Care Quality Commission

Carewise Homes Limited

# Oak Tree Lodge

## Inspection report

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Good** |
| Is the service safe? | **Requires improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

## Overall summary

Oak Tree Lodge is registered to provide accommodation and support for up to 19 older people who may also be living with dementia. This home is not registered to provide nursing care. On the day of our visit 19 people were living at the home. The home is located in Ashurst on the edge of the New Forest in Hampshire. The home has two large living rooms, conservatory / dining area and kitchen. People's private rooms are on both the ground and first floors. There is a passenger lift to the first floor. The home has a garden and a patio area that people are actively encouraged to use.

The inspection on 29 and 30 June 2015 was unannounced.

There was a registered manager at the home. 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 and associated Regulations about how the service is run.

# Summary of findings

Some areas required improvement. Risk assessments were not always reviewed or updated when peoples needs changed.

Staff understood the needs of the people and care was provided with kindness and compassion. People, relatives and health care professionals told us they were very happy with the care and described the service as excellent. A visiting health care professional told us, "I have the utmost confidence that staff provide excellent care. I have no concerns at all regarding anyone living there. The home always contact us if they are unsure or need advice".

People were supported to take part in activities they had chosen. One person said, "I love living here. The staff are very kind and look after all of us very well".

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective.

People and relative's told us they were asked for feedback and encouraged to voice their opinions about the quality of care provided. The home routinely listened and learned from people and visitor experiences through annual resident/ relatives' survey. The surveys gained the views of people living at the home and their relatives and were used to monitor and where necessary improve the service.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Staff talked to people in a friendly and respectful manner. People told us staff had developed good relationships with them and were attentive to their individual needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring and professional manner. People told us they felt staff were always kind and respectful to them.

Staff told us they were encouraged to raise any concerns about possible abuse. One member of staff said, "We talk about abuse all the time. How to recognise it and what to do if we thought someone was being abused. I know if we have concerns we can speak to the manager and she would report it".

People and relatives knew how to make a complaint if they needed to. The complaints procedure was displayed in the home. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC).

We have made a recommendation about how the provider can minimise the risk relating to the health and welfare of people using the service. You will find this in the safe section of this report.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# 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?**

Requires improvement

The service was not always safe. Risks to people were not always reviewed or updated when their needs changed.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

There were sufficient numbers of staff deployed to ensure the needs of people could be met.

**Is the service effective?**

Good

The service was effective. The provider followed the requirements of the Mental Capacity Act 2005 to ensure that people consented to their care, or if they were unable to give consent, provided care that was in people's best interest.

Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

**Is the service caring?**

Good

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

**Is the service responsive?**

Good

The service was responsive. People received care and support when they needed it.

Staff were knowledgeable about people's support needs, interests and preferences.

Information about how to make a complaint was clearly displayed in the home and staff knew how to respond to any concerns that were raised.

**Is the service well-led?**

Good

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

# Summary of findings

| | |
|---|---|
| The provider regularly sought the views of people living at the home, their relatives and staff to improve the service. | |

# Oak Tree 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 checked 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 29 and 30 June 2015 and was unannounced.

The inspection was carried out by one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge, and understanding of dementia and older person's residential care homes.

Before our inspection we reviewed information we held about the service and provider and we asked the provider to complete 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 checked to see what notifications had been received from the provider. Providers are required to inform the Care Quality Commission of important events which happen within the service.

As part of our inspection, we spoke with the registered manager, four care staff, 12 people living at Oak Tree Lodge, one relative and the chef.

Following our inspection we contacted three visiting health care professionals and three relatives to obtain their views on care provided at the home .

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. Some people who were living with dementia were not able to verbally communicate their views with us or answer our direct questions.

During the inspection we looked at the provider's records. These included four people's care records, four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We last inspected the service on 11September 2013 where no concerns were identified.

Requires improvement

# Is the service safe?

## Our findings

People said they felt safe. They told us that if they were concerned they would talk to a member of staff or the registered manager if it was more serious. One person said, "I am very happy here. The staff are all very kind and I feel safe". Another person told us, "Yes I'm ok. This is a lovely place to live". Relatives told us they felt their family members were safe. One relative said, "My mum has been here for a very long time I have no concerns at all about her safety". Another said, "Mum's been here two years. She came here for security. Her memory was so bad she would go places and forget her way back; she wasn't safe at home, but she is here".

