

Care In Style Limited

Ossis 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

Ossis Lodge 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, and both were looked at during this inspection.

Ossis Lodge is a large bungalow situated in a residential area in Southend on Sea and close to all amenities and facilities. The service accommodates up to six adults who have a learning disability and who may also have an autistic spectrum disorder and a physical disability. At the time of our inspection five people were living at the service.

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

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet people's needs. People received their medication as prescribed and in a safe way. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the providers arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements when things go wrong.

Staff received appropriate training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision. People's nutritional and hydration needs were met, and they received appropriate healthcare support as and when needed from a variety of professional healthcare services. The service worked together with other organisations to ensure people received coordinated care and support. 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 care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. The rapport between staff and people using the service was positive.

Support plans were in place to reflect how people would like to receive their care and support and covered all aspects of a person's individual circumstances. People's social care needs were met. Complaints were investigated and managed.

Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

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

This service was registered with us in June 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 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.

Ossis 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.

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 completed by one inspector.

Service and service type

Ossis Lodge 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, and both were looked at during this inspection.

At the time of our inspection the service did not have 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. Following the inspection the manager received confirmation they were now formally registered with us.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they were registered on. We took this into account when we inspected the service and made the judgements in this report. The provider was asked to complete a provider information return. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. However, the end date for completion and submission was after the inspection took place.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with two members of staff, the manager and the service's operations 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 reviewed a range of records. This included two people's care records and five peoples medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including the service's quality assurance arrangements.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training data and spoke with the manager.

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

- We discussed safety with people using the service and their relatives. They told us they had no concerns and that the service was a safe place to live. One relative told us, "[Relative] is absolutely and definitely safe, we have no concerns."
- Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies.
- There was a low incidence of safeguarding concerns and these were managed promptly.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were identified and recorded. These related to people's moving and handling needs and more specific risks. For example, the risks involved in enabling people to access the community safely, undertaking particular social activities and risks posed relating to specific healthcare conditions.
- Information provided identified people who could become anxious and distressed; and potential factors which could cause them to behave in a way that may challenge others. Risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve their quality of life without restricting the person's freedom and liberty. Staff spoken with had a good understanding and knowledge of risk management strategies in place, to ensure theirs and others safety and wellbeing.
- Arrangements to assess current and emerging risks presented by the pandemic had been identified for staff. However, these were generic and not individualised.
- The service's fire risk assessment could not be located and only three out of five Personal Emergency Evacuation Plans [PEEP] were readily available. We discussed the latter with the manager and immediate steps were taken to rectify this. The manager contacted the Care Quality Commission on 12 May 2021, confirming the service's fire risk assessment was completed by an external assessor.

Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff to meet people's needs. Each person who used the service required one-to-one or two-to-one support from staff to keep them safe.
- Staff told us staffing levels were appropriate to meet people's needs and there were always enough staff available.
- Appropriate arrangements were in place to ensure that the right staff were employed at the service.
- On review of three staff member's personnel files, relevant checks were carried out before a new member of staff started working at the service. This included obtaining written references, ensuring the applicant

provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS]. Prospective employees' equality and human rights characteristics were recorded and considered when recruiting staff.

Using medicines safely

- People's medicines preferences were documented so staff knew how to give medicines in a way that suited the individual.
- We looked at the Medication Administration Records [MAR] for all people living at the service. These showed apart from one incident, each person had received their medicines at the times they needed them, and records were kept in good order. The incident was discussed with the manager and immediate action was taken to seek medical advice to prevent further occurrence in the future. No harm had occurred to the person using the service.
- Suitable arrangements were in place to ensure staff who administered medication were trained and competent to undertake this task safely and to an acceptable standard.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service and using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises and making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Two relatives confirmed they were tested for COVID-19 in line with government guidance, before being able to see their family member.

Learning lessons when things go wrong

- The provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents.
- Appropriate arrangements were in place to review and investigate events and incidents and to learn from these.
- The service had a 'lessons learned' folder and this was shared with staff. The manager confirmed following our feedback of our inspection findings, where advice, suggestions and improvements were highlighted, discussions were held with staff for action and learning.

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

- An initial assessment was completed by external agencies, for example, the Local Authority or NHS Continuing Healthcare in conjunction with the provider's assessment and this was used to inform the person's care plan.
- Transition arrangements were available to enable prospective people to visit Ossis Lodge in preparation for their move, to meet with staff and other people using the service. The manager told us this had taken place for one person prior to the commencement of the pandemic in 2020 and essential to the person's wellbeing and placement success.

Staff support: induction, training, skills and experience

- Staff were supported to complete both mandatory and specialist training relating to the needs of people being currently supported. The latter referred to Diabetes, Epilepsy and Percutaneous Endoscopic Gastrostomy [PEG] training. This was to ensure they had the right knowledge, skills and competence to carry out their role. A PEG provides a means of feeding when normal oral intake is not adequate.
- Staff received an induction comprising of training in key areas and an 'in house' introduction to the service and organisation. Staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence.
- Staff told us they felt valued and supported and received formal supervision at regular intervals. One member of staff told us, "I receive regular supervision and feel very supported by the manager."

