

Oakley Lodge Care Home Ltd

Oakley Lodge Care Home (57)

Inspection report

57 Oakley Road
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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 unannounced comprehensive inspection was carried out on 6 June 2018.

Oakley Lodge Care Home (57) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to three people with learning disabilities and other long-term health conditions. At the time of the inspection, two people were being supported by the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post, but they were not available during the inspection. However, the deputy manager was available throughout the 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.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or harm. There were safe staff recruitment processes in place and there was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet their individual needs, in a person-centred way. The provider had an effective system to handle complaints and concerns. People were supported to pursue their hobbies and interests. The provider was still working towards recording people's wishes about the kind of care they would like at the end of their lives.

The provider's quality monitoring processes had been used effectively to drive improvements. People and staff we spoke with were happy with the quality of the service.

Further information is in the detailed findings below.

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 systems in place to safeguard people from the risk of harm. This included effective safeguarding policies and procedures, and individual risk assessments.

There were safe recruitment procedures and there was enough staff to support people safely.

People's medicines were being managed safely.

The manager reviewed incidents and accidents and actions taken to prevent them from happening again.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed, and staff provided effective care and support that met people's individual needs.

Staff received regular training, supervision and support in order to support people effectively.

People were supported to have enough to eat and drink.

The requirements of the Mental Capacity Act 2005 were being met.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, caring and friendly staff.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans to enable staff to provide person-centred care.

People's needs were met by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.

There had been discussions with people about how they wanted to be supported at the end of their lives.

Is the service well-led?

Good ●

The service was well-led.

There was stable leadership at the service which resulted in a consistently safe, effective and compassionate service that provided good quality care to people.

People, relatives and staff were enabled to share their experiences of the service.

The provider had effective systems in place to assess and monitor the quality of the service.

The service worked closely with other stakeholders to ensure that they continued to provide the care people required.

Oakley Lodge Care Home

(57)

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 comprehensive inspection took place on 6 June 2018 and it was unannounced.

The inspection was carried out by an inspector and an 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. Their area of expertise was in the care of a person with learning disabilities.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us. We received positive feedback about the service from the local authority.

During the inspection, we spoke with two people using the service, although we received limited feedback from one of them. We also spoke with two care staff, the deputy manager, and the administrator.

We looked at care records for two people to review how their care was planned and managed. We looked at three staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored. We observed how people were supported by staff in the communal areas of the service.

Is the service safe?

Our findings

People told us they were safe. One person told us, "I feel safe because I like it here and the staff." They further said, "I feel safe at night too because night staff look after us."

We saw that staff had been trained and they had guidance on how to keep people safe. Staff we spoke with showed good knowledge of local reporting procedures, including external organisations they could report concerns too. One member of staff told us, "Residents are safe here. If I was concerned about anything, I would speak to the manager about it." Information about safeguarding was displayed so that anyone who wanted to raise a concern knew what to do. Records showed that the registered manager had appropriately reported potential safeguarding incidents to ensure that where required, action was taken to protect people from harm.

There were appropriate risk assessments in place to ensure that potential risks to people's health and wellbeing were managed well. This information ensured that people and staff knew how to mitigate these risks, without restricting people's independence. Areas such as people's mobility, nutritional needs, skin integrity, support needs while on trips out, and behaviours that may challenge others had been risk assessed. We saw that the risk assessments were reviewed regularly. This showed that appropriate action had been taken to ensure that people were supported safely and enabled to live full lives.

Records showed that there were safe staff recruitment procedures in place. The provider carried out thorough pre-employment checks before staff started working at the service. These included checking each potential staff's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There was sufficient numbers of staff to support people safely. People confirmed that they had always had enough staff to meet their care and support needs. One person said, "[Staff] looks after us, but sometimes it's different ladies. It's always ladies." Rotas showed that there was always enough staff planned to support people and this was confirmed by staff we spoke with. One member of staff said, "There is definitely enough staff here. It's good because we can spend a lot of time with residents."

People's medicines were managed safely, and they told us they were happy with how staff supported them with this. One person said, "I have tablets. Staff give them to me at lunch time. They give them to me with a drink of water." There were systems in place for ordering, administration, recording, storing, auditing, and returning unrequired medicines to the pharmacy. We found these were being followed by staff as we did not identify any issues with how people's medicines were managed. The medicines administration records (MAR) we reviewed had been completed accurately with no unexplained gaps. There was evidence that these were audited regularly so that any errors could be identified and rectified quickly.

Staff completed regular health and safety checks of the service to ensure that care was provided in a safe environment. These included checking that electrical appliances were safe, fire systems and equipment

were in working order, and that the service was clean. We saw that the service was cleaned to appropriate standards and this provided a pleasant environment for people to live in. There was an environmental risk assessment to assess and mitigate any hazards that could put people, visitors and staff at risk of harm. People were also supported in a way that ensured they were protected from risks of acquired infections. We saw that where required, staff wore gloves and aprons to prevent cross infection. Staff also told us that they followed appropriate hand washing procedures, and we saw that hand washing facilities had been provided.

