

Oakley Lodge Care Home Ltd

Oakley Lodge Nursing Home

Inspection report

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Luton
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Date of inspection visit:
04 December 2019
16 December 2019

Date of publication:
30 December 2019

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:

Oakley Lodge Nursing Home is a care home that provides support and nursing care for up to seven people with physical and learning disabilities. At the time of the inspection, seven people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and relatives told us people's needs had been met by skilled and attentive staff. They said people lived in a caring and supportive environment. Staff were kind and caring, and motivated to provide care in a way that ensured people could live happy and fulfilled lives. One relative said, "On the whole, I'm very happy with the care. It's a lovely service really."

People were protected from harm by staff who were trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been managed well. There were enough staff to support people safely. People were supported to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed processes to prevent the spread of infections.

Detailed care plans ensured staff had information to help them to meet people's assessed needs. People had been supported to have enough to eat and drink. People had access to healthcare services when required, and this helped them to maintain their health and well-being.

Staff were respectful in how they interacted with people and supported them. They understood people's individual communication methods and they ensured they gave people information in ways they could understand. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider had systems to assess and monitor the quality of the service. The registered manager and staff were motivated to provide the best service they could for people and their relatives. There had been good transition arrangements to the new provider to ensure continuity of care.

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

Rating at last inspection:

The last rating for this service was good (published 9 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.

Oakley Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information sent to us by the registered manager or shared with us by the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Some people had complex needs which meant they were not able to tell us about their experience of the service. We observed how staff interacted with and supported people in communal areas of the service. This helped us understand the experience of people who could not talk with us.

We spoke with two people, one care staff, one nurse, and the registered manager.

We reviewed a range of records. This included care records for two people and their medicines records. We looked at two staff files to review the provider's recruitment, training and staff supervision processes. We also looked at a variety of records relating to the management of the service, including policies and procedures, and audits.

After the inspection

We spoke with two relatives by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe at Oakley Lodge Nursing Home. One relative said, "I have no concerns at all."
- Staff knew how to keep people safe because they had been trained, and they also had guidance on how to report concerns. One staff member said, "Everyone is safe here."
- The registered manager was required to report potential safeguarding incidents to the local authority and the Care Quality Commission. They did so quickly to ensure processes were put in place to safeguard people.

Assessing risk, safety monitoring and management

- People had risk assessments in areas such as, mobility, nutrition, medicines, skin care, and specific health conditions. These guided staff on how to support people safely to maintain their health and wellbeing.
- Staff told us they knew about people's support needs from care plans and risk assessments. They said these records contained detailed information that helped them to support people well.
- The premises were regularly checked to identify and remove any hazards that could put people at risk of harm. Any required repairs were completed quickly, and this protected people from harm.

Staffing and recruitment

- People told us there were always supported by enough staff.
- Staff said they were happy with the staffing numbers which meant they could support people safely and quickly. One staff member said, "We always have enough staff. We sometimes cover with agency staff who have worked here before if we are short of staff."
- The provider carried out thorough staff recruitment checks to ensure staff were suitable to work at the service.

Using medicines safely

- People were supported safely to take their medicines. Records showed that staff gave people their medicines as prescribed by their doctors. One person said, "We take tablets and staff give them to us."
- Staff involved in handling medicines had been trained, and their competence to give people their medicines safely was checked.

Preventing and controlling infection

- The service was clean and offered a pleasant environment for people to live in. Staff told us they had enough equipment and guidance to ensure the service was appropriately cleaned.

- Staff had been trained on how to reduce the risk of the spread of infection. They told us had been provided with enough personal protective equipment (PPE), such as disposable gloves and aprons to use when required.

Learning lessons when things go wrong

- Not many incidents happened at the service, but there was a system to manage these. Staff kept records of incidents so that the registered manager reviewed them. This was so that they could understand what went wrong and where required, put systems in place to reduce the risk of recurrence.
- Staff told us information about incidents was shared with them regularly when they worked alongside the registered manager and during staff meetings. This ensured staff learnt from incidents so that they could improve their practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People told us they were supported well by staff. One person said, "I get good care."
- Relatives said they were happy with the care provided to their family members. They said people's needs were met by staff. One relative said, "I find [staff] very good actually."
- People's care plans ensured staff knew how to support them effectively. Where required, these gave detailed guidance on how to provide specific support. For example, a person's care plan detailed how they should be supported with a specific health need and this level of care had been agreed with external health professionals.
- The service provided a good environment for people to live in, with individual bedrooms and shared communal spaces. A stair lift meant that people could easily access the first floor where some of the bedrooms were located. One person told us they enjoyed going into the garden, and we saw this was also accessible for people who used wheelchairs.

