

Harbour Healthcare Ltd

Oak Lodge

Inspection report

Lordsleaze Lane
Chard
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Tel: 0146067258

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Ratings

Overall rating for this service	Good ●
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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

Oak Lodge is a residential care home providing accommodation and nursing care. The home is registered to care for up to 47 people. The home specialises in the care of older people. At the time of our inspection there were 41 people using the service.

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

People were happy with the care and support they received and felt it was a comfortable place to live.

People felt safe at the home and with the staff who supported them. People praised the staff for their kindness and patience.

Staff were safely recruited and there were adequate numbers of staff to maintain people's safety. Staff had the skills and experience to meet people's needs.

Registered nurses monitored people's health and well-being and staff worked with other professionals to make sure people received the care and treatment they needed.

Care and support was personalised to people's individual needs and they were able to make choices about their day to day lives.

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 treated with respect and dignity. Staff interacted with people in a very kind and caring manner.

People lived in a home which was well managed. There were effective systems in place to monitor the quality of care provided and to plan improvements.

The provider involved people and/or their representatives in decisions about their care and sought suggestions for any changes at the home.

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

Rating at last inspection

Harbour Healthcare Ltd registered this service with us on 1 July 2021 and this is the first inspection. The last rating for the service, under the previous provider, was Good, published on 15 March 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Oak 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Oak Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oak Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. There was an acting manager who had applied to the Care Quality Commission to be registered.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we had received from and about the care home.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 11 April 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who lived at the home and three visitors. We also spoke with six members of the nursing and care staff team. We spent time observing care in communal areas and meals being served in communal areas and people's personal rooms.

The acting manager was available throughout the inspection and we were also able to meet with the provider's regional manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a variety of records relating to people's individual care and the running of the home. These included three staff files, five people's care plans, minutes of meetings, health and safety records and a sample of the electronic medicine's administration records.

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 since the service was registered to Harbour Healthcare Ltd. 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

- Risks of abuse to people were minimised because staff had undertaken training in abuse and knew how to recognise and report concerns. Staff spoken with said they were confident that any issues reported would be dealt with appropriately to make sure people were kept safe.
- Minutes of staff meetings showed that safeguarding was discussed with staff and they were asked to report anything that concerned them.
- People said they felt safe at the home. One person told us, "I am well looked after and certainly feel safe." Visitors told us they felt their loved ones were being kept safe.

Assessing risk, safety monitoring and management

- Risks to people were assessed and well managed. Care plans contained up to date risk assessments that were being followed by staff to minimise risks.
- People, who were able, were involved in risk assessments which placed them in charge of their own risks. For example, one person had decided not to follow an assessment regarding the consistency of fluids. This decision was respected by staff.
- People lived in a home where the safety of the environment and equipment were monitored. Equipment such as fire detecting and lifting equipment was regularly checked and serviced by outside contractors.
- There were monthly health and safety meetings where any issues could be discussed and addressed. This helped to promote a safe environment and practice.

Staffing and recruitment

- People were cared for by staff who had been safely recruited. Staff files we looked at showed that the provider had carried out all appropriate checks before new staff began work. Staff told us they had not been able to commence work until all checks had been received by the provider.
- There were adequate numbers of staff to safely support people. We observed that people received the support they needed when they required it.
- Some people were being cared for in their rooms or in bed. People had call bells to enable them to call for support when they needed it. We did not hear call bells ringing for extended periods of time which showed staff attended to people promptly.

Using medicines safely

- People received their medicines safely from trained staff who had their competency assessed.
- People told us they got their medicines at the right time. One person said, "They are pretty good with the tablets."
- There were suitable storage facilities for medicines. Medicines with additional controls due to their potential for misuse were stored in accordance with current regulations. We made some random checks of records against stock and found them to be correct.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff in accordance with current Government guidelines.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to see personal and professional visitors without restrictions.

Learning lessons when things go wrong

- The provider monitored all accidents and incidents which occurred at the home. This enabled them to identify patterns and make any changes that may be necessary to improve practice and people's safety.
- The provider shared learning from other services to minimise the risks of mistakes and accidents being repeated. Minutes of meetings showed how learning from another care home had been discussed and changes had been made at Oak Lodge to make sure lessons learnt were put into 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.

This is the first inspection since the service was registered to Harbour Healthcare Ltd. 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 had their needs assessed before they moved to Oak Lodge. This helped to make sure the home was able to meet their needs and expectations.
- From initial assessments care plans were created to give guidelines for how needs and wishes would be met. Care plans we looked at were comprehensive and gave clear details of the support people needed.
- Care plans we read were personalised and reflective of the people we met. For example, we noted that one person preferred to be cared for in bed with their belongings close by and the television on. We saw this was how they were spending their time.
- People's assessments and care plans were kept up to date because the home operated a 'resident of the day' system. This meant that people's care plans were reviewed with them and/or their families each month to make sure their care continued to meet their needs. It was also an opportunity for people to share their views about their care and the home.

