

Salutem LD BidCo IV Limited

Oakleigh 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

Oakleigh Lodge provides accommodation and personal care for up to three people living with a learning disability, physical disability and complex healthcare needs. At the time of our inspection there were two people living at the service. The service can support up to three people.

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 were protected and kept safe from harm. Risks were assessed, monitored and managed. Staff were recruited in a safe way. Medicines were managed and administered safely. Infection control guidelines were followed by all staff. Systems were in place to monitor, analyse and take action when things go wrong.

People's needs were assessed and delivered appropriately. Staff were supported to develop and improve their knowledge. People received enough to eat and drink and their dietary needs were accommodated. People accessed healthcare professionals when needed and in a timely manner. The environment of the home was appropriate for the people who lived there. Principles of the Mental Capacity Act were adhered to. 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 were always treated with dignity and respect. People were supported to express their views in a way meaningful to them. Information was shared in a format people could understand. People's human rights were adhered to and care records were stored correctly.

Care was planned and personalised for people individual needs. A variety of activities were in place to stimulate and reduce isolation. Complaints were dealt with in line with the providers policies and procedures. Processes were in place for people and families to discuss end of life wishes.

Staff and the registered manager were approachable and proactive. The provider was following regulatory requirements. People, families and staff were involved and empowered to share their views on how the home was run. Best practice forums and meetings were attended by the registered manager to update their knowledge and understanding to ensure people received good outcomes.

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

Rating at last inspection

This service was registered with us on 30 April 2018 and this is the first inspection.

The last rating for this service was Good (published 6 April 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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.

Oakleigh 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

There was one inspector.

Service and service type

Oakleigh Lodge is a 'care home'. 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 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We observed two people's care to help us understand the experience of people who could not talk with us. We spoke with two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, senior support worker, and a support worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection.

We continued to seek clarification from the provider to validate evidence found after the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm. We saw people were kept safe. Relatives told us their family members were safe. One relative said, "Staff matched [Name] to staff and other people before they came and lived at the home."
- Staff had received training on how to safeguard people and were aware of the processes and procedures they should follow to ensure people were protected. This included sharing with the local authority.
- Systems were in place to monitor safeguarding's to ensure people were kept safe. Where required the registered provider completed an investigation and shared all safeguarding information with CQC.

Assessing risk, safety monitoring and management

- People risks had been assessed. Risk assessments in place identified known risks for people and how they should be monitored and managed.
- Where people were at risk of epilepsy seizures or other health conditions a support plan was in place to identify indicators and triggers. For example, where required rescue medicines or risk of choking guidelines; including pictures detailed information for posture and positioning to reduce risk.
- There were up to date health and safety policies and environmental audits in place to keep people safe. Staff had relevant safety training and could describe how they would respond in an emergency. People had personal emergency evacuation plans in place that were personalised to their needs.

Staffing and recruitment

- Sufficient staff were employed to care for the number of people who used the service. Recruitment was ongoing.
- There were processes in place to enable staff to be recruited safely. Checks had been made with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Any issues or concerns were discussed at interviews to ensure staff were safe to work with people.
- Relatives told us staff were consistent. One relative said, "There is a consistent staff team even when agency staff are used." This meant any shortfalls with staffing levels the agency staff provided by a recruitment agency was still constant staff who were familiar with the people living at the home.

Using medicines safely

- Medicines were administered safely and as prescribed by people's GP. People received support with their medicines and they were kept secure and in line with the providers medicine policy and procedures.

- People's medicines were clearly recorded in their medication administration record (MAR), which helped to reduce risks for people receiving the wrong medicine.
- Staff training and competency for medicine administration were up to date. Regular weekly and monthly audit of medicines and medication administration record (MAR) was completed by the registered manager and if any issues occurred they were picked up and actioned.

Preventing and controlling infection

- People were protected from the risk of cross infection. We observed staff followed infection control guidelines by wearing personal protective equipment (PPE), such as, aprons and gloves when providing personal care
- The provider had policies and procedures in place to support good practice. Staff we spoke with understood their role in protecting people by preventing the spread of infection. They were aware of colour coded equipment and how this is relevant to infection control measures.