Staff support: induction, training, skills and experience

- People and relatives said staff were skilled at supporting people with their individual needs.
- Staff were happy with the quality of their training. They said this helped them to gain skills and knowledge necessary for them to do their jobs well. One staff member said, "We are always learning every day from nurses and other professionals who come in to see [people]. Learning never really stops in care."
- Staff said they regularly worked alongside the registered manager and they always had discussions about people's care. They said they found formal supervision beneficial in talking about their performance and training they wanted to do to further develop their skills.
- The nurse told us they were supported to gain further skills and to evidence that they met the requirements of their registration with the Nursing and Midwifery Council. They told us they were currently completing palliative care training provided by a local hospice service.

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

- People told us they had enough to eat and drink, and they enjoyed the food. Relatives told us the food provided to people was good. One person said, "The food is good." They also told us they could not think of anything they wanted to eat that had not been provided.
- Where people needed specific diets, this had been provided. One relative told us staff had adapted well to providing different food to their family member because of changes to their health.
- Staff referred people to appropriate health professionals if they were concerned about them not eating or drinking enough. This ensured a more coordinated approach to promoting people's health and wellbeing.

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

- Staff supported people to access health services such as GPs, community nurses, dentists, and specialist doctors. Where required, they accompanied people to health appointments and helped people to talk with the professionals about their needs.
- Records showed people were regularly checked by health professionals to monitor their health and wellbeing.
- People's care plans included the support they needed to maintain good oral health. The registered manager told us staff helped people to look after their teeth by cleaning them regularly. People were also seen by dentists to check their teeth and advise them on good oral hygiene standards.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We found these were met.

- Where required, people had valid DoLS authorisations that supported staff to provide their care in the least restrictive way.
- Mental capacity assessments showed that most people had variable mental capacity. This meant they were not always able to make decisions about some aspects of their care and support. Staff made decisions about what was best for people in consultation with people's relatives or professionals involved in their care. This ensured the care and support provided by staff was in people's best interest.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support. They used different communication methods for people who did not speak.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One person said, "The staff are nice." One relative said they visited the service a few times a week and they had always observed staff treat people in a respectful way.
- We observed staff were friendly, and they spoke well with people. Some people had a particularly good relationship with the registered manager as they had known them for longer than some staff. One person told us they liked all staff and we observed them talking to different staff and other people throughout the inspection.
- Some people had developed friendships with people who lived in an adjoining care home also owned by the provider. People were supported to spend time between the two services if they wished to.
- Staff told us they always treated people with respect and they respected their individual characters. They knew that one person could easily get annoyed when they thought other people were not doing things properly. They regularly reminded the person that people might choose to do things differently or they were unwell. This seemed to settle the person.

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

- Some people used other methods to communicate their needs and choices because they could not speak. Staff understood how people communicated. They said they worked with people and their relatives to ensure they always considered people's choices. One person said they chose what they wanted to wear and do, and staff respected this.
- Relatives told us they were happy to be involved in supporting their family members to make decisions about their care. Staff told us they always valued relatives' involvement in people's care.
- Some people were also supported by social workers. There was information about an independent advocacy service that could also help people to make decisions and express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful in the way they supported them and that they promoted their privacy and dignity.
- Staff told us it was always important to provide personal care in private. We observed that staff went with people to their bedroom doors if they needed to provide personal care.
- Staff helped people to maintain their skills and remain as independent as possible. They told us they assessed what people could do for themselves and they ensured they continued to do this where they could. One person said they could shower themselves with support, but they needed staff to wash their hair.

They were happy with the level of support they received from staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People said staff supported them in a way that met their individual needs. They said care was provided in a way they wanted, and staff understood what they needed support with.
- Relatives said the care was planned to meet their family member's needs. One relative said, "I'm quite happy with what they do for [person]. It's a really good service." Relatives told us staff always told them if they had concerns about people's health or wellbeing, and they asked for their comments about their family member's care. One relative said, "They speak to me about [person]'s care, they don't keep anything from me."
- Some people were not able to tell staff when they needed support, but staff were good at knowing when people needed help. We observed staff providing timely support to people.