Staff support: induction, training, skills and experience

- People were cared for by staff who felt well supported by the management at the home, their colleagues and the provider.
- Staff had access to training according to their role. Registered nurses said they had access to learning to maintain their clinical skills and develop knowledge.
- People could be confident that registered nurses had the right skills and qualifications to support them. There was a system in place to regularly check the registration details of nurses working at the home.
- During the pandemic most training had been on-line, but the home was starting to have face to face training again. On the first morning of the inspection some staff took part in a moving and handling practical session. One member of staff told us, "This mornings training was brilliant. Looking forward to lots more practical training."
- People had confidence in the staff who supported them. One person said, "Staff here are very good at what they do and very helpful." Another person told us, "Nurses have a good eye. They know when something isn't right. They are very skilled nurses."

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

- Most people were happy with the food provided. One person said, "The food is good." Another person said

they had a specific diet and were always offered choices. However, one person said they did not like the food on the menu. They said, "The dinners are not good, but they always do me something else." During the inspection we saw they had a meal of their choosing at lunch time.

- People had their nutritional needs assessed at the home and by outside professionals such as speech and language therapists. We saw people who required their meal to be served at a specific consistency received the correct meal.
- People were able to choose to eat in communal areas or their own rooms. People eating in communal areas received the support they required to eat a good meal.
- People were offered choices of meals and menus had been discussed at a resident and relative meeting. There were picture menus on tables, but we noted these were not reflective of meals served. This was addressed by the acting manager.
- We observed that some people eating in their rooms did not receive support to eat well. For example, one person's care plan said they needed supervision and support to eat. It said staff needed to make sure they were sat upright to reduce the risks of them choking. On the first day of the inspection this person was slumped in their chair and their table was not in a good position to make eating comfortable. We raised this with staff who took immediate action to improve this.

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

- Registered nurses monitored people's healthcare needs and made referrals to other professionals when necessary.
- People had access to healthcare professionals according to their individual needs. One person told us they were in contact with hospice staff and others said they were able to see doctors, chiropodists and opticians.
- Staff met weekly with a multi-disciplinary team of professionals. This enabled people's needs to be discussed with a variety of professionals to make sure people received the treatment and care which was right for them.

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

- People lived in a building which was clean and safe.
- Some areas of the home required refurbishment to ensure they provided a comfortable environment for people. Some refurbishment of bathrooms had begun, and further improvements were scheduled.
- People had access to equipment which met their needs. Staff said they had the equipment they needed to support the people who lived at the home. One member of staff commented, "If there is anything specific we need, you just have to ask and we get it."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had ensured that applications to deprive people of their liberty had been made if they required this level of protection to keep them safe.
- Where applications had been authorised and conditions were in place these were being met.
- People's legal rights were protected because the staff worked in accordance with the MCA. Assessments of capacity were undertaken. Where people lacked capacity to make a decision, the staff involved people who knew them well to enable them to make decisions in their best interests.
- Staff supported people to make decisions in ways that were appropriate to their needs. For example, if people did not have verbal communication other ways of communicating their consent were found.
- People who had capacity to make decisions were supported in their choices. This may at times be against advice, but staff respected people's right to make decisions.

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 since the service was registered to Harbour Healthcare Ltd. 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

- The senior staff team at the home led by example to ensure people were treated with kindness and respect. Several people commented that the managers and clinical lead at the home always had time to listen to them and were extremely kind. One visitor said they thought the kind and caring nature of staff, "Came from the top."
- The acting manager took prompt action to address any concerns about staff attitude. On the first day of the inspection two people told us they thought staff who worked at night were not as polite and friendly as those who worked during the day. We reported this to the acting manager. They carried out a night visit with the deputy manager to make sure people were receiving appropriate care and support from night staff. The night visit did not highlight any concerns.
- People's lifestyle choices were respected, and staff enabled people to follow their own routines where possible.
- People's care plans contained information about their wishes and preferences. This gave staff the information they needed to ensure they cared for people in accordance with their cultural needs and wishes.
- Throughout the inspection we saw kind and affectionate interactions between people and staff. Staff were observed supporting people in a way that respected and valued them. One person commented how good the care home staff had been when they were in hospital. They said, "They [staff] were lovely. I felt they really cared about me."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People who had capacity were fully involved in making decisions about their care and support. For example, we saw that one person had made choices which went against advice. Their capacity to make the decision had been assessed and they were found to have capacity. Staff therefore respected their wishes.
- People were involved in planning and reviewing their care and support. Care plan reviews showed that people had been consulted.
- Visitors felt that there was good communication about their loved ones, and they were involved in decisions when appropriate.
- Discussions with staff demonstrated they promoted people's independence where possible. This included ensuring people had equipment close by to help them to do things for themselves. One person said, "They

help me when I need it but let me get on with things when I can."

- People had been able to personalise their bedrooms to their own tastes and needs. This gave rooms a homely individual feel.

