

Aplin Care Homes Limited

Oxley Lodge

Inspection report

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Oxley
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 26 November 2015 and was unannounced. Oxley Lodge provides accommodation and personal care for up to 58 people. There were 51 people who were living at Oxley Lodge on the day of our visit.

At the time of our inspection the registered manager for the service had left the service in September 2015. The deputy manager was acting up into the manager's role and had support with administration from the activities co-ordinator. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a safe environment as staff knew how to protect people from the risk harm. Staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

Summary of findings

People told us there were enough staff to help them when they needed them. Staff said there were enough staff to provide safe care and support to people. The provider used their own staff to cover any staff shortages, to support people with continuity of care. People's medicines were checked and managed in a safe way.

People received care and support that met their needs and preferences. Care and support was provided to people with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. We found that people had access to healthcare professionals, such as their doctor or the district nurse.

People were involved in planning their care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

People's support to continue their hobbies and interests had declined while the activities co-ordinator was assisting the deputy manager with administration duties. People told us that they had felt bored and relatives told us that they had noticed a decline in activities for people within the home. People told us they knew how to make a complaint and felt comfortable to do this should they feel they needed to. Where the provider had received a complaint, these had been responded to.

People felt listened to by the deputy manager. People, relatives and staff told us that the deputy manager was visible within the home. They told us that they dealt with any concerns promptly and to their satisfaction. While the provider had recruited a new manager, the deputy manager felt they needed more support to be able to maintain the standards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this.

Good



Is the service caring?

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Good



Is the service responsive?

The service was not consistently responsive.

People did not always receive support with their hobbies and interests. People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Requires improvement



Is the service well-led?

The service was not consistently well-led.

The registered manager had left the service. People were not always the focus of the service as the leadership of the home was inconsistent.

Requires improvement



Oxley Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 26 November 2015 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is

required to send us by law. The provider had submitted a Provider Information Return (PIR) which provides information about what improvements the provider has done and is planning to do. We also spoke with the local authority about information they held about the provider.

We spoke with nine people who used the service and six relatives. We also spoke with seven care staff, the activities co-ordinator, the domestic and the deputy manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at three people's care records and medication records and the staff daily handover log. We also looked at staff rotas, environment and maintenance checks, complaints and compliments, incident and accident audit, three staff recruitment records and the surveys sent to people and relatives.

Is the service safe?

Our findings

All people we spoke with told us they felt safe living at Oxley Lodge. One person said, “I feel safe and happy here”. Another person said, “I am well looked after, staff come straight away”. A further person said, “I always feel safe, no worries here”. We spoke with three relatives about how they felt their family member was kept safe. All the relatives felt their family member was safe in the home. One relative told us “I feel that (the person) is safe, very settled and relaxed”.

Staff supported people to feel safe, for example when a person required hoisting from a chair to a wheel-chair staff reassured the person through-out. When the person was in their chair they were made comfortable. Staff asked the person if they were okay the person replied that they were.

Two staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. We found that safeguarding information was on display at the home. We found that the deputy manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People’s individual risks had been assessed in a way that protected them and promoted their independence. For example, one person was at risk of pressure damage to their skin. The person’s family member told us that the person slept on a special mattress to reduce the risk of skin damage, they went onto say that staff checked the person’s skin daily and the person did not have any pressure damage. Staff we spoke with were able to tell us of the person’s risk to their skin and how they prevented the person’s skin from becoming damaged. We observed staff regularly support people to change their position to help relieve pressure points.

All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us that, “Staff always come if I ring my bell, day and night, I don’t have to wait”. Another person told us that “There are

always staff around if I need them”. Three relatives we spoke with told us that there were enough staff to meet their family member’s care needs. One relative said, “I’ve not seen [person’s name] have to wait for any support”. Staff did not hurry people and allowed people to do things at their own pace. There were staff within the communal areas and they responded promptly to people’s requests for assistance. We found that call bells were answered in a timely way.

