Oriel Lodge Limited

Oriel Lodge

Inspection report

Oriel Gardens
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Tel: 01225310301

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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

The inspection took place on 26 September 2018 and was unannounced. It was the first inspection of this service under the new provider.

Oriel Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Oriel Lodge accommodates 20 people in one adapted building. At the time of our inspection 16 people were living there.

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 living at Oriel Lodge told us they felt safe and cared for. They told us staff were caring and looked after them well. A relative told us they were very happy with the care at the service. It was evident people felt relaxed and comfortable in the presence of staff. Staff were attentive in a discreet and relaxed manner and people were responded to quickly.

People were very positive about the food, telling us it was home-cooked, there was always a choice and they had enough to eat and drink. People were supported with eating their meal if they needed. However, staff encouraged independence and supported people to do as much as they could themselves.

The service had an activities co-ordinator and people had access to a range of activities; this included being supported to go out to the park and other activities.

Staff understood the principles of the Mental Capacity Act and worked within this to help people make their own decisions where possible. Decisions were made in people's best interests following capacity assessments.

Staff morale was good. Staff told us they enjoyed working at Oriel Lodge and felt they delivered a good standard of care.

The service was well-managed. The provider and register manager had a clear overview of what was happening in the service. They identified any improvements needed and put plans in place to address these. Any accidents and incidents were followed up in order to reduce the risk of reocurrence. The staff team had developed good falls prevention systems.

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.

People were protected from the risk of abuse and avoidable harm.

There were sufficient staff, who were safely recruited.

The service had systems in place to reduce falls.

Staff reported accidents and incidents and were confident to raise any concerns.

Is the service effective?

Good

The service was Effective.

Staff were competent, trained and supervised.

People enjoyed the food and had a choice of meals.

Staff sought consent and the provider carried out an assessment before decisions were made in individuals' best interests.

Is the service caring?

Good

The service was Caring.

People were very positive about the staff, they felt safe, supported and cared for.

Staff were warm and kind in their interactions with people.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was Responsive.

People had comprehensive, person-centred care plans which prioritised their emotional well-being.

People had access to a range of activities which included visits to the community.

People received kind and compassionate care at the end of their lives.

Is the service well-led?

Good

The service was Well-led.

There was an effective governance system in place which identified shortfalls and actions were put in place to rectify these.

There was good morale amongst the staff team with clear and effective leadership.

The provider and registered manager analysed accidents and incidents and used these to improve safety at the service.

There was a plan for improvements to be made at the service.

Oriel 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 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 26 September 2018 and was unannounced.

The inspection team consisted of two inspectors 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.

We reviewed information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

During the inspection we spoke with 12 people living at the home, one relative and four staff members, this included senior staff, the registered manager and the provider. We also spoke with one health professional. We reviewed four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

People were kept safe and protected from harm. People who were able, told us they felt safe at the home where they were cared for in a safe environment by caring staff. Comments included, "I like it very much here, I feel safe because I am looked after very nicely; there are no petty rules, we can drift around. I have no worries or complaints and would talk to whoever runs the place if I had the need." A relative we spoke with told us, "There was a comprehensive assessment before my [Relative] came, so I was confident they would be safe here; there are lots of daily aids, such as bed sensors and staff are constantly responsive, people are not left alone."

The provider had measures in place to protect people from the risk of abuse. Staff we spoke with were familiar about the types and indicators of abuse and told us what action they would take if they suspected a person was being abused. Comments from staff included, "there are lots of things to look for, bruising, changes in behaviour, loss of appetite, not sleeping and being fearful". When safeguarding concerns had been raised, we saw that the service had acted quickly and worked with local safeguarding teams, the police and the disclosure and barring service. The disclosure and barring service is responsible for checking criminal records and ensuring that unsuitable people do not work with vulnerable groups.