We saw that the registered manager reviewed accidents and incidents that occurred at the service. There was evidence of learning when things went wrong and systems were put in place to prevent further incidents and subsequently, protect people from harm.

Is the service effective?

Our findings

People's care and support needs had been assessed prior to them moving to the service. We saw that people had personalised care plans that considered their needs, choices, views and preferences. People's assessed needs included those in relation to their personal care, nutrition, activities, and to address specific health conditions. People told us their care needs were being met by staff. There was evidence that people received good care and the service worked closely with other professionals to achieve effective care outcomes. For example, we saw that the service was working with a dietitian to support a person to lose weight. The person had also been seen by an occupational therapist to help them improve their mobility. This was on-going support that had resulted in the person losing some weight. Staff said that losing weight would greatly improve the person's health and wellbeing, and that they would continue to support them with this.

People were happy with the quality of the care and support they received. We saw that staff had been appropriately trained to meet the needs of people using the service. Staff praised the quality of the training and support they received through regular supervision and appraisals. One member of staff said, "When I started, I had an induction and I did online training too. I find the training useful and I'm definitely learning something from it." Staff told us that the registered manager and other senior staff were very supportive and they benefitted from regular supervision. One member of staff said, "I find supervisions and appraisals fine. It's good to have time to talk about your work and whether you need more training." We saw that some staff had nationally recognised qualifications in health and social care. One member of staff who told us that they had recently completed their Level two qualification said, "The manager said that I can do higher training if I want to."

Staff supported people to have enough to eat and drink. People told us they enjoyed the food and they could have snacks whenever they felt hungry. One person said, "We have breakfast when we get up. We have lunch about 1pm. We can have a drink when we want one. Staff always make me a cup of tea and I have it with a biscuit in the afternoon. Tea (evening meal) is at about 5pm. We can have a drink and biscuit after that before we go to bed. I'm never hungry, I would ask if I was hungry." We saw that there were pre-planned menus and we observed staff asking people if they wanted to eat what was on the menu that day for lunch. One member of staff said, "Residents get good food and there is always enough food for them. There is a different meal every day, residents get a choice and they can have alternative food if they don't like what is on the menu." We saw people being given snacks and drinks regularly. Staff ensured that the person they were supporting to lose weight mainly snacked on fruits.

People were supported to receive on-going healthcare support because the service worked closely with various health professionals. One person said, "I go to the optician and I choose my glasses myself, in my favourite colour purple. The dentist comes here, but I did go there once. The chiropodist comes and checks my feet." We saw that staff supported people to attend appointments with professionals and they kept records of these.

The design and decoration of the service supported effective care. Where required, adaptations were made

to enhance people's independence and safety. For example, there was a stair rail for people to use when they were going upstairs to their bedrooms.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 found these were met. Records showed that one person had capacity to make decisions about their care and support and they had signed their care plans to consent to the support provided by staff. Appropriate action had been taken to ensure that the other person had the support they needed to make complex decisions. One person had a valid DoLS authorisations in place and the other person had been recently assessed to determine whether they required these safeguards to remain safe.

Staff told us that they always asked for people's consent before providing any care or support. This was confirmed by one of the people we spoke with.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "Staff are nice. They speak nice to me."

One person told us that they got on well with staff and the other person they lived with. We observed that the two people at the service argued quite often, but we also saw moments when they got on well. They had known each other for many years as they had previously lived together at another service. We also observed that staff handled the arguments well and in a respectful manner. Staff told us that they had enough time to spend with people, and this was evident during the inspection.

Staff were warm and friendly towards people. There was a lot of chatting between people and staff throughout our time at the service, and people appeared happy and relaxed. One person said, "I like it here, they look after me." We saw that the person had formed a close friendship with another person who lived in an adjacent service also owned by the provider. They visited their friend a couple of times while we were there. They told us, "I go next door to see my friend sometimes." They further told us that they really enjoyed spending time with their friend.

One person told us that they could make decisions and choices about their care and support, including how they wanted to spend their day. They further told us that staff respected their choices always took into account their individuality and preferences. They also said, "I go to bed when I want. I like to watch the soaps. I don't like having a TV in my room, but [person] has one. I like to watch TV in the lounge. I like to lay here (on the sofa) and watch Hollyoaks, Emmerdale, and EastEnders. Staff and me sit and watch TV together sometimes." They added, "Staff ask what I want and I choose." We observed staff giving the other person choices about what they wanted to eat, drink or do, and they always told staff what they wanted. The person also told us that their relative visited them occasionally and also supported them to understand their care plans. We saw that there was information on an advocacy service that people could access if they required independent support to understand their care options.

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity, particularly when providing personal care. For example, at lunchtime we observed that staff spoke discreetly when they asked one person if they would like an apron to protect their clothes. Staff were aware of their responsibilities to maintain people's confidentiality and we saw that people's care records were stored within the service. The new General Data Protection Regulation (GDPR) had been explained to people, but only one person had the capacity to understand this and had signed a consent form for the service to use their information for the purpose of managing their care.

