

K S Mann

Oakwood Lodge

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakwood Lodge is a care home registered to accommodate and support up to eight people with mental health needs. At the time of the inspection, seven people were living at the home.

People's experience of using this service

Care plans contained suitable and sufficient risk assessments to effectively manage risks and help keep people safe. Pre-employment checks had been carried out to ensure staff were suitable to support people. Staff were aware on how to safeguard people from abuse. There were appropriate numbers of staff to support people when required. Medicines were being managed safely.

Staff had completed essential training to perform their roles effectively and staff felt supported in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them. People were encouraged to be independent and to carry out tasks without support.

Care plans were person centred and included people's support needs. Care plans had been reviewed regularly to ensure they were accurate. People participated in regular activities to support them to develop and maintain relationships to avoid social isolation.

Systems were in place for quality assurance and quality monitoring to ensure people received high quality care.

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

Rating at last inspection

At our last inspection on 23 May 2017, the home was rated good (published 23 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oakwood Lodge

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 one inspector.

Service and service type

Oakwood Lodge is a care home providing care and support for people with mental health needs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager, who was the area manager and not the manager of the home. The home had a manager, who told us they had submitted their application to register as a manager with the CQC. 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.

Notice of inspection

The inspection was unannounced and took place on 18 December 2019

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. 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 reviewed the information we already held about the service. This included details of its registration, and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with three people who lived at the home, the home manager, the provider and two staff members. We reviewed documents and records that related to people's care and the management of the service. We reviewed three care plans, which included risk assessments and four staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found, such as reviewing policies. We also contacted professionals that were involved with people's support and care.

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

Assessing risk, safety monitoring and management

At the last inspection, we made a recommendation as we found Personal Emergency Evacuation Plans [PEEPs] had not been completed for all the people that lived at the home. We made another recommendation as we found people's financial records were not stored appropriately. During this inspection, we found improvements had been made.

- Records showed that PEEPs had been completed for people, which included information on their level of mobility and how to evacuate people safely. Premises and fire safety checks had been carried out to ensure the premises were safe to live in.
- The home stored people's money securely and logs were kept of people's finances with a total balance. We tallied the total balance against the financial transactions and found this was accurate.
- Risk assessments were carried out and were specific to people's individual needs.
- There were risk assessments to ensure people were safe when being supported such as with diabetes, self-neglect, finance and fire safety.
- Risk assessments had been completed in relation to people's health conditions such as mental health. Assessments included triggers and warning signs if people's health deteriorated with control measures to guide staff.
- Staff told us that they understood risks to people and found the risk assessments helpful.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse and incidents. Staff we spoke to understood their responsibilities to protect people's safety and had been trained in safeguarding people from abuse.
- People told us they were safe. One person told us, "I am safe here."

Learning lessons when things go wrong

- There were systems in place to learn from lessons following incidents.
- Incidents had been recorded and action taken to minimise the risk of re-occurrence and learn from lessons. The home manager gave us examples of how they have learnt from lessons to help ensure people received safe care at all times.

Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Records showed that medicines were administered as prescribed. One person told us, "They do give me my medicines."

- We saw staff gave a person their medicines in a safe way, engaging positively with the person and ensuring the person took their medicines.
- Staff had been trained in medicines management and told us they were confident with managing medicines. A staff member told us, "We got good medicine training. If I made a mistake, I would report to the manager or call 111 to take information on what to do next."

Staffing and recruitment

- There were appropriate numbers of staff on duty to support people safely. A staff member told us, "We have enough staff here to support people." A person commented, "There is enough staff."
- We saw staff were available when people wanted them and they responded to people's requests quickly.
- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area.
- We observed the environment was clean and tidy and staff wore uniforms.

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 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.

Staff support: induction, training, skills and experience

- Staff had completed training considered mandatory by the provider and refresher courses to perform their roles effectively. A staff member told us, "I got good training, it was about my role here and the residents. It was very helpful." One person told us, "They do know how to help me."
- Regular supervisions and appraisals had been carried out. These focused on development, performance, objectives and enabled staff to discuss any issues they may have.
- Staff told us they felt supported. A staff member told us, "[Home manager] is very supportive."

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

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Monthly reviews had been carried out with people regularly to ensure people received support in accordance with their current circumstances.
- This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included the level of support people would require with meals or drinks if required and their likes and dislikes. Healthy meals were encouraged and people's weight was monitored monthly.
- People were included in menu planning and staff asked them what they would like for meals. We observed a weekly menu was in place. A staff member told us, "We give them menu every Thursday and if they want to change anything, we will add to the menu. We give opportunity to have something else if they do not like the food."
- We observed that people were able to eat together and told us they liked the food. One person told us, "Food is lovely. We get a choices, it is on the menu."

