

P & P Community Services Ltd

Oasis Lodge Residential Care Home

Inspection report

13 Dugdale Hill Lane
Potters Bar
Hertfordshire
EN6 2DP

Tel: 07946253241

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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

This inspection took place on the 30 June 2016 and was announced.

Oasis Lodge is a residential home in Potters Bar providing nursing care and support to up to four people. At the time of our inspection there were three people using the service, although one person was not home on the day.

There was a registered manager in post. 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 were kept safe and supported by a staff team who understood their individual needs, preferences and backgrounds. There were risk assessments in place to manage any risks safely, and staff understood the ways in which they could protect people from any avoidable risk of harm. Each person had an individualised care plan in place which detailed the type of support they needs, outcomes for the future and regular reviews to ensure that people's changing needs were captured. People received their medicines safely, enjoyed a balanced and nutritious diet and had access to external healthcare services as required. People were supported to express their views and contribute to the development of the service through meetings, key worker sessions and surveys. People had developed consistent routines and build their independence and daily living skills over time. They were supported to find opportunities and activities which were meaningful and enjoyable.

Staff demonstrated a kind and caring attitude and received a variety of training to enable them to carry out their roles effectively. They were given opportunities to contribute to the development of the service and encouraged to take on individual responsibilities and duties. There was a programme of induction, supervision and appraisal to further support staffs' development and allow them to express their views. Team meetings were held monthly to discuss issues that affected the service.

There was a positive and person-centred culture in the service and the registered manager demonstrated strong leadership and commitment to the values of the provider. There was a robust system for managing and handling complaints and compliments in the service. Quality assurance audits were carried out regularly and changes made in response to any identified improvements. People, relatives and staff were asked for their views and feedback through questionnaires and surveys.

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.

There were regular assessments and reviews of risks within the home, and staff demonstrated knowledge of how to keep people safe.

There were sufficient numbers of staff available to meet people's needs safely.

People's medicines were managed appropriately and stored correctly.

Risks to people were assessed and control measures were put into place to mitigate these as much as possible.

Is the service effective?

Good ●

The service was effective

Staff were supported through a regular programme of supervision and appraisal.

People gave consent to their care and staff understood their responsibilities under the Mental Capacity Act 2005.

People had enough to eat and drink and had their healthcare needs assessed and met by the staff.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated a caring and friendly attitude towards people.

People were treated with dignity and respect and had their privacy observed.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which were personalised and evidenced involvement from people and their relatives.

There was a creative and full activity programme in place for people to engage in hobbies and interests inside and outside of the home.

There was a robust system in place for handling and resolving complaints.

Is the service well-led?

The service was well-led.

People and staff were positive about the management of the service.

There was a robust quality monitoring system in place for identifying improvements that needed to be made.

Surveys and questionnaires were sent out to people, staff and relatives to encourage them to contribute to the development of the service.

Good ●

Oasis Lodge Residential 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 the 30 June 2016 and was announced. We gave the provider 24 hours' notice of our inspection as the service was a small home for people with learning disabilities and we needed to ensure that they would be in. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed local authority inspection records and asked for feedback from nine professionals involved with the service.

During the inspection we spoke with two people who used the service and one of their relatives to gain their feedback. We also spoke with one member of care staff and the registered manager. We asked for feedback from five healthcare professionals involved with the service.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for three people who used the service. We checked medicines administration records and looked at staff recruitment and training records for four staff. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "I'm safe living here." Another person when asked if they felt safe at the home replied, "Yes."

Staff received training in safeguarding people which was regularly updated. The member of staff we spoke with was able to describe the steps they would take to safeguard people.. They said, "We have the training in safeguarding and if I needed to I would call my manager or the Care Quality Commission." There were clear protocols that detailed the types of abuse and the ways in which staff could protect people from any risk of avoidable harm. These contained information on reporting suspected abuse and were visible around the service.

Each person had personalised risk assessments in place which detailed the level of risk across different areas of their care and support. For example we saw that if people were at risk of falling then this had been assessed and that control measures had been put into place to manage the risk safely. These were subject to regular update and involvement from the person to ensure that they understood their responsibility to remain safe within the service and how they were being supported with this. Manual handling assessments were completed for each person to determine the level of support they required with their mobility or moving around the home.

There were clear guidelines in place for managing challenging behaviour. This included a list of the triggers to look out for, how staff could work proactively to prevent incidents from occurring, and what interventions were in place in case the person displayed any such behaviour. The control measures in place were appropriate and included communicating with the person and using calming or distraction techniques to resolve any such incidents. We saw in one person's care plan that incidents of this nature had been reduced since they started using the service. The manager told us, "Some people here have come from difficult backgrounds and had violent histories, but we haven't seen that from them since they came here."