Learning lessons when things go wrong

- System in place to monitor issues and concerns. Lessons learnt were recorded for reflective learning to ensure action was taken to reduce risk. The registered manager gave us an example of a medication incident that lead to the outcome of monitor and checking the medication administration record (MAR) more frequent.
- We discussed one safeguarding with the registered manager. Appropriate action had been taken and lessons learned to ensure staff were more vigilant for the future.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and delivered as reflected in their care plan. Relatives gave positive feedback and felt their family members needs and choices were met.
- Staff told us people's needs were assessed regularly. We saw from records we looked at that people, family and other professionals were present when reviews took place.
- Staff had a good knowledge of people's needs cultures and backgrounds and respected peoples wishes. There was a religious service held outside the home and people were supported to access these services.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people living in the home. Relatives felt staff were experienced in caring for their relation. One relative said, "I am very happy with the care provided."
- Staff received an induction to the service and the registered manager carried out regular supervision to ensure staff were supported with their development and performance. One staff said, "We have lots of training."

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

- People were supported to have a balanced diet with their dietary needs assessed and monitored.
- Dietary needs were recorded in people's care plans and daily logs to make sure their nutritional needs were met.
- People worked closely with dietitians and other professionals so people with complex needs, such as, choking risk was managed.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare in a timely manner. The registered manager told us they had a good relationship with healthcare professionals.
- Each person had a health passport to ensure information held by the provider was current and correct.

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

- The environment was appropriate for people's needs, very calm and relaxing. Adaption of bedrooms and living area to ensure people have space to express themselves. Bedrooms were personalised with individual décor, equipment, bedding and personal items all chosen by the person.

- Staff told us family can visit any time and family we spoke with confirmed this. One relative told us they always telephoned first to ensure their family member was at home.

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

- People had access to healthcare professionals who visited the home such as GP's, district nurses and chiropodists.
- The Registered manager followed recommendations in the NICE guidance in regard to oral healthcare to ensure people had healthy mouth routines.
- Relatives confirmed they were always contacted when their family member attended appointments with healthcare professionals. One relative said, "Staff know [name] very well." Records we viewed showed us people's healthcare needs were being met.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff had MCA knowledge and were working to the principles of MCA and DoLS. Staff were aware of any DoLS in place and what they were for. Where relevant best interest decisions were made in the least restrictive way.
- People were given options and choices. Staff provided examples of choices for meals and which film a person wanted to watch. We observed this during the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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 were always treated with respect, kindness and compassion by staff. Each person was supported for comfort, posture and their range of movement to ensure their diverse needs were met and they had freedom to move around the home. One relative complimented staff on their support and caring attitude towards people and their family. They felt their relation was provided with support and the service met their family member's needs.
- We observed staff were kind and respectful and their interactions with people showed us they knew people well.
- Staff who cared for people on a regular basis showed an understanding of their needs, preferences and routines. Staff also identified how people could be discriminated against. They were aware when caring for people with complex needs it is how you speak to a person, for example, the tone of your voice and the words you use meant people would be calm and relaxed. We saw cultural preferences identified in care plans and reinforced in minutes of meetings. This meant peoples individual needs were respected.

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

- People were supported to express their views in a format that they could understand. Each person had use of an iPad, which they used to communicate or store information. Staff told us they used visual eye contact and body language to understand what the person wanted and how they expressed their wishes. For example, people were vocal when happy.
- Staff told us they had a good relationship with people and their extended relatives. One relative told us it was like they [staff and name] were all a family.
- Staff told us they had used an advocate to help people make informed decisions. An advocate is someone who supports people who are unable to speak up for themselves. We spoke with the independent advocacy service and they gave positive feedback of when they had worked with the home.
- Picture format surveys were used for people to indicate their preferred way when asked specific questions.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was upheld, and this was confirmed by relatives. Relatives always felt staff treated people with dignity and respect. There was a dignity champion responsible for ensuring staff were compassionate and people's human rights were upheld and adhered to.

