Restgate Limited

Oaklodge Care Home

Inspection report

2 Peverill Road
Duston
Northamptonshire
NN5 6JW
Tel: 01604 752525
Website: www.carehome.co.uk

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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

Overall summary

This inspection took place on the 1 and 7 December 2015 and was unannounced. The service is registered to provide personal care to 36 older people some of whom are living with dementia. At the time of our inspection there were 30 people living there.

There was a registered manager in post at the time of our inspection. 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.

Systems were in place to ensure people were protected from abuse; staff had received training and were aware of their responsibilities in raising any concerns about people's welfare. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Summary of findings

The provider had robust recruitment systems in place; which included appropriate checks on the suitability of new staff to work in the home. Staff received a thorough induction training to ensure they had the skills to fulfil their roles and responsibilities. There were enough suitably skilled staff available to meet people's needs.

People's care was planned to ensure they received the individual support that they required to maintain their health, safety, independence, mobility and nutrition. People received support that maintained their privacy and dignity and systems were in place to ensure people received their medicines as and when they required them. People had opportunities to participate in the organised activities that were taking place in the home and were able to be involved in making decisions about their care.

There was a stable management team and there were effective systems in place to assess the quality of service provided. Records were maintained in good order and demonstrated that people received the care that they needed.

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.

Systems were in place to promote people's safety and they were protected from avoidable harm.

Risk was well managed and did not impact on people's rights or freedom.

There were sufficient staffing levels to ensure that people were safe and that their needs were met.

There were systems in place to administer people's medicines safely.

Good

Is the service effective?
The service was effective.

People received care from staff that had the knowledge and skills they

needed to carry out their roles and responsibilities efficiently.

Staff sought consent from people before providing any care and were

aware of the guidance and legislation required when people lacked capacity to provide consent.

People were supported to eat and drink enough and to maintain a varied and balanced diet.

People were supported to maintain their health, received on-going healthcare support and had access to NHS health care services.

Good

Is the service caring?
The service was caring.

Staff demonstrated good interpersonal skills when interacting with people.

People were involved in decisions about their care and there were sufficient staff to accommodate their wishes.

People's privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive.

People were supported to maintain their links with family and friends and to follow their interests.

People were supported to maintain their equality and diversity.

Staff were aware of their roles and responsibilities in responding to concerns and complaints.

Good

Is the service well-led?
The service was well-led.

The manager promoted a positive culture that was open and inclusive.

Good

Summary of findings

There was good visible leadership in the home; the registered manager understood their responsibilities, and was supported by the provider.

Effective quality assurance processes were in place.

Oaklodge Care Home

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 1 and 7 December 2015 and was unannounced. The inspection team comprised one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

Prior to this inspection we contacted local health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service. We also Healthwatch Northampton which works to help local people get the best out of their local health and social care services and Total Voice Northamptonshire, an advocacy service which supports people who use adult mental health services. During our inspection we also spoke with a district nurse that was visiting the home.

During our inspection we spoke with four people who used the service, four relatives and seven staff, including care staff. We also looked at records and charts relating to two people, we viewed three staff recruitment records and we observed the way that care was provided.

We used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and they looked relaxed and happy in the presence of the staff which indicated they felt safe. One person said "The staff are all very kind, I feel safe living here."

Staff were aware of their roles and responsibilities in protecting people from harm and had access to appropriate policies and procedures. Staff had received training in safeguarding and were aware of the various forms of abuse and the action they would take if they had any concerns. One member of staff said "If I thought someone was at risk of harm I would tell the person in charge immediately so that they could take the right action."

Safeguarding records showed that any allegations had been reported to the appropriate authorities and when referred back to the manager to investigate, appropriate investigations had been conducted. Where necessary action had been taken to address the concerns raised; for example staff had had their movement and handling skills reassessed and had received further training.