There were environmental risk assessments completed across the service which assessed the safety of the home, the building and any risks to people, staff or visitors. Measures were taken to minimise risks where possible, for example we saw that COSHH cupboards were locked and that different areas of the building were audited to ascertain whether any maintenance was required. We saw that the home was regularly maintained and that checks were carried out as required to ensure the building and the environment were safe. We saw certificates for fire safety checks, gas safety checks and Portable Appliances Tests (PAT) testing for all electrical equipment used within the home. The manager had a business continuity plan in place which detailed the steps that the staff would take in case of an emergency situation. This included alternative accommodations, evacuation plans and emergency contacts to use if required. A 'grab bag' had been created which contained the items that staff and people would require in an emergency. The service had signed up to a local infection control and environmental health monitoring service and been rated as 'excellent'. We saw that reminders around infection control were visible throughout the service.

A list of the medicines people took was included in their care plans. We asked the two people we spoke with

if they were happy with the support they received to take their medicines and both replied "yes." The reasons why people's medicines were prescribed was documented alongside any potential side effects and the way in which the person preferred to have them administered. Staff received training in the safe administration of medicines and were subject to a practical assessment from a senior member of the team. These assessments tested staff knowledge of why each medicine was used and what to do if it was refused or spoiled.

People we spoke with told us there were enough staff to keep them safe. One person said, "There's always staff here." Another person we asked responded, "Yes, there are." We spoke with the registered manager who confirmed that there were always two staff available during the day and one at night, with an emergency on-call procedure in place if required. Because the provider operated other services locally they were available to offer additional support as required. We found that the level of independence of the people using the service was such that the staffing ratios were appropriate and meant that people were supported safely. The manager told us that staffing dependency was based on the individual needs of the people living in the home. One member of staff said, "There's always staff here and support if needed. If we need extra people; say if somebody had an appointment; we would call somebody else in."

Staff were recruited safely to work in the service and the provider had a robust recruitment policy in place which they followed during the employment process. The provider carried out an interview with each prospective member of staff to ensure that they were of appropriate character and had the correct skills and experience to work with people. Each member of staff had two references on file from previous employers which had been verified by the registered manager. New staff were asked to complete a DBS (Disclosure and Barring Service) check prior to commencing employment. DBS is a way for employers to make safer recruitment decisions and to assess whether staff have any prior convictions on record.

Is the service effective?

Our findings

People told us that staff were effective in their roles and offered them a good level of care and supported. One person said, "The staff here have good experience. The manager always waits until they're trained one hundred per cent." Another person confirmed, "Yes they have training courses and they're good staff."

Staff received training that the provider considered essential, such as first aid, manual handling and fire safety. Additionally there was training available in more specialised areas such as person-centred planning. The manager kept a matrix which detailed the dates that staff had attended training and when they were next due to attend their courses. This meant that staff were booked onto updates and refreshers as required and kept up to date with their training. The manager had recently introduced the care certificate training into the service. Staff received a full induction into the service which included a tour of the building, information on the provider's policies and procedures and a chance to work alongside experienced members of the team. One member of staff told us, "I had an induction here, I read through people's plans so I knew who I was working with. I worked with other members of staff too."

Staff had a supervision agreement in place which detailed the frequency and purpose of supervision and a standing agenda which included people using the service, training needs and individual performance. The member of staff we spoke with said, "We have them [supervisions] every month. We talk about whether people are happy, what we need to do for training, safeguarding and staffing." Staff were encouraged to add to the agenda or discuss any other issues in relation to their role. We saw in staff records that supervisions were being completed monthly as specified. Staff also received an annual appraisal interview to provide feedback on their overall performance.

The staff we spoke with had received training to understand the Mental Capacity Act (MCA). The Mental Capacity Act 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). DoLS applications had been made for each of the people using the service. While the manager was still awaiting authorisations, we saw that the applications made were appropriate to keep people safe, and that measures were being taken in the meantime to ensure that people were not being unlawfully deprived of their liberty. For example when we spoke to one person about being supervised in the community, they were clear on their rights in this respect but understood that they required staff supervision as assessed by professionals involved with their care.

We saw mental capacity assessments in place which had been carried out to determine if people had the capacity to make decisions about different aspects of their care and support. For example we saw that one person had a capacity assessment carried out to determine whether they were able to consent to their

placement and understood the alternatives that were available.