The deputy manager told us that they had a steady staff team and most absences were covered by their own staff. They explained that they preferred to get cover from within their own staff team as they knew the needs of the people, and people knew the staff. All staff we spoke with told us they felt there were enough staff on duty to support people. Staff told us that the team worked together to cover any shortfalls in staff and went onto tell us that the deputy manager were visible within the home. Three staff members told us that the deputy manager helped the staff if they were busy or short staffed due to unplanned staff absence.

We saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

All people we spoke with did not have any concerns about how their medication was managed. One person said, “I have my medicines the same time every day”. Another person we spoke with said, “They always wait and watch me take my medicine”. We spoke with a staff member that administered medication. They had a good understanding about the medication they gave people and the possible side effects. We saw that when staff administered medication to people they did so in a safe way. We found that people’s medication was stored and managed in a way that kept people safe.

Is the service effective?

Our findings

People we spoke with felt staff who cared for them knew how to look after them well and in the right way. One person said, “They look after me well”. Another person said, “I’m very happy with the care I receive”. Relatives we spoke with told us that staff were, “very good at what they do”. Other relatives that we spoke with all agreed that the care staff provided met the needs of their family member and that it was done so in the right way.

Staff told us they had received training that was appropriate to the people they cared for, such as safeguarding and infection control. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, a staff member told us how the safeguarding training had helped them understand what external agencies were available for support should they feel people were not safe in the home.

We spoke with a staff member who had recently begun working for the service. They explained to us how they were supported in their role and how their knowledge was developed. They told us that they shadowed an experienced staff member. They told us that the deputy manager and staff were supportive and that they would only work alone when they felt ready. They told us that they did not provide care tasks until they had received the training and had been assessed to be competent to undertake that role. We spoke with the deputy manager who showed us how they ensured the staff member was utilised within the team, so that they were not put in the position of undertaking tasks that they had not been trained to do, such as moving and handling people with reduced mobility.

Staff told us that they worked together and had good communication on all levels. They said they would spend time talking with people to get to know them. They also told us they had regular training was provided and encouraged for further development.

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 we spoke with told us that staff sought their agreement before carrying out any personal care and staff their wishes. One person told us, “Staff do not do anything that I don’t want them to do”. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. One staff member said if a person refused they would ask them later.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The deputy manager had an understanding of the MCA process and completed monthly reviews for people where it had been identified that they lacked capacity or that this fluctuated. They had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity. We found that the deputy manager had sought advice from the local authority when they had considered a person may be deprived of their liberty.

All the people who we spoke with told us they enjoyed the food at the home. One person said, “You have a choice of different options at meal times and snacks in between if you want”. Another person told us, “If I want anything, I just ask and they will make it for me.” A relative said, “Meals are good, [person’s name] constantly says they can’t eat anymore”. Another relative told us how they had found the person had been given food that “they love” and that their choices around food were respected.

People were able to join others for their meal in the dining room if they wished or away from the main dining area, in their bedroom or lounge. We saw that staff supported those who required assistance in a discreet way and did

Is the service effective?

not rush them. We saw people chatting with each other and staff. People were given time to enjoy their food and staff ensured people had enough to eat, with more food offered to people if they wanted it.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us and we found those who required support with drinking were assisted by staff to do this. Staff said everyone had their fluid intake monitored. This was so that checks could be made to ensure people were drinking enough fluids to keep them healthy. One staff member said, "If the person is taken ill, then we can show their doctor that they have been drinking enough to help rule out dehydration".

Staff told us they monitored people's weight monthly and what action they took when they found a person's weight had changed. People's weights was monitored monthly, we found that where it had been noted that a person had lost weight a referral to the person's GP for a dietician referral had been made in a timely way. Staff who worked in the

kitchen were kept up-to date with people's dietary needs. Staff said if they had concerns about a person's food intake they would raise this with the deputy manager. For example, staff had noticed a decline in a person's ability to swallow their food. We saw that a referral had been made to the speech and language therapist to assess the person's ability, to ensure they were on the right diet for them.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested them. One person we spoke with said, "I see the doctor when I need to." Another person said, "I always get medical help if I need to". A relative told us that staff always informed them if their family member had become unwell and needed the doctor or hospital treatment. Staff recognised when a person became unwell and contacted the relevant health care professional where necessary. Staff were aware of people's healthcare appointments and ensured that people made these appointments where they had been arranged. People had regular appointments with the optician and dentist.