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

- Staff supported people to maintain close relationships with their relatives. Relatives told us they could visit whenever they wanted, and they said staff were always welcoming. One relative said they visited most days, and their family member visited them weekly.
- People took part in activities they enjoyed within the service. Some people went out regularly, but others could not do so because of their complex needs.
- One person told us about the things they liked doing. They had art books they liked colouring, and they went out shopping to buy new clothes. They had also recently been to the cinema to watch a film they said they enjoyed. We overheard them arranging their next trip out with the registered manager and they agreed on a bowling trip. The person also told us they were looking forward to having a fish and chips takeaway meal on Friday. The person seemed to enjoy a varied and active life.
- One relative told us their family member had not done much since they had a health condition that further limited their mobility. They hoped that they would eventually be able to start swimming again as they enjoyed this. They will discuss this with the registered manager.

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.

- Some people could not speak and were not able to read or write. They needed to be given information in

different ways to help them understand this. Some information had been given to people in easy read and pictorial formats, but they needed support to understand this too.

- Staff used people's different communication methods to interact with them. Staff said they spoke clearly and used fewer words to ensure people understood them.
- Relatives dealt with forms and records they needed to complete or sign on behalf of their family member.

Improving care quality in response to complaints or concerns

- There had not been any recorded complaints since our previous inspection, but there was a system to manage people's concerns and complaints. There was an easy read complaints procedure to help people understand how to raise concerns.
- People said they were happy with their care and they had nothing to complain about. Relatives said they would speak with staff or the registered manager if they had concerns. They said the registered manager was responsive, and they normally dealt quickly with any issues.
- Staff said they talked about any issues raised by people or relatives to help them to improve their practice.

End of life care and support

- Where required, the service supported people at the end of their lives.
- Some people had been able to express their wishes, but other people's relatives had done so on their behalf.
- The nurse told us they had found the end of life care training they had recently started quite helpful in helping them to think about how to provide the best care for people. They said they would use their learning to further improve people's experiences and the quality of the care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had been taken over by a new provider since June 2019. However, there were arrangements for a transition period while the previous provider, who was also a registered manager remained at the service to oversee the safe transfer of people's care. We did not meet the new providers during this inspection, but everyone told us they had good plans to continue providing good and supportive care to people. One relative said, "They are going through change at the moment because the service has been taken over by a new [provider]. I have met them, and they seem like nice people."
- Staff said the transition arrangements had given them assurance that they would be no changes that affected their work and how they supported people. One staff member told us, "The changes in management have been okay and there had been no issues at all. There has been a handover from [previous provider] to the new manager."
- The registered manager and staff were clear about what they needed to do to provide good care to people. Staff said they were well supported in their roles and they had good guidance from the registered manager.

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

- The provider promoted a person-centred and caring culture. Staff spoke positively about people they supported, and they said they enjoyed their work. One staff member said, "As a small home, we get to spend a lot of time with everyone. We can easily meet people's needs."
- Staff were respectful in how they supported people and we saw that they knew people's needs well. Care plans provided clear information about people's needs and staff said this helped them to support people well.
- People and relatives said the service was good at helping people to achieve good outcomes and meet their individual goals. Staff were working with a person who was new to the service to find out how they would like to spend their time and enjoy their hobbies and interests.
- There were effective systems to ensure all areas of the service were assessed and action taken to reduce risks and improve people's experiences. They used their audits to identify shortfalls and deal with them quickly. This ensured they could continually improve the service.
- The service was also monitored by the local authority as part of their commissioning contract. They had been rated 'good' when they were last inspected.

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

- Most people were not able to take part in meetings, but staff spoke with them individually to check if they were happy with their care and support. One person attended meetings with staff. However, the registered manager told us the person who had recently moved to the service would also be able to participate in these. This helped people to express their opinion about how the service was run and what worked well for them.
- Relatives completed surveys to provide feedback about the service. The results of the one completed this year showed that they were happy with the quality of the service. The comments included: "I'm very happy with [person]'s care"; "It's a very homely environment"; "The staff are excellent"; "The care [person] receives is the best he has ever had".
- Staff said team meetings provided an opportunity for them to discuss various issues relevant to their roles. They found supported good information sharing and learning.

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

- The registered manager knew the standards of care required by the local authority and the regulations. They told us they ensured staff were supported to provide care in line with these expectations.
- The registered manager knew about their responsibility to be open and honest when things went wrong so that they could put appropriate systems to improve. They reported relevant issues to CQC and the local authority.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care so that people consistently received the support they required.
- The registered manager told us they also worked closely with the local authority and they found local care forums they attended provided good opportunities to learn from others and share their own good practice information to help others to improve.