People's individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people had movement and handling risk assessments which provided staff with detailed instructions about how people were to be supported. People also had risk assessments in place to reduce and manage the risks of other complications such as pressure damage to the skin and falls. When people had falls or other accidents they received prompt attention and were followed up at regular intervals in case of delayed signs of injury. People were also referred to other health professionals; for example people with a history of falls were referred to the GP and NHS Falls Prevention Service to reduce the risk of further falls. People had appropriate equipment supplied when required to reduce the risks of falls and damage to the skin through the effect of pressure on the body. Individual plans of care also contained individual personal emergency evacuation plans for use in an emergency situation. Individual plans of care and risk assessments were regularly reviewed and updated as people's individual needs changed.

The provider had effective recruitment systems in place to protect people from the risks associated with the appointment of new staff. Staff told us that required checks and references had been obtained before they were allowed to start working in the home. Staff files were in good order and contained the required information.

Staffing levels were adequate; people told us they thought there were enough staff to support them and they had the right skills to provide the care they needed. One person said "I have no concerns about the staff at all." Staff also felt that staffing levels were adequate to meet people's needs. One member of staff said "Staffing levels are satisfactory, we do have time to sit and chat, it's really important that we get to know people so we can understand their needs and preferences. A senior member of staff told us "We could always do with more staff; so it's essential that we keep staffing levels under review so that we can adjust the levels to keep people safe and ensure we continue to meet people's individual needs". Care staff were supported by an activities co-ordinator, chef and other domestic staff. The management had a system in place to determine safe staffing levels based on the assessment of people's individual needs. Prior to our inspection staffing levels had been increased to support the night staff at their busiest times.

Robust systems were in place for ordering, storage, administration, recording and the disposal of medicines. Medicine administration records were in good order and administration records demonstrated that people's medicines had been given as prescribed. Medicine systems were safe and people had sufficient supplies of their prescribed medicines. We observed a medicine administration round and saw that staff administered medicines safely. Staff told us they were trained in the administration of medicines and that they received regular checks by the management to ensure their competence.

Good

Is the service effective?

Our findings

People were provided with effective care and support. People told us they thought the staff had the skills needed to support them. One person said "They know what they are doing, I can't fault them." Staff told us they had undertaken an effective induction training which had equipped them with the skills and knowledge they needed before being allowed to work in the home. Induction training was followed by a period of supervised practice where new staff worked alongside experienced staff until they were considered competent. A member of staff said "All new staff have a mentor to support them through their induction period."

Staff told us they received effective training in the skills needed to support the people they cared for. One member of staff said "I am up to date with all my staff training; it's all very good and I am now doing my Qualifications and Credit Framework (QCF) in Care, which means I will have a formal qualification."

The provider had a staff training programme in place to enable staff to maintain their skills and receive timely updates relating to current best practice in a range of care related subjects such as; health and safety and movement and handling. Staff also had training in subjects relevant to the needs of the people who used the service for example training in dementia awareness and support for people when they became unsettled or distressed. A senior member of staff told us "Staff attend the formal training sessions but can also do online training if they miss the formal sessions."

Our observations confirmed that staff had good interpersonal skills and understood people's individual needs. Staff were attentive to people's needs and supported them effectively when they became unsettled or distressed.

Staff received regular staff supervision from their line managers to ensure they were supported in their roles and their development. The staff we spoke with confirmed this; one member of staff said "Supervision is very useful, it gives us the opportunity to discuss anything relevant to our work; we can make suggestions about how we can improve and also raise any concerns we might have."

Staff sought people's consent before providing any support; they offered explanations about what they needed to do to ensure the person's care and welfare. Staff told us how they sought consent and involved people in decisions about their lives whilst they were providing their support; for example decisions about their personal routines and how and where they spent their time. One person said "They always ask if it's ok, if it's what I want before doing anything for me." A relative told us, "The staff are very kind and considerate towards people who live here, they always ask them before doing anything." Individual plans of care demonstrated that people's formal consent was obtained relating to a range of circumstances; for example the use of photographs for identification purposed and consent for information to be shared with other health professionals.

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. 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 and we saw that they were. The management and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals. The manager was knowledgeable about the MCA DoLS and where people lacked capacity to make informed decisions; decisions were made in people's best interests.