Although people told us they felt safe we found some aspects of the safety in the home required improvement. Risks were not always assessed when people's needs changed. For example, one person had fallen five times in a 21 day period. Whilst accident report forms had been completed the falls risk assessment had not been reviewed or updated to reflect this. It was not clear what actions were being taken to prevent further falls from happening. Records also showed that this person was exhibiting behaviours that challenge however there was no behaviour management plan. There was a risk that staff would not always know how to manage the person's behaviours safely. This meant people were at risk of receiving unsafe care. This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training in protecting people from the risk of abuse. Staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. We asked staff about Whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the registered manager. One member of staff said, "I would certainly never hesitate to speak my mind or report any problem. I always think: How would I feel if it were me? That's my principle".

Staffing levels were assessed according to the individual needs and dependencies of the people to ensure there were sufficient numbers of staff available and deployed to areas and at times of greatest need. Staff told us staffing levels were overall good. One member of staff added, "Staffing levels are ok", "If two staff are needed then it is always two staff – so it's safe".

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure it was safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member said, "It's really important we know how to help people mobilise safely. We don't want them coming to harm but we also have to look after ourselves so we practice quite a bit".

Recruitment practice was robust. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

People who were able to talk to us told us that their medicine was given to them on time. One person said, "I know when it's time to get up or go to bed because it's the times I take my medicine and I always get it on time". At lunchtime we saw people being given their medicines. This was done safely and people were provided with their medicine in a polite manner by staff.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine trolley that was located in a locked room when not in use. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medication administration records were appropriately completed and identified staff had signed to show that people had been given their medicines.

Requires improvement

# Is the service safe?

The service planned for emergency situations and maintained important equipment to ensure people would be safe. There were regular checks on the fire detection system and firefighting equipment to make sure people remained safe.

There was an emergency plan in place to appropriately support people if the home needed to be evacuated. People living at the home had Personal Emergency Evacuation Plans (PEEPs) however these were located in peoples care plans which were kept securely in the registered manager's office. In the event of a fire in this part of the home these records may not be accessible and therefore safe evacuation of people could be compromised. **We recommend the provider seek guidance about improving the location and accessibility of people's evacuation plans to ensure they minimise the risk relating to the health and welfare of people using the service and others.**

Good

# Is the service effective?

## Our findings

People told us they enjoyed eating the food at the home. Comments included, "The food is good" and "The food is nice". People were supported in maintaining a balanced and nutritious diet. A cook was employed who was responsible for ordering food supplies and planning the menus with the registered manager. The cook based the menu around what foods were available seasonally and people's likes and dislikes. A list of people's likes and dislikes was displayed on the kitchen wall and was available to any staff member responsible for preparing food. There was also a detailed list of whether people needed a soft diet or their food cut up into small pieces, and other specific dietary needs.

Most people took their meals in the dining room and this was encouraged to enable people to socialise. At lunch time staff sat and engaged in conversation with people, offering support when it was needed. There was banter and social chat between everybody, at the same time as patient assistance was being given to them. One member of staff was sat with one person helping them to eat their lunch. The member of staff spoke quietly to them and included other people at the table. Everybody appeared to be enjoying their meal and people were not rushed. The majority of people did not require support with their meals, but staff were available to offer this if it was needed. Staff sat next to those people who required support to eat and let them eat at their own pace. Some people talked to each other and others preferred to eat quietly. We saw that lunchtime was a positive experience for people.

The home had procedures in place to monitor people's health needs. People's care plans gave clear written guidance about people's health needs and medical history. This included details of people's skin care, eye care, dental care, foot care and specific medical needs. A record was made of all health care appointments including why the person needed the visit and the outcome and any recommendations. A visiting health care professional told us, "It's a very good home. I come in about every eight weeks routinely but if they have concerns in between I get a call and come in to see people. The staff are very good at continuing any care or advice I give". People's weights were recorded monthly so that prompt action could be taken to address any significant weight loss, such as contacting the dietician or doctor for advice.

There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to most staff in communication, continence management, dementia awareness and diabetes. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak knowledgably about their responsibility. Documentation we viewed confirmed the registered manager understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. The registered manager was knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. Staff were able to describe the principles of the MCA and tell us about the times when a best interest decision may be appropriate

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority. Staff told us that they received regular training. It was provided through training packages, external trainers and in-house, which included an assessment of staff's competency in each area. Staff turnover was low and there appeared to be a good team spirit and enjoyable social interactions and banter between staff and people.