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. A staff member told us, "People do get to go to appointments like doctors. We ask every morning if they are well, if not, we will make GP appointment."
- Records showed that people had been supported to access a number health of services such as physiatrist, GP and chiropodist to ensure they were in the best of health. People also had access to dental services and we observed that people had access to dental care products to ensure they were in the best of oral health. A person told us, "They help me socially and medically. They phone doctors if I am unwell. I have

seen the dentist as well."

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.

- Assessments had been completed to determine if people had the mental capacity to make specific decisions on areas such as personal care and finances. People had capacity to make decisions.
- Staff had received training on the MCA and were aware of the principles of the act.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "I will ask for consent."
- Records showed that people's consent had been sought prior to receiving care from the service.

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

- People had their own rooms. We observed people's rooms were decorated with their preferences. This meant that people's preferences were taken into account and their needs being met.
- There was a communal and dining area for people to spend time with each other and staff.

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 good. At this inspection, the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were caring. One person told us, "Staff is friendly. They treat me good." We observed that staff had a positive relationship with people and spoke to them in a caring way.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.
- People's religious beliefs, interests and preferences were included in care plans. Records showed that some people visited their place of worship regularly if they wanted to.

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

- People were involved in decisions about their care.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care.
- Care plans had been signed by people to confirm they agreed with the contents of the care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us that people always had privacy. We observed that people went to their rooms for some private time without being disturbed. A staff member told us, "I respect privacy by making sure doors and windows are shut so they are safe and no one can come in when I support them." One person told us, "Oh yes, they always respect my privacy and dignity."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently. The provider told us since moving to the home, people's independence had grown and they were able to support themselves with most tasks. Some people the home used to support had moved onto independent accommodation. One person told us, "I am fairly independent here."

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 good. At this inspection, the rating has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans detailed people's support needs. Care plans included information on how to support people. A staff member told us, "Care plans are helpful."
- There was an oral health care plan, that included information on how to support people with dental care and encourage people to maintain their oral health. A person told us, "They give me good mouth treatment."
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts.

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 with regular activities. Care plans included people's interests and what they enjoyed doing. Records showed that people went to day centres and cinemas as a group or individually to avoid social isolation. Activities were also held inside the home to develop and maintain relationships. A staff member told us, "They do different games like cards and board games. We take them to cinema and park. People also go out by themselves."

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 ability to communicate was recorded in their care plans, to help ensure their communication needs were met.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. No complaints had been received since the last inspection.
- People told us they were aware of how to make complaints and that they would report to the manager.
- Staff were able to tell us how to manage complaints.

End of Life

- The home did not support people with end of life care. However, discussions had been held with people on funeral arrangements and how they would like to be supported during end of life. The home manager

told us this was in place as the home was preparing in advance should the home be required to support people with end of life care. Staff had been trained in end of life care. This meant that the home could respond to changing care needs to ensure people's needs were continuously met.

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 good. At this inspection this key question has remained the same. This meant that 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

- Audits had been carried out on the running of the home to ensure people received personalised high-quality care. These included records audits to ensure these were up to date.
- Audits had been carried out on medicines management to ensure medicines were being managed safely. These were carried out by the management team and an external audit was done by a pharmacist.
- The home manager was aware of their duties in regard to notifications and notified the CQC of incidents such as safeguarding and serious injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an effective system to gather people's and staff feedback on the service.
- Resident meetings were held with people to gather their feedback about quality of the service. Records showed people discussed about menus, concerns and activities. This was then reviewed and where required action taken to ensure feedbacks were listened to. For example, the last resident meeting people discussed the arrangements for their Christmas party and this was taken into account as we observed preparations being made for the party on the day of the inspection in accordance to people's feedback.
- Staff meetings were held to share information and discuss quality performance. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People told us the home was well-led and liked living at the home. One person told us, "I like living here." Another person commented, "I get on well with [home manager and provider]."
- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "[Home manager] is a very good manager."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain people's, professionals and staff's thoughts about the home. Where possible feedback was acted on, to create a cycle of continuous improvement. Comments from people included, "Very happy and content" and "Well done to the staff." Comments from professionals

included, "The residents are well cared for."

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health. Records confirmed that people had access to a number of health services.