Risks to people were assessed and their safety was managed and monitored so they were supported to stay safe and their freedom respected. People were free to move around the service. Due to the level of people's dementia they did not go out alone but were offered staff support to go out. Risks to people's health and well-being were assessed and plans were in place to keep them safe. For example falls assessments were completed and reviewed. Falls records included a summary of what had happened, actions that were needed and any further considerations. Guidance was available that showed staff what safe shoes looked like and included information about what made shoes unsafe. People's vision was also considered as being important when trying to prevent falls. An environmental 'slips trips and falls checklist' was completed regularly and was used to identify potential trip hazards, for example, trailing wires, doormats and the condition of flooring. The recently installed electronic care planning system was used effectively to identify the potential triggers of falls, including what the person was doing at the time of the fall and this was reviewed at least monthly.

There were sufficient numbers of staff to keep people safe and to meet their needs. People were attended to quickly but in a calm and unhurried fashion. Staff told us there was enough of them. Throughout the day we observed staff spending time chatting to people. People told us, "We get the same regular staff but can have different ones at weekends, there is always somebody here when I need them."

The provider followed a recruitment procedure to reduce the risk of employing unsuitable staff. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS) this is a check that is made to ensure potential staff have not been convicted of any offence which would make them unsuitable to work with vulnerable people. Staff files also contained proof of identity, an application form, a record of their interview and two references.

Medicines were managed safely. Medicines were stored in a locked medicines cabinet, attached to the wall, inside another locked area. We identified that temperatures for the medicines fridge had not been recorded correctly which meant the provider could not be sure medicines were always stored at the correct temperature. We raised this with the provider and registered manager who took immediate action to rectify this. An improved system was put in place and guidance posted by the fridge to alert staff.

People's medicines were administered as prescribed. Each person's medicines contained their photograph, details about their GP, any allergies and how they preferred to take their medicines. People's medicines administration records (MARs) were completed consistently and demonstrated people received their medicines as prescribed. The service had a 'take as needed' (PRN) protocol in place and staff recorded when people had been offered a PRN medication and when it had been declined. Staff recorded the dates that creams were opened. This meant that when the cream reached its expiry date, staff could dispose of the cream and people were not placed at risk from having ineffective creams applied. Body maps were completed for people who required cream with the name of the cream required and where the cream should be applied.

The service was bright and clean and smelt fresh. Staff understood how to avoid cross infection and told us they used personal protective equipment which they changed between providing care to people. There was a clear system in place to separate laundry and all staff were aware of this. Infection control audits carried out by the registered manager had identified an odour in one bedroom. The carpet had been replaced which had solved the problem. During our inspection housekeeping staff were present throughout the service and communal areas were kept clean and tidy.

The provider had an effective system in place to record and monitor incidents. The provider had recently implemented a new electronic system that improved how the registered manager and provider reviewed accidents and incidents to identify themes and areas for improvement. The system enabled the provider and registered manager to have up to date information about recorded incidents and to respond quickly. When action plans were created, we saw evidence that the actions had been completed. For example, one action plan involved the service making a referral to the GP to review a person's medication. The GP had been contacted and a review of medication completed. The provider and registered manager investigated incidents thoroughly and implemented any improvements needed.

The provider carried out checks and maintenance relating to equipment such as hoists, slings and the home's lift. Visitors signed a visitor's book which meant there was a clear record of who was visiting the building in case of an emergency. During our inspection a fire audit was carried out by an external contractor.

Good

Is the service effective?

Our findings

People we spoke with said they felt staff were well trained, capable and competent to look after them well. We were told, "Staff are pleasant and very able and well trained." A relative commented, "I am very impressed with the way staff have got to know my [relative] in a short time and are aware of their likes and dislikes; as far as I have seen they are very experienced and competent."

Staff received training and supervision to ensure they had the skills and competence to support people living at the service. Records showed that staff had the opportunity to raise training needs and to discuss what was going well. The registered manager raised any performance issues with individual staff and followed up to check improvements were made.

People had enough to eat and drink and were positive about the food. We were told, "I get plenty to eat, no complaints about food," and, "□I eat by myself in my room, I eat what I like, its all nicely cooked, lots of different things and plenty of roasts." Another person told us, "I enjoy all meals, all home cooking plenty of variety and choice."

We observed people's lunchtime experience. People were able to choose where to sit, drinks were offered and topped up as necessary. Meals looked appetising, portions sizes were appropriate, and people appeared to enjoy their meal. Staff asked people discreetly if they would like their food cut up.