Is the service caring?

Our findings

All the people we spoke with told us staff were kind and caring towards them. One person said, “The staff are wonderful”. Another person told us, “I’m happy here, the staff are lovely”. A further person said, “I am satisfied, I would not want to change anything. All relatives we spoke with told us that the staff were caring. One relative said, “(The deputy manager) is lovely and so are the staff, very supportive”.

Throughout the inspection we saw that staff were kind and caring towards the people they cared for. We saw people smile at staff when they entered the room, staff interacted with people in a natural way, which encouraged further conversations. We saw that when one person called out, staff were attentive and responded quickly to them. They stayed with the person until they were reassured.

People told us that staff supported them to make their own decisions about their care and support. People said they felt involved and listened to and that their wishes were respected. One person told us, “If you need anything at all the staff will do anything to make sure you get it”. People said staff worked with them to ensure they received the support when they required it. One person told us, “One of the things I’ve wanted is a table and they are doing everything they can to help me get one.” All relatives we spoke with felt involved. One relative said, “I have been involved in talking about what care (the person) needs”. Another relative said, “Staff bend over backwards to

support (the person)”. Another relative we spoke with told us that the person was well looked after and supported the person well. They said, “I have peace of mind that (the person) is here. I know staff look after them and supports (the person’s) choice”.

People were supported and encouraged to maintain relationships with their friends and family. People told us that visitors were welcome at any time. Relatives we spoke with told us they could visit as often as they liked and were able to take the person out for the day and staff ensured they were supported to get ready to go out in plenty of time.

We saw how staff provided support to a person who had fallen. The staff members involved maintained the person’s dignity. They spoke calmly to the person, reassuring and supporting the person throughout.

People had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people’s bedroom or bathrooms doors and waited for a reply before they entered. People told us they chose their clothes and got to dress in their preferred style. We saw that staff ensured people clothes were clean and changed if needed. One relative we spoke with said, “(The person) is always clean and well presented, hair and nails done”. Where staff were required to discuss people’s needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

We found that people were not always the focus of their individual support and care needs as people's hobbies and interests had not consistently been met. This was due to a recent change in the activity coordinator's duties. The deputy manager had told us that they had required assistance with updating people's care records, particularly those people who had moved from another home. They told us that the provider had asked the activities co-ordinator to assist them with administrative tasks which meant that they were unable to spend the time with people. Most people we spoke with told us there had been a recent decline in activities. One person said, "There is not much to do". Another person said, "I get a bit bored, but if I really wanted to go out staff would take me". Relatives told us that they used to have more activities held in the home and these used to be enjoyed. One relative told us that there, "Does not appear to be much going on for people, I don't seem to see the activities co-ordinator anymore and if we do then only in the office". Another relative told us that they had noticed a decrease in activities. We spoke with the activities co-ordinator about this. They told us that there had been a decline in activities held due to supporting the deputy manager with administration duties. They told us that some smaller activities had happened for people, such as crafts or pampering sessions, however outings and larger activities would commence again when the new manager began working at the home.

People were involved in the development and review of their care. People's care was reviewed on a monthly basis or when their needs changed. People told us they felt staff understood their needs and provided appropriate support in response to them. One person told us, "Staff will do things for me when I ask them to". Another person said, "They do listen to me and take me for a shower when I want one". Another person told us, "I get up when I want and I go to bed when I want".

Relatives told us that they felt involved with their family members care and could speak with the deputy manager should they need to. All relatives we spoke with felt involved. One relative said, "I have been involved in talking about what care (the person) needs". Another relative told us how their family member's mental health had improved

as further help had been sourced from the hospital to support them. The relative went on to say that they had seen an improvement in the person's mental health over the last few months.