- We observed people were encouraged to be independent they were supported when making their own choices.
- Care records were securely stored, and computers were password protected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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's care was planned and personalised to them. The registered manager told us they matched people to staff and ensured people were involved and introduced before staff were employed or a new person came to live at the home. Relatives confirmed this.
- There was a good variety of activities on offer for people. We observed one to one activities occurring during our visit. We reviewed two person's support plan, and this told us what activities they liked to participate in. Activities were used to stimulate people and ensured they received positive outcomes. We saw pictures of a family party, group activity, people attending a music festival and outing to other homes and local community. One person had an interest in playing the piano and we saw pictures of them playing. They looked like they were happy and enjoying the experience. One relative told us activities had improved since 2017 and now their family member goes out of the building most days. They said the registered manager was proactive and gave people more opportunity get out and about. People were supported to develop and maintain relationships to avoid social isolation; they were supported to follow interests and to take part in activities that were socially and culturally relevant to them.

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 received information in formats they could understand. For example, pictures, electronically and verbally. People had picture documents 'about me' that identified a person liked their own space and going out lots of different places.
- Staff read any correspondence to people in a way they could understand.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to ensure complaints and concerns were dealt with in line with the providers policy and procedures.
- There had been no complaints in the last 12 months. Relatives were confident any complaints or concerns would be dealt with in a timely manner.
- The complaints procedure was available in different formats relevant to people needs.

End of life care and support

- Discussions on end of life care had taken place where the person and family wished their wishes to be known, where this was not to be discussed at this time this was recorded in the persons support plan.
- There was nobody receiving end of life care when we inspected.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives told us that staff and the registered manager were approachable. We received positive feedback from relatives and other professionals who work with the home on a regular basis.
- The provider carried out their quality monitoring inspections to ensure services were following regulations.
- Audits and monitoring systems were in place to ensure the service provided effective care in a timely manner. There was a 24- hour on call service to make sure people and staff were fully supported.
- There were regular team meetings and staff felt comfortable to discuss concerns, they told us meetings and handovers kept them up to date about issues and changes to people's needs.

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 provider is required by law to notify CQC of reportable incidents. This enables the CQC to monitor the service and ensure they are following regulatory requirements. The provider was following their regulatory requirements.
- Relatives told us that the registered manager was good at keeping them up to date with any changes in the care their family member needed.

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

- People were comfortable with the registered manager and staff. There was a relaxed atmosphere within the home and you could tell people were happy when the manager and staff were round them. Feedback from relatives was complimentary, for example, one report told us how thoughtful staff were towards people. Other comments said, '[staff name] was doing amazing things with [relation]'. Another report complimented the registered manager during a review of a person's care and how they put people first.
- Staff told us there has been positive changes in the service since the registered manager had taken over.
- Records relating to care and treatment were kept up to date. Risk assessments contain detailed or up to date information to mitigate risks.

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

- People and their relatives were involved in discussions regarding their day to day care. We observed staff interaction with people and family members during our visit.
- Picture surveys were used to gather information on how the service was run and what was important for the person. For example, when asked specific questions 'Do you have enough food and drink there was a positive reaction from the person.
- The provider sends out staff surveys to empower staff to have their say on how the service is run.

Continuous learning and improving care

- The registered manager told us they attended management forums to share best practice and legislation. They attended meetings with the provider, updated their knowledge and sought relevant guidance to ensure people received good outcomes.
- Staff told us they received regular support in their roles through training, supervision appraisals and meetings.
- The registered manager shared plans to improve the layout of the home. This included new bedrooms and developing the garden area to be more user friendly. This meant people who used a wheelchairs would be able to access the garden area more easier.

Working in partnership with others

- We saw evidence that people were supported to access healthcare such as, GP and the nutrition team
- The service worked with local health professionals, the local authority and other organisations to benefit people who lived there and ensure they got the right support.