wide range of support needs and these had been assessed, and appropriate care plans were in place so that they were supported effectively. People's preferences, wishes and choices had been taken into account in the planning of their care and support and the care plans we looked at confirmed this. A relative of one person said, "The care is very good, I don't think we could have found anything better." The care plans were reviewed regularly or when people's needs changed. The staff told us that as a small service, they regularly supported everyone and this enabled them to get to know each person well and provide consistent care. One member of staff said, "We know people's needs and how to look after them to meet those needs." We observed that staff responded quickly when people required support.

Each person had been allocated a 'keyworker'. This was a member of staff responsible for ensuring that people's care plans were up to date and contained relevant information. Where possible, they also regularly discussed the planned care with the person in order to check if this still met their needs. Staff said that this ensured that they always provided the care that people wanted. This was evident in the care records we looked at, where we saw that where necessary, the staff involved people's relatives so that they were able to gain as much information as possible about people's preferences to enable them to support people well. The relatives we spoke with were happy with the level of information they received from the service, which kept them informed of any significant events or changes to people's care needs. There was evidence of this in the care records.

People were supported to pursue their hobbies and interest. However due to most people's complex health needs, only two people were able to go out. One person attended a day centre regularly and another person enjoyed trips to the local shopping area and other places of interest. A decision had been made for another person to stop attending the day centre in December 2014 because it was deemed that they were no longer able to do so safely, and it was having a negative impact on their physical wellbeing. There were planned activities to support people to positively occupy their time within the home. A calendar style, activities planner was kept up to date by the staff who supported people to take part in activities they enjoyed. The three people who spent most of the time in the communal area during the inspection were supported to choose what they wanted to do. Although people were only able to concentrate on an activity for short periods, staff were very good at encouraging and motivating them. At one point, one person was happily singing along to some songs and they also enjoyed watching a comedy programme on television. We observed that people being cared for in their bedrooms were not isolated as the staff checked and spoke with them regularly.

The provider had a complaints system in place and information was available to people in an easy read format to tell them what to do if they wished to raise a complaint or if they had concerns about any aspect of their care. This information was also included in the 'service user guide', a booklet given to people when then they move into the home. They had been no recorded complaints in the last 12 months prior to the inspection. The relatives we spoke with told us that they had had no reason to complain, but were confident that the manager would deal with any complaints promptly and appropriately.

Good

Is the service well-led?

Our findings

The service has a registered manager who is also the provider. Staff told us that the registered manager provided stable leadership, guidance and the support they needed to provide good care to people using the service. She regularly worked alongside them to provide care and they found her to be really knowledgeable and professional. A member of staff told us that the service was very good because it was well managed. They also said, "The manager is concerned about each service user's welfare and expects the same of all of us." Another member of staff said, "This is a good home. We really care about the residents." The staff's comments were supported by a relative of one person who said, "[Manager] is very good and dedicated to the job."

The manager promoted an 'open culture', where staff, people or their relatives could speak to her at any time without a need to make an appointment. The staff told us that they were encouraged to make suggestions on any actions that they could collectively take to ensure that they provided good quality care that met people's needs and expectations. We saw that regular staff meetings were held for the staff to discuss issues relevant to their roles. The staff said that the discussions during these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people's needs safely and effectively. One member of staff said, "We have very good teamwork and we work together to resolve issues." They also said that they had been supported and developed to take on a leadership role in the absence of the manager. The member of staff also told us that the culture and values of the service were that they put people who used the service at the centre of what they did, adding, "Each person gets special attention here because we have the time and staff to provide one to one interaction."

There was evidence that the provider worked in partnership with people's relatives and health and social care professionals so that they had the necessary information about people to enable them to provide the care that people required. They also encouraged them to provide feedback about the service by sending annual surveys. The results of the survey completed in February 2015 showed that people and their relatives were happy with the quality of the service provided and the attitude of the staff. This was supported by very positive comments too from professionals. A person's relative commented, "The staff and care home perform to a very high standard." Another person's relative said, "I am pleased to have [relative] in such a good home."

A number of quality audits had been completed on a regular basis to assess the quality of the service provided. These included checking people's care records, staff files, health and safety, medicines management processes, cleanliness and infection control measures. Where issues had been identified from these audits, the manager took prompt action to rectify these. Robust records were kept in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored. There was evidence of learning from incidents and that appropriate actions had been taken to reduce the risk of reoccurrence. For example, competency assessments had been completed for all nurses when a shortfall had been identified in the support of a person with an indwelling catheter.