People told us they had enough to eat and drink and were happy with the food provided. One person said, "The food is all very well cooked and presented, I would soon tell them if I was not satisfied with it." Another person said "I can have a drink if I want to and I have choices about what I eat and drink." A member of staff told us "All the food is fresh and home cooked; the kitchen staff know people's food preferences and their dietary needs. For example they

Good

Is the service effective?

know if anyone has any allergies or if they need a special diet." Staff were knowledgeable about people's individual needs and preferences and provided sensitive and patient support for people who required their assistance.

The two week seasonal menu offered a varied choice of nutritious food including the option of three hot meals a day and vegetarian options. A member of staff said "If someone changes their mind about their order we can offer them another choice and "People can choose where they eat, some like to eat in their room most people like to sit either in the dining room or the lounge."

Individual plans of care showed that all of the people living at the home were assessed for their nutritional risk; these included regular checks on people's weights. When people were found to be at risk they were referred to their GP and the NHS dietician; they were also assessed more frequently and had their food and fluid intake closely monitored. Food and fluid records were well maintained and showed that vulnerable people were offered sufficient food and fluids within a 24 hour period.

People had access to NHS services; We spoke with a visiting health professional who told us they had no concerns about the service, that the staff liaised with the GP surgery appropriately and they followed clinical advice. They told us that staff contacted them appropriately and knew the needs of people who used the service. Records showed that people also had access to a range health professionals; including specialist nurses, podiatrists, speech and language therapists and opticians.

People had access to appropriate equipment to promote their wellbeing; for example people were provided with appropriate pressure relieving equipment and staff supported people to change their position regularly, to reduce the risk of damage to the skin. Staff told us that they had sufficient and appropriate movement and handling equipment to safely assist people who were unable to mobilise independently. Staff used appropriate movement and handling techniques and good communication skills when supporting people to change their position for example when rising from their chair. People had access to appropriate aids and adaptations to support their mobility and independence.

Good

Is the service caring?

Our findings

People were cared for by staff that were kind and compassionate towards them. For example one person said “The staff are very kind and caring to us” and another person said “It’s very homely atmosphere here; the staff are really friendly.” A relative commented “The staff are friendly and foster good relationships with people who live here and their relatives.”

We witnessed several acts of kindness towards the people who lived at the home. For example when people became unsettled or distressed staff were swift to respond; they comforted them and took time to understand the cause of their distress. Staff were skilled in communicating with people, they approached people from an angle they could be seen; with smiling faces, provided good eye to eye contact and open body language. They also addressed people by their preferred name and used touch to engage and reassure people. This provided people with a calm environment where people were contented.

People felt listened to and their views were acted upon. For example one relative said “We came to visit the home before our relative came here and fell in love with the place, it’s just so homely and the staff are so lovely.” Staff treated people as individuals, listened to them and respected their wishes. People looked well cared for and were also supported to make decisions about their personal appearance, such as their choice of clothing.

People’s privacy and dignity was respected, staff were swift to adjust people’s clothing and to maintain their personal hygiene during their activities of daily living. Personal care was provided in the privacy of people’s own rooms. Staff knocked on people’s doors before entering their rooms and bedroom doors were fitted with appropriate privacy locks.

Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. During the inspection we saw visitors were coming and going freely. One relative said: “I come and visit regularly, the staff always make us welcome and we have festive celebrations like November 5 fireworks and have celebrations for people’s birthdays.”

Good

Is the service responsive?

Our findings

People were assessed prior to moving to the home to ensure the service was able to meet their needs, and these assessments formed the basis for the development of individual plans of care. People could be involved in their care planning if they wished, however most relied on their family members to participate in the care plan development and reviews on their behalf.

People were able to make decisions about their care. For example people were able to choose their own personal routines including their times of rising and retiring to bed. People were also able to choose how to spend their time, whether to engage in the planned activities and where to receive their visitors.

The individual plans of care were tailored to meet people's individual needs and contained life histories so that the care provided and their personal routines could support their previous lifestyles. Individual plans of care contained detailed instruction to staff about how people's individual care and support was to be provided. Individual plans of care were reviewed on a regular basis or as people's needs changed. People's daily records and charts demonstrated that staff provided the care to people as specified within their individual plans of care. Staff were responsive to people's needs and call bells were answered promptly during our inspection.