Good

# Is the service caring?

## Our findings

People made positive comments about the way the staff supported them. One person told us, “Staff are kind to me” and another person pointed to a member of staff and said, “She is lovely, very patient and always makes me smile”. Another person told us, “I was not coping at home, my daughters couldn’t look after me – they’re working so I came to live here and I wouldn’t want to live anywhere else. I’m safe, and the girls are so kind. We’re very lucky.” All the visitors we spoke with said they were very happy with the home, in particular the staff. People’s comments included, “It’s a nice homely place”, “Mum is very well looked after” and “The staff are very caring”. A visiting health care professional told us, “It is a lovely home with a good atmosphere. I always see staff smiling and having fun with the residents. It really does have a good feel to it”.

People told us they could make everyday choices. One person told us, “I do what I want really. If I want to watch TV in the lounge I can or I can watch it in my room”. A second person said, “The garden is a nice place to go and sit. I go out there quite often and watch the birds”. Another person said, “I only sleep about an hour at a time at night. The night staff are good – they get me tea and biscuits”.

Staff communicated with people in a kind and attentive manner. Staff chatted easily with people and we heard a lot of joking and laughter. Staff also knew when to stand back so that people could talk to one another and make their own decisions and choices about how to plan their day. People’s ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people’s views and opinions these, together with their past history, were recorded in people’s care plans. This enabled staff to understand people’s character, interests and abilities if they were not able to verbalise them and so help to support people to make decisions in their best interests, on a day to day basis.

Staff sought permission before undertaking any care and support with people. We saw one staff member ask a person if they wanted assistance with their meal which the person accepted. Another person who had not eaten their pudding was offered an alternative. The person declined this which the staff member respected and was an example of staff showing they sought people’s opinions. Staff knocked on people’s doors before entering rooms and staff took the time to talk with people. People’s bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas.

Care plans contained guidance that maintained people’s privacy and dignity whilst staff supported them with their personal care. This included explaining to people what they were doing before they carried out each personal care task. Records contained information about what was important to each person living at the home.

Whilst most people were able to chat about their daily lives, some people were not able to understand and make decisions about their care and support. The registered manager and staff said where necessary they would liaise with people’s relatives, where appropriate, and health and social care professionals should people’s needs change, so that appropriate care and support was provided. Staff were sensitive to people’s needs and offered reassurance and encouragement where necessary.

Staff were respectful to people at all times during our visits. Staff ensured people’s dignity and privacy was maintained. One staff member explained that if someone was receiving personal care in their room, the door would be closed. This ensured staff did not enter the room during this time. A staff member said they tried to treat people as they themselves would like to be treated. They said, “I try to put myself in their shoes and imagine what it would be like if I was having something done for me”. Staff had undertaken a training programme in dignity and respect about how to provide people with dignity in residential care setting.

Good

# Is the service responsive?

## Our findings

People told us they could talk to staff or the manager at any time if they had any worries or concerns about their care. One person told us, "The staff are really good at listening to me. I'm a bit slow but they are very patient". Staff explained some people were able to tell them if something was upsetting them, and they would try and resolve things for the person straight away. If they could not do so, they would report it to the registered manager. Staff said that other people could not verbalise their concerns and that changes in their mood and / or body language would identify to them that something was not right and needed to be investigated further.

People told us staff were responsive to their needs. One person told us, "Nothing is too much trouble. They are always cheerful". Another person told us, "I don't need much help but if I do need extra help I use my bell and they are quick to come see what I need". People said the staff were very flexible in the way they changed things to meet what they wanted. For example one person said, "They have the plans which we agree and they have an activities programme. If we feel differently or don't want to do the planned activity they don't worry they just move things round for us".

People's needs were assessed before they moved into the home so that a decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care. Care plans contained detailed information about all of the aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, communication, well-being, continence, skin care, eating and drinking, health, medication and activities that they enjoyed.

People's likes, dislikes and preferences had been recorded. There was a section on people's life history which detailed previous employment, religious beliefs and important events. Staff explained information was used to support them to have a better understanding of the people they were supporting and to engage people in conversation.

People's preferences on how they wished to receive their daily care and support were recorded. One person explained that they did not feel they needed help with dressing or personal care but needed someone to be with them 'just in case'. We saw that this was clearly documented in their care plan for staff to follow.