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

- People told us they were happy with the meals provided and the support provided by staff for their nutritional needs to be met.
- People received enough food and drink of their choice throughout the day.
- The nutritional needs of people were identified and where people who used the service were at nutritional risk, referrals to a healthcare professional, such as Speech and Language Therapists, had been made and guidance followed by staff.

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

- Staff worked well with other organisations to ensure they delivered good joined-up care and support. The manager had received two letters in February and March 2021, complementing the service for the management of one person's healthcare needs, resulting in positive outcomes.

- Care records demonstrated people's healthcare needs were recorded, including evidence of staff interventions and the outcomes of healthcare appointments. Each person had a hospital passport. If people are admitted to hospital this document is used to provide hospital staff with important information about the person.
- Staff sought advice and support at the earliest opportunity and made timely referrals where appropriate to healthcare professionals and services.
- Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. One relative told us, "I am always kept informed of GP and hospital appointments."

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

- People using the service lived in a safe, well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated in a colour of their choice and with their personal possessions around them.
- People had access to comfortable communal facilities, comprising of a large lounge and separate dining area.
- Adaptations and equipment were in place in order to meet peoples assessed needs. One person had a specialised seating system and overhead hoist installed in one bathroom to enable them to have a positive bathing experience and for their safety to be maintained.

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 and were being met.

- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS and how this impacted on people using the service.
- People's capacity to make decisions were assessed and these were individual to the person. People were supported as much as possible to make their own decisions. Staff asked for people's consent before providing care and support.

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

- People received care that was kind and caring. There was a good rapport and relationship between people using the service and staff who supported them. People were at ease in staffs' company and there was good humoured banter throughout the day of inspection.
- Relatives confirmed they were very happy with the care and support provided for their family member. One relative told us, "The care provided is absolutely fabulous. Staff know the needs of [name of person using the service], they always look lovely and clean." The second relative told us, "I see [relative] each week and they are well looked after."
- Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink, supporting people to mobilise within the home environment or just talking to people.
- Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. This included where people required specific assistive technology and Makaton to help them to effectively communicate. Makaton is a language programme designed to provide a means of communication to individuals who cannot verbally communicate. 'Makaton word of the week' is undertaken to enable staff with no previous knowledge to learn Makaton.
- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided.

Respecting and promoting people's privacy, dignity and independence

- People's care and support was provided in a way which maintained their privacy and dignity. People received support with their personal care in private and staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance and to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and preferences.
- People were supported to be independent. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths.
- People were supported to maintain and develop relationships with those close to them.

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 received good personalised care and support that was responsive to their needs.
- Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, the person's strengths, what was important to them and their personal preferences.
- Staff had a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes and preferences.

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.

- Care plans identified people's communication needs and staff knew how to support each person. This approach helped to ensure people's communication needs were known and met.
- Some people were observed to benefit from specific assistive technology, such as laptops and electronic tablets to aid their communication with staff.

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

- Suitable arrangements were in place to support people to maintain relationships with their family's. One relative confirmed arrangements were made for their family member to visit them at home.
- Due to the pandemic, people were no longer able to access their usual formal day care provision. The service had adapted their 'in house' social activity programme to ensure people's social care needs could be met.
- Each person using the service had their own social activities portfolio. One person had created their own story book with support from staff.
- People were able to spend their time as they wished and wanted. Suitable arrangements were in place to ensure people had the opportunity to take part in leisure and social activities of their choice and interest.
- One person was observed to enjoy singing and karaoke with staff. Photographic evidence showed the same person was given opportunities to bake. The person was also supported by staff to participate with household chores.

Improving care quality in response to complaints or concerns

- The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service.
- In the last 12 months, three concerns had been raised with the service. Complaints logged were investigated and responded to in an open and transparent way.

End of life care and support

- No-one living at the service was currently receiving end of life care. The manager provided an assurance people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death, including support from the local palliative care team.

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; 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; Continuous learning and improving care

- Effective arrangements were in place to assess and monitor the service through its internal auditing systems.
- The provider employed an external organisation to complete an audit of Ossis Lodge and this was undertaken in October 2020. This was comprehensive and an action plan was submitted for completion by the service. The action plan demonstrated steps taken by the manager to address the identified shortfalls.
- The service had a positive culture which ensured the care provided to people using the service was person-centred, open, inclusive and focused on people's individual care and support needs. This was in line with the underpinning principles of Right Care, Right Support, Right Culture.

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

- The manager had submitted their application to be formally registered with the Care Quality Commission and recently completed their 'fit person' interview with the Commission's representative. Following the inspection the manager confirmed they were now formally registered with us.
- The manager understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was attained and improvements made when things went wrong.
- The manager confirmed they received regular supervision and felt supported and valued by the organisation.
- Staff were complimentary regarding the management of the service and confirmed there was good teamwork and communication.
- People using the service, relatives and staff were complimentary regarding the manager and suggested the service was well managed and led.

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

- The manager confirmed there was an online platform for staff to access to make suggestions and raise

concerns, which was reviewed regularly.

- The manager told us it was planned for people using the service and those acting on their behalf to complete a satisfaction questionnaire. This would enable people to voice their opinion about the quality of the service provided.
- As a result of the pandemic, online staff meetings had been conducted to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss issues.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.