We spoke with staff about some people's care needs. All staff we spoke with knew about the person's health care needs and what support the person required. Staff had handover of information before they began their shift, to ensure they had the most relevant and up-to date information about the person's care and support needs. Staff told us that they would speak with the person to ensure they were providing care to them the way in which they preferred. They said people's most recent information was in their care records and this was easy to follow. Relatives we spoke with told us staff always respected people's decisions about their care.

People, relatives and staff felt confident that something would be done about their concerns if they raised a complaint. People who we spoke with knew who the deputy manager was and told us they felt confident to raise a concern with them should they need to. A relative said the deputy manager was, "very approachable and always says come and speak if there is a problem". They told us that when they raised a concern once the deputy manager sorted the concern immediately.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had provided information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome.

We looked at the provider's complaints over the last 11 months and saw that six complaints had been received. We found that these had been responded to with satisfactory outcomes for the people who had raised the complaint. There were no patterns or trends to the complaints raised however we did see systems were in place that showed lessons had been learnt. For example, further quality checks of people's bedrooms, to ensure that maintenance tasks were reported in a timely way.

Is the service well-led?

Our findings

We found there was a lack of consistency with the management of the home. At the time of our inspection the registered manager had left. We were told that this happened in September 2015. We were not notified that the registered manager had left the service or of the management arrangements that had been put into place. We found that the provider had not ensured that staff who worked in a management role, during this period, had full knowledge of reporting incidents to the CQC. For example, when a person had suffered a serious injury, this had not been reported to us, until we had identified this at the inspection.

We spoke with people, relatives and staff about the current management situation. Out of the six people we asked about the leadership of the home. All of the people were aware that the registered manager had left. People told us that they felt the deputy manager was managing the service well. One person said, “The deputy manager and the provider work really well together. The deputy manager does a good job for us”. Relatives we spoke with felt that the deputy manager was managing the service well through the circumstances of the registered manager leaving. One relative told us that whilst the deputy manager was, “doing their best” the lack of management had meant that the service was, “Just plodding along”.

The deputy manager completed checks of the environment and where shortfalls had been identified actions were taken. However, during our inspection we found that one of the lounges had an unpleasant odour and areas of the carpet were sticky. We raised this with the deputy manager who told us that the carpet would be cleaned as a matter of priority. However, this was shortfall had not been picked up through management checks.

The provider had checks in place to continually assess and monitor the performance of the service. They looked at areas such as care records, this identified areas where action was needed to ensure shortfalls were being met. For example, it was recognised that an area for improvement was around updating care records and involving people and their relatives to do this. This was particularly for those people who had moved into the home from another home.

The provider had arranged for the activities co-ordinator to offer the deputy manager their support with administration. However, as a result of this people’s social activities had decreased due to activities co-ordinator spending more time in the office.

The deputy manager told us that whilst they felt they had been supported by the provider, they needed more support to be able to maintain the standards and to continually deliver a high standard of care to people. It was recognised that a new manager was commencing their role in December 2015. They had already contacted the deputy manager to organise staff meetings for when they arrived. The deputy manager told us that once the new manager was in place aspects of people’s care would resume, such as their activities as the activities co-ordinator would be able to continue in their role.

All the six people we spoke with about management told us they found the deputy manager was approachable and responsive to their requests where it was required. One person we spoke with said, “I see the deputy manager around every day, I would tell them if I had any problems, but I don’t have any”. All the relatives we spoke with felt that the deputy manager was approachable. They told us that if they needed them then they were always available to speak to. Relatives told us that any problems or questions they had the deputy manager rectified them promptly.

Staff told us they felt supported by the deputy manager, the provider and their colleagues. All staff members we spoke with told us they enjoyed their role. Staff had confidence in the deputy manager to continue to manage the home and recognised the hard work that they had done. One staff member said, “There has been lots of changes, with new people moving into the home, new staff and the registered manager leaving, however the deputy manager is working with us and we are all working together”.

The provider had submitted surveys to people, relatives and healthcare professionals in July 2015. The deputy manager showed us that they had not received any responses from the healthcare professionals, however had received replies from people and relatives. We found that where comments had been received, action had been taken. For example, one person had expressed an interest in attending an event and they were supported to do this.