One person told us that staff encouraged them to maintain their independence as much as possible, and would only provide support when it was necessary. The person could complete some self-care tasks without support. They told us that staff were always there to support them if they needed help with other tasks.

Is the service responsive?

Our findings

We observed that people were supported in a person-centred way by staff to meet their individual needs. Staff followed people's care plans to ensure that they provided care that people required. The care plans were reviewed regularly to ensure these continued to meet people's assessed needs. One person told us that their relative attended their care reviews to discuss their care plans with staff on their behalf. They said, "I do have some talks about me. My [relative] comes then and she does all that for me." We saw that as much as possible, staff discussed people's care plans with them and they sought their views about anything they might want changed.

People told us that staff were responsive to their needs and always supported them quickly when they needed help. One person told us that they had never had to wait for support as staff were always available. They showed us the call bell in their bedroom and when we asked if they had ever used it they said, "No, but I would if I needed to." We saw that staff supported another person quickly when they wanted support with personal care.

Staff supported people to access a range of recreational activities in their local community, and to pursue their hobbies and interests. People chose to pursue their own interests within the service and they were supported by staff when they went out. Staff told us that they did not have pre-planned activities as people chose what they wanted to do a day-to-day basis. One member of staff said, "There are no activities planned, it depends on what they want to do. Usually they choose to do puzzles or colouring. [Person] knows what residents want to do. [Person] either colours, watches TV or goes to their room to listen music. We take residents out and I like doing that." People told us of some of the various interests they enjoyed. One person told us, "I go to the cinema sometimes with [person] or bowling on Tuesdays. Me, staff and [person] went to Whipsnade Zoo. I like going shopping too and I go to a café." It was a warm day on the day inspection and staff asked people if they wanted to go outside in the garden. One person went for a brief period, but returned indoors to chat with us, staff and the other person they lived with. However, the patio door was open so they could go out whenever they wanted.

People told us that staff helped them to celebrate special occasions like their birthdays and other festive periods. One person said, "I had birthday and had a cake." Another person said, "It was a jam and cream cake. Me and staff went to [shop] and chose that for her. We all have a cake on our birthdays. At Christmas we put a tree up, we decorate it ourselves and then we pack it all up and it goes away in the loft till next year. [Registered Manager] gave us all Easter eggs and I kept mine for a long time." The person also told us that they were looking forward to eating cakes that day as a member of staff who was leaving to have a baby was bringing some to share with everyone.

People's concerns and complaints were handled effectively. One person told us that they had no reason to complain as they were happy living at the service. They said, "I don't complain, it's nice here. I can tell staff if I am not happy about something." The only complaint the service had received was from a neighbour who was not happy about the noise one of the people using the service sometimes made. Records we saw showed that the registered manager had taken appropriate action to deal with this and it had been resolved

amicably.

People did not have end of life care plans. One person told us that they did not want to talk about that as they still had unpleasant memories from when they lost family members. Staff told us that they would continue to try and have those discussions with people so that they knew what their end of life care wishes were. This was essential information that would enable staff to provide person-centred and dignified care at the end of people's lives.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and other senior staff. The registered manager was not available during the inspection, but the deputy manager and the administrator ensured that we had access to the records we required.

People and staff told us the service was well managed. One person told us that all staff were approachable and helpful. There had particularly positive comments about the registered manager. They told us, "The manager is called [name]. We call her our mum and she is lovely. I love it here." There was a positive, caring and inclusive culture within the service which promoted a person-centred approach to the way people were supported. People were consulted about developments in the service during regular meetings. Staff also used easy read questionnaires to get feedback from people about their care and experiences at the service. When we showed one person the questionnaire they said, "Yes, I do talk about that with staff and do the smiley faces. I don't have to say anything about being wrong because I don't let anything upset me. I can always go upstairs, I tell staff and they give me a hug. I haven't had an accident." They also said, "I can't think of anything else I want here, I like it here."

Equality, diversity and human rights principles were embedded in the provider's ethos and policies so that there were no discriminatory practices within the service. Everyone we spoke with said their individuality was always respected.

Staff felt valued and enabled to contribute to the development of the service through regular team meetings. Minutes of these meetings showed that various issues relevant to staff roles were discussed. Staff told us they were worked well as a team, with one aim of providing good quality care to people using the service. They were proud of the work they did to support people to live happy and fulfilled lives. One member of staff said, "I am happy with my job here and I would like to remain here as long as possible. It's good for residents as everyone is so friendly, we are like a small family." Another member of staff said, "I can't genuinely think of anything that needs improving as this is an excellent service."

The provider had effective systems to assess and monitor the quality of the service. The registered manager and other senior staff completed regular audits and took appropriate action to rectify any shortfalls in a timely way. This ensured that they continually improved the quality of care provided to people using the service. We saw that the provider worked closely with other stakeholders, including the local authorities that commissioned the service to ensure that the service continued to provide the care people required. We saw compliments from professionals about the quality of care at the service, and the provider was rated 'good' when they were last inspected by the local authority in 2017.