Care plans were relevant and up to date. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person's independence. People's needs were evaluated, monitored and reviewed each month. Each care plan was centred on people's personal preferences, individual needs and choices. Staff were given clear guidance on how to care for each person as they wished and how to provide the appropriate level of support. Daily reports were completed so that any changes in need could be monitored.

The home did not have an activities co-ordinator. The registered manager told us" Staff provide activities, and there are entertainers from outside too". One member of staff told us, "We are all happy to do activities with the residents. We do nail painting, balloon-bashing, giant snakes and ladders, arts and crafts and music quiz's. Some like to have a bit of a dance or a sing – you just start something going and they'll often just join in. We do have an activities schedule but mostly we do what people want on the day". On the afternoon of our visit there was a Pets as Therapy (PAT) dog who regularly visited the home. People appeared very happy and were engaging with the dog and it's handler in a positive way.

The complaints procedure was displayed on the notice board in the home. A complaints procedure for visitors and relatives was displayed also. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC). The complaints log showed that there had not been any complaints during the last year. Feedback from people and relatives in the home's quality assurance survey confirmed they did not have any complaints about the home.

Good

# Is the service well-led?

## Our findings

People we spoke with told us there was an "open atmosphere" in the home and the registered manager was approachable and available if they wanted to speak with them. One person said, "You can speak to the manager when you want, nothing is too much trouble". Another relative told us, "The manager is readily accessible. I can talk to her any time if I'm worried about my mum. If I telephone to speak to her and she is busy I always get a call back very quickly". Staff were confident they could speak to the manager or the provider if they felt they needed. One staff member said, "I feel confident in raising any issues." Staff told us they had confidence to question the practice of other staff and would have no hesitation reporting poor practice to the manager. Staff said they felt confident concerns would be thoroughly investigated. People felt the service was well organised and managed. One person commented, "Everything is well managed, runs smoothly and everything is on time". People felt they had opportunities to comment on the running of the service. One person said, "They always ask our views and opinions."

The registered manager was active in the home throughout the day and engaged with people, staff and relatives in a warm and friendly manner. A relative said, "It's so nice to see the manager every time I come into the home. She is always busy and buzzing about". We observed the registered manager and staff talking with people throughout the day and walking around the home ensuring people's needs were being met. Visitors were always greeted by a member of staff and if necessary taken to the person they were visiting, after signing the 'visitor's book'. This was used to monitor the whereabouts of people in the event of a fire. People told us they were asked their opinions on a daily basis about their needs and how they liked certain things such as the meals.

One staff member commented, "The manager is very approachable – for us and the residents. When I pop in her office there's often a resident in there chatting or just spending time with her". Another staff member told us, "The manager is very good. She involves and includes us in everything. She listens and takes on board our views". Staff also felt valued by the provider. One staff member said, "The provider is friendly and involved".

The provider used a resident/ relatives' survey to gain the views of family members and people. In the most recent survey in March 2015 people and relatives had scored the care as 'very good'. Their written comments included, "Friendly helpful staff who listen to residents and relatives and give individual care" and "Couldn't wish for a better service". Staff also felt encouraged to make suggestions for improvement at the home. Staff meetings were held regularly. We saw from the meeting minutes that staff were kept informed of developments to the service.

Staff had supervision meetings every two to three months and a yearly appraisal with the registered manager. This gave them the opportunity to identify what had gone well, what they had learnt and any areas for development. Staff told us they were well supported by the manager. Comments included, "We have a good team and support each other" and "I can speak to the manager about anything I need to, she is very supportive".

The provider's values were outlined in their philosophy of care which was on display in the home. The philosophy of care statement promoted people's wellbeing, choice, rights, individualism, fulfilment and privacy.

Systems were in place for the registered manager to monitor the quality and safety of the care provided. We saw that audits of the service provided were completed regularly by the registered manager. These audits included care planning, medication, infection control, the environment and health and safety. There were also records to demonstrate that fire safety equipment was tested and serviced regularly. This should ensure that in the event of a fire emergency lighting, fire alarms and fire extinguishers were in full working order.

Policies and procedures were reviewed on an annual basis to ensure they remained relevant and staff spoken to confirmed that they were aware of these policies and that they were accessible to them.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>How the regulation was not being met: Care and treatment was not provided in a safe way for service users because the provider had not done all that was reasonably practicable to mitigate such risk. Regulation 12 (2) (b) |