People were supported to attend appointments with healthcare professionals and access services externally as required. We saw a matrix in each care plan which listed the dates that people had attended appointments with GPs, dentists, dieticians and nurses. Each person had a 'purple folder' which contained their health information, a detailed record of the outcomes of these appointments and how the person could be supported to enhance their overall health and well-being. For example the service supported two people with diabetes, and we noted that great care had been taken to support them to manage their condition safely. This included encouraging them to make healthy food choices, putting recipes and information about good food on the walls in communal areas and ensuring that they attended regular appointments with their dietician. One person we spoke with was able to tell us about the insight they had into their condition and how the service had helped them to manage it. They told us, "The food is lovely and it's all healthy, balanced eating. They tell us about that and try and make sure we stick to it." We saw that people's weight was recorded regularly to monitor any fluctuations in their health or overall condition.

People told us they enjoyed the food on offer. When we asked one person if they enjoyed the food provided they told us, "Yes." A relative said, "I am particularly impressed with the quality of food and healthy meals provided." People were asked to list their food likes and dislikes in their care plans so that the staff could provide them with meals they enjoyed and met their dietary requirements. The service used visual menus which were personalised to meet the needs and preferences of the people who lived there. This ensured they had meals that they enjoyed and provided a balanced, nutritious diet.

Is the service caring?

Our findings

People and their relatives told us that people were supported by staff who were caring and understood their needs. One person said, "The staff are nice." Another person told us, "The staff have a really caring attitude. I feel like they help me and I help them. They respect us and that means that we give them respect back." A relative provided feedback after the inspection and said, "My first impression when we first walked into Oasis Lodge was how caring everyone was."

During our inspection we observed caring and respectful interactions between people and staff. We noticed staff using people's preferred names, engaging them in conversation about things they enjoyed and reminding them about activities they had planned for the day ahead. We saw that one person was being supported to clean up after breakfast and that staff were gently offering them encouragement to finish their task before continuing with their day. There was a warm and homely feel to the environment, and during our inspection people were seen both enjoying their time at home and going out to other activities in the community.

Staff demonstrated a good knowledge of the people they supported and understood their individual needs. One member of staff told us, "It's a pleasure to work here, the people have really good care." The registered manager told us all about people's histories since they joined the service and the ways in which they'd been supported to develop. We read one person's story who had come to the service with very limited communication and some behaviours which may have impacted negatively upon others. The person's plan was able to demonstrate how the person had developed their social skills and evidenced a reduction in incidents and behaviours since they had come to the service.

The service had received a number of compliments from people who praised the care provided by the staff and the way in which they were supported. One example complimented the staff support offering during mealtimes and stated "It's nice for staff to break down food for me into smaller pieces as it helps me with eating and swallowing." Each person had a folder which included pictures of them engaging in activities they enjoyed, their hopes and dreams for the next few years the things that people liked about them. One of the values set out by the provider was to 'build self-esteem', and we saw that this was being put into practice by giving people the opportunity to reflect on the positive things about them and to develop their base of skills and opportunities.

People told us they were treated with dignity and respect. One person said, "They respect me and the way I want to live my life. There's no pressure to do anything, they look after everything." The registered manager had created a 'service users charter' which set out the rights of the people using the services and the values of the provider in providing their care and support. This included core principles such as 'every service user will retain their dignity and respect' and 'all service users, family or advocates should be involved in the decisions affecting their life.'

People were given opportunities to feedback their views and experience of the service and asked to contribute through assessments, residents meetings and reviews of their care plans. Each person had a key

worker responsible for regularly meeting with the person to ask them how they felt about their care and support and whether they had any suggestions for how it could be improved. One person told us, "I meet with my key worker and I can go to them if I need to discuss anything."

Staff demonstrated an awareness and understanding of confidentiality. The service had a policy on confidentiality and how this was to be observed at all times. This was clearly visible in communal areas of the home.

Is the service responsive?

Our findings

People told us they had care plans in place and that they were involved in reviewing the contents. One person said, "I have a care plan, there's also daily notes and schedules for activities. I have a review every February where they ask me how things are going." Another person we spoke with replied "yes" when we asked if they had a care plan and understood what was contained within it.

Before people joined the service they received a comprehensive assessment of their needs and conditions which was used to implement a care plan. This included a 'home compatibility assessment' which determined whether the person would mix well with the other people using the service. The registered manager told us, "I wouldn't put anybody else in there unless they were right for the home." There was a care induction program in place which set out how the person would be supported during their first few days. This meant that for new people coming into the service they would feel comfortable and confident that their placement was appropriate and that support was available.

People's level of independence, sensory awareness and preferred activities were all discussed with them and their relatives to form a comprehensive picture of how they liked to be supported. A 'profile and history' detailed people's background, social history and details regarding previous placements, jobs and how they had been supported in the past. The things that were important to the person were listed, for example we saw that for one person it was stated that their community involvement and social life was integral to the delivery of their care. When we spoke to the person they echoed this, saying, "My friends are important to me." The ways in which people were affected by their health conditions and the impact upon their care were also included in detail.