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 since the service was registered to Harbour Healthcare Ltd. 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 received care which was personalised to them because staff knew them well and how they liked to be supported. Care plans gave good information about people's personal preferences and routines.
- People and/or their representatives were involved in reviewing their care needs. This helped to make sure care plans were reflective of their up to date wishes and needs.
- People told us they were able to follow their own routines and decide what they did each day. One person said, "We can do what we like really." Another person told us, "I like to be in my room, but they always ask me if I want to do anything different."
- People's right to refuse support was respected. One care plan we read showed the person often refused personal care and preferred to care for themselves. The care plan stated that staff should continue to offer support. Records showed that this instruction was followed but staff respected the person's right to refuse.

End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care. The staff had received thank you cards from relatives whose loved ones had been cared for at the end of their lives. Cards gave thanks for the kindness and compassion shown to people.
- There were always trained nurses on duty who ensured people had the appropriate care and medicines to help them to be comfortable and pain free at the end of their lives.
- People were able to express their wishes for any specific care they would like at the end of their lives. We saw people's wishes had been recorded in their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and recorded in their care plans. This helped staff to communicate effectively with people.
- Communication was adapted to meet people's individual needs. For example, one person used an

electronic tablet to communicate and we saw that picture menus were available for people to make food choices.

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 helped people to keep in touch with friends and family. Throughout the COVID-19 pandemic the staff had supported people to stay connected. The home also had a Facebook page which enabled relatives and friends to keep up to date with activities and news at the home. At the time of the inspection there were no restrictions on visitors.
- Visitors were made welcome at the home. Visitors we met said whenever they visited staff were always "Friendly and welcoming."
- People could take part in a weekly activity programme. On the first day of the inspection we saw that a number of people watched an outside entertainer.
- Although there was a weekly activity programme there appeared to be limited social stimulation for people who preferred to stay in their rooms. We discussed this with the acting manager and deputy who gave assurances they were looking at ways this could be improved.
- The provider told us they were planning to purchase a minibus which would enable people to go out more.

Improving care quality in response to complaints or concerns

- People told us they would be comfortable to raise any worries or concerns with a member of the management team. One person told us, "If there was anything wrong, I would tell [acting manager and clinical lead names.] They would sort it out." A visitor said, "Totally confident to say something and it would be looked into."
- The provider had a formal complaints procedure. Where complaints had been made full investigations had been carried out. The acting manager said they welcomed complaints and learnt from them. For example, one complaint had highlighted the need for clearer communication with families and better documentation.

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 since the service was registered to Harbour Healthcare Ltd. 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

- The acting manager was committed to providing a person-centred approach to care. They had begun to have meetings with people and their relatives to make sure they were included in decisions about the home.
- People were very happy with the care and support they received. One person said, "It's not home but if you need to be somewhere, this is definitely the best you could get." Another person commented, "It's a very comfortable place to live."
- Staff were happy in their roles which helped to provide a comfortable and relaxed atmosphere for people to live in. One person told us, "The staff are a cheerful lot." Another person said, "I like that we can all have a laugh together."
- People's chosen lifestyles were respected by staff. This meant people could follow their own routines and make decisions about their care and support.

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 provider and acting manager were open and approachable. One member of staff said about the acting manager, "He is a good manager. He will address things and is very transparent." Another member of staff told us, "Since Harbour took over things are really good. They listen and any issues raised are dealt with."
- People could be confident that any issues raised, or complaints made, would be thoroughly investigated. Where investigations had identified shortfalls in the service the provider has been open and honest about improvements needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a care home where there was a staffing structure which provided clear lines of responsibility. There was always a registered nurse on duty which enabled people's health and well-being to be constantly monitored.
- In addition to the acting manager there was also a deputy and a clinical lead. This meant that management cover was always available to people and staff. One member of staff said, "[Deputy manager's

name] is amazing. You can always ask for advice." One person told us, "[Acting manager's name] comes around most days. You can ask about anything."

- The provider had effective systems to monitor the quality of the service provided and plan ongoing improvements. There were a series of audits to be carried out and these created an action plan which was overseen by the provider's regional manager. This helped to ensure that shortfalls identified always led to improvements.
- Staff and visitors felt that improvements had been made since the provider took over the running of the home. One member of staff said, "One great change has been the resident of the day. It's so focused on people and means no one is ever left out." A visitor told us, "I was impressed before, but Harbour have made a big difference."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were consulted on and involved in changes at the home. There was a refurbishment programme for communal areas. People had been consulted on colour schemes and had been able to make choices about how communal areas would be decorated.
- Meetings had been set up for staff, people and relatives to enable them to receive information and share suggestions. Minutes of meetings showed a variety of issues were discussed at these meetings.
- Staff worked in partnership with other professionals to make sure people received care and treatment to meet their needs. There was a weekly multi-disciplinary meeting at the home to discuss issues and seek advice and support.
- People were helped to maintain contact with their local community. This included links with local school children and charitable organisations. The provider was planning to make suitable transport available to enable people greater access to facilities outside the home.