People were supported to engage in a range of activities. People had access to visiting clergy who conducted holy communion in the home on a regular basis. People told us that there were planned activities that they could engage with if they wished. There was a comprehensive programme of activities that was displayed on a notice board near the sitting room and people enjoyed participating in a range of quizzes, games and musical activities. The newsletter contained information about visiting entertainers that had been booked for December including a variety act; a pantomime as well as the Oak Lodge Christmas Party.

People told us they were able to raise concerns about the service and had confidence that they would be listened to and that action would be taken to address their concerns. One person said "I know who to talk to if I have any concerns, I would speak to the manager." A relative said "I would speak to the manager if I had any concerns and am confident they would put things right." Staff were aware of their roles and responsibilities in listening to people's views and reporting any concerns raised.

Copies of the complaints procedure were displayed within the home and were referenced in the service user's guide, a booklet that is given to people who use the service and their representatives when they moved to the home. Relatives also told us they know how to raise their concerns with the management and they were confident that appropriate action would be taken to address any concerns. We reviewed the complaints file and the investigation process surrounding a recent complaint; we found that a full investigation had been conducted by the manager and that opportunities for learning and service improvement had been sought.

Good

Is the service well-led?

Our findings

All of the people who lived at the home and the relatives we spoke with told us they thought the home was well run. One person said "The home is well organised but it still has a homely atmosphere." and a relative said "We couldn't have found a nicer place, the manager is brilliant, she's always about for a chat if we need anything." All of the staff we spoke with were positive about the management of the home, one member of staff told us "The home has really improved since the current manager has been here, we can go to her for advice and I am confident in her decisions." The manager had a visible presence within the home and was accessible to the people who lived there, their visitors and staff. The manager had a good understanding of the needs of the people being cared and the culture within the home.

The provider's vision and values were defined within their information for people who use the service and stated 'At Oak Lodge we believe, and uphold through practice, the right for every resident to be treated as an individual with privacy and dignity respected at all times. We hold dear that the intrinsic value of the individual should be recognised and their needs and uniqueness respected. Staff have knowledge and understanding of the whole person and take into account their cultural, religious, ethnic and other needs and norms, including their expectations of privacy and respect." All of the people we spoke with told us they were treated as individuals their views were respected, and a relative said "I have only seen high standards of care that encourages resident's independence, dignity and respect." A member of staff said "This is their [people who use the service] home, so we need to ensure its homely and people focused; it's all about meeting people's needs and making sure people have choices and their wishes are respected."

People were involved in the running of the home; records showed that the manager held meetings with people who used the service and their relatives about things that were happening in the home. Meetings provided people with an opportunity to be involved in making decisions such as menu planning and planning the activities as well as providing opportunities for people to express their views about the service. A monthly newsletter was circulated which contained information about the activities programme and other news such planned celebrations. Regular staff meetings were held to inform staff about service developments and other relevant topics. Staff also had regular supervision which provided them with opportunities to raise concerns and to question practice. One member of staff said "We are able to make suggestions about the running of the home, the provision of care and our own personal development at any time but also in staff meetings and during supervision." Systems were also in place to monitor the performance of staff and assure their competence; when appropriate disciplinary action had been taken when staff failed to fulfil their responsibilities.

The management had established links with the local community including the local churches to enable people to maintain their faith. Links had also been established with local schools, that visited the home to participate in seasonal celebrations and performances.

The registered manager ensured that the Care Quality Commission (CQC) registration requirements were implemented and we were notified about events that happened in the service; such as DoLS authorisations, accidents and incidents and other events that affected the running of the service. The provider visited the home on a regular basis to ensure the effective running of the service.

There were robust quality assurance systems in place. The management conducted a range of internal audits for example, the analysis of accidents records to identify risk factors and trends; the management of medicines, health and safety and staff training. Action plans were put in place to address any opportunities improvement. The provider conducted annual satisfaction surveys, the last having been conducted in May 2015 which indicated a high level of satisfaction. Two of the respondents had commented on the bathing facilities, which have subsequently been refurbished. A relatives' survey also showed a high level of satisfaction, one relative commented "All of the staff are to be highly commended on the relaxed, happy and homely feel to the home." And another relative said "There is an effective manager at Oak Lodge, who has brought about consistent and positive change since being here."