People were able to eat at their own pace staff offered people help if they were struggling. One person who appeared not to like the meal was given a list of alternatives to choose from and beans on toast was freshly prepared; another person who declined to eat in the dining room requested a ham sandwich and a tin of beer which they consumed alone in another room.

Staff entered the amounts people had eaten and drunk onto their electronic notes. This was one of the care activities staff were required to complete on the new electronic care records system. This enabled the registered manager to have an overview of how much people were eating and drinking.

Staff at the service had good relationships with local healthcare professionals. When any concerns about a person's health was identified staff contacted the GP. District nurses visited the service regularly and were positive about the standard of care. When staff were concerned about a person's mental health they contacted the local mental health team. A relative told us, "I got a call to say a GP had visited my relative because staff suspected a problem which has been treated with antibiotics. They also arranged for a chiropodist to call within days of my request."

The service had a falls champion in place who liaised with health providers to keep up to date with best practice and guidance. This included meeting with the ambulance service to analyse trends in falls, when to call the ambulance and what to do when somebody falls.

The provider had made some adaptations to the building to support people living with dementia, however

they had identified further improvement was needed. For example signage was in place on bathroom doors and there was signage for one person who got lost on the stairs. This helped orientate them when they were on the way to their bedroom. During our inspection the service was visited by a specialist interior designer who the provider had employed to advise on making the environment dementia-friendly. The registered manager told us there were plans to improve the layout of the lounge.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Staff we spoke with could describe the principles of the MCA confidently and accurately. Comments from staff included, "Don't assume a person doesn't have capacity, assume they do" and, "Assume capacity unless proven otherwise. Give people a choice".

People's care records contained evidence of best interests' decisions. The assessments had been carried out by the registered manager and clearly recorded the decision to be made and if the person had the capacity to make a specific decision. People's records showed that whilst they had been assessed as not having capacity for some decisions, they did have capacity for others.

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). All sixteen people living at Oriel Lodge either had DoLS authorisations in place or an application had been made.

Good

Is the service caring?

Our findings

People we spoke with were very positive about the staff, they told us, "Staff are very kind and caring in attitude, they can't do enough for me; we laugh and chat, they talk to me just like my daughter. I like to be independent and they let me be, " and, "They are all kind, lovely and as good as gold; I think they like me, we get on fine."

Staff interacted with people in a natural friendly caring and compassionate manner. It was apparent that staff knew the people they cared for well and their likes and preferred choices.

Staff spoke to people using appropriate volume and tone of voice, terms of endearment were used appropriately with positive reactions. Staff took time to listen and responded to peoples' requests. Staff told us, "The best thing is the residents. I get to make a difference in someone else's life," and, "If people don't speak verbally, then you get to know them. You get to know their body language and the things they like."

It was evident from people's body language and manner that they felt safe and had a warm relationship with staff. Staff we spoke with knew people and their choices and preferences.

Throughout our visit we observed people supported in a relaxed and discreet manner by staff. One staff member assisted a person to clean their nose. They protected the person's dignity and asked the person's permission before cleaning their nose with a tissue. The member of staff explained what they were doing throughout the process.

People's care plans were written in a way that promoted their dignity. One person had behaviour which could challenge. Their plan explained what could cause the person to become upset and how staff could best support them.

Staff had information about how to support people emotionally. Care records contained information such as, "I benefit from you holding my hand or giving me a cuddle. I am very affectionate." Another person's care plan contained information about not liking to be in communal areas and what staff should do to support them.

Staff supported people to remain as independent as possible, "They are kind, they look after me very well, they are lovely and ask me if they can do anything for me but let me do what I can." A second person told us, "They are very nice people, all lovely, kind and lovely to me, we can talk about anything; I can do most things for myself, I am a bit of a loner, I prefer it that way."

Good

Is the service responsive?