There were clearly defined outcomes in care plans which established aims and objectives for staff to support people to work towards. One person was able to describe their outcomes for the future and told us, "My plan is to work towards having a place for myself." We saw that the outcomes agreed for this person through their care planning included helping them to work towards this. For example we saw that they were encouraged to be as independent as possible with their routines, personal care, going out and cooking or cleaning. This person was able to tell us about qualifications they had gained in gardening and further courses they hoped to take in future. This meant that the person was developing the skills that they would need to work towards their stated objective.

People were provided with a list of activities that were available through external services. One person was able to detail their schedule and preferred activities and told us, "I like to do karate, go to the pub, gardening. I'm going through work solutions at the moment to go for a gardening job or some voluntary work." When we arrived at the service we noted that people had busy and planned days out and were keen to engage with their daily routines in the community. We saw photos from people's trips and holidays away with staff.

Care plans were subject to review monthly and changes were made in response to people's changing needs. For example we saw that one person had been assessed earlier in the year as being able to go into the

community independently. This was changed in the plan to reflect the reduced support the person received in this area of care, and the activities that they still required support to attend. We saw that this had been effectively managed to support the person to make a success of this new level of independence. They told us, "I have a phone I can use to call the staff and tell them where I am or ask for help."

The service had a complaints policy in place which detailed who people could complain to and how their complaint would be dealt with. We saw that the service had recorded nine complaints since our last inspection. We reviewed the details of each complaint and found that the staff were proactively using the complaints process to resolve day-to-day issues that were expressed by people using the service. For example where one person had raised concerns about noise levels in the home, staff had discussed this with them and tried to isolate the causes of this. This was done with involvement from the person's community healthcare professionals. Each complaint and how it was being resolved was recorded and communicated to the person and their family if requested.

Is the service well-led?

Our findings

People, their relatives and staff were positive about the management and culture of the service. One person said about the manager, "She's a great manager." We asked another person if they felt the manager was approachable and they replied, "Yes." A relative was positive about the management and communication within the service, they told us, "[Manager] regularly emails or messages me with updates."

The manager was able to tell us people's stories and the ways in which they had helped each person to develop since joining the service. She spoke with pride about the changes in people since coming to the service and how they had tried to offer a 'home from home' for people who had traditionally been placed in settings that were not always appropriate for their support needs. When we asked about the visions and values of the service, the manager told us, "I've always tried to be optimistic, I know the set up here works and that we can help people. The focus is on being person-centred and we want people to take a positive approach to leading their own care."

The manager was able to describe the ways in which she'd supported staff to develop within their roles. She said, "I encourage them all with training and opportunities. I give them ownership over something each to try and maintain the standard as high as possible among the whole team." We saw that staff had a list of responsibilities which set out how they could support the development of the service by each taking responsibility for key areas. One member of staff was positive about the opportunities they were given to develop. They told us, "We all have different responsibilities; I know my role and how to support people. The service is well managed."

People, their relatives and community professionals were provided with surveys which asked them to rate the service and suggest any areas for improvements. The feedback was positive across the board with each respondent rating the care as 'good' or 'excellent' in all areas. Comments included "Great service and everyone that works there is brilliant." A report was created in response to these surveys to collate the results and provide an overview of how all stakeholders rated the service. Because there were no areas identified for improvement, the manager stated in their response to these surveys 'we will continue to strive to do the best for our service users and aim for the highest standard as a staff team'.

The manager had a quality assurance system in place which was carried out three-monthly to monitor the quality of care delivery and assess any areas for improvement. The audits covered a variety of areas including health and safety, administration, training and care planning. We saw that where areas for improvement had been identified, action was being taken to rectify these. For example the manager had identified that people's risk assessments were out of date and delegated the task of updating them to a member of staff. We saw that where it had been noted that people's person-centred files didn't contain many photos, this had been resolved promptly and there were new photos available for us to see during our inspection.

Residents meetings were held every month to provide people with an opportunity to feedback on any issues affecting their care and support. We looked through the minutes of these meetings and saw that they had

given people a chance to make requests. For example we saw that one person had asked to go on holiday in August and that staff were supporting them to explore potential destinations. It also provided staff with an opportunity to check how previous events and activities had gone and whether people were happy with their choices and schedules.

Team meetings also took place each month to provide the staff team with opportunities to discuss any issues around the service and contribute to the overall development of care. We looked through the minutes of these meetings and saw that they had been used to remind staff of important issues such as mental capacity and DoLS and how they impacted upon the provision of care. Issues relating to individual people were discussed collectively and staff were asked for their input. For example we saw that during a difficult period for one person, a discussion had taken place around how best to manage their behaviour and how staff could take a consistent approach to this. This resulted in an agreement between all staff about how best to support the person going forward.