Our findings

Throughout the day of our visit we observed staff sitting with people in the lounge and anticipating or responding to their needs; for example supporting people who wished to move into another area, or offering/making drinks the people requested. One relative told us, "When I visit I see staff sitting with people, they are very attentive and respond quickly to requests. They are flexible and get things done, like arranging a hairdresser to visit and within days of my [relative] moving in, staff had set up things in their room such as their memory clock and television."

People told us, "Staff are busy, but take time to sit and chat, they don't hustle us," and, "There is always someone to talk to; if you are worried, you can talk to them about it." We observed staff speaking in a gentle and caring way to a person who had come downstairs barefooted and in their nightwear. The person was crying and distressed and could not be persuaded to go back to their room. A member of staff brought their dressing gown and slippers to protect their dignity and escorted them into the dining room to have a cup of tea.

Care plans were person-centred. The provider had changed from a paper-based system to an electronic system. Everybody's care plan had been transferred to the new system. Each person's care plan began with, "What is important to me", followed by, "Things that worry or upset me", and, "Things that relax me". The care plan started with the person's emotional well-being. Staff recorded all care activities electronically which enabled the provider and registered manager to monitor and audit care activities as they happened. This meant they were aware when care had not been delivered and were able to intervene.

Staff had access to detailed information about people's care preferences. For example, one person's plan stated, "I don't like wetness, especially wet flannels when I have a wash" and further informed staff the person did not like to be cold. Their care plan advised staff to warm the person's clothes on the radiator before helping them dress.

There was an activities coordinator in post and people were encouraged to engage with activities. The activities coordinator told us that there was a 'knitting and natter' group, arts and craft sessions and memory work that involved looking at old photographs. People were offered the choice to visit the local park and café and one person attended a local arts and crafts group designed for people living with dementia. The service held a pub night once a month. People told us, "I like the quizzes, singing and entertainers; I will join in anything," and, "I enjoy doing the crafts and baking."

The service had a chick hatching program at Easter where people were able to watch chicks hatch and help look after them. There were regular visits from the Pets as Therapy (PAT) dog as well as a member of staff who brought in their dog. One person's care plan reminded staff that they loved animals and if they were feeling down a visit from the dog really cheered them up.

One person was supported to attend the local art museum to take part in a twelve-week course following them telling staff they were sad they could not get out to art shows. The activity co-ordinator had set up

links with the local primary school and begun a pen pal scheme. The children were to be invited for tea and cake to meet their pen pals.

There was a complaints procedure, complaints were responded to and actions put in place. For example, one relative had complained that an area of a bedroom was dusty and items had fallen down the back of the wardrobe. The registered manager arranged for a deep clean of the room to be completed.

The service had received a number of compliments from peoples' families. Typical comments included, "Thank you for all the care and support you gave my relative and me. I can't tell you how much it meant that he was surrounded by people who cared so much." Another family wrote, "I wouldn't have wanted her anywhere else. She was safe with you and as much as you liked her she liked you. She was happy there."

People were supported to have a pain-free and dignified death. One relative wrote, "Thank you for all you did in her last few days to make her comfortable. She was around people who knew her in familiar surroundings." One healthcare professional we spoke with said, "They genuinely care and look after people well in the palliative stages. Communication between them and us is very good. They do everything they can to make sure that the last few days are comfortable." Comments from staff included, "We try and make people as comfortable as we can."

Good

Is the service well-led?

Our findings

The service was well-managed. There was a coherent strategy in place to deliver compassionate person-centred care to people living at the service. The new provider had invested in making improvements to the service such as the electronic records system. This enabled the provider and registered manager to monitor the delivery of care as it happened. We also met the design specialist who had been engaged to improve the environment for people living with dementia.

One relative told us, "There is a caring atmosphere, nothing seems to be hurried, everybody is friendly; staff are superb and the manager is very professional and efficient and ready to answer any queries." People were not able to name the registered manager but we observed they knew her and were happy speaking with her.

Staff morale was good and a number of staff had been in post several years. The staff spoke positively about the registered manager. Comments from staff included, "[Registered Manager's name] is approachable and I would talk to them if there were any concerns" and one healthcare professional said, "the registered manager is great."

Staff worked effectively as a team and the staff that we spoke with told us that they felt part of a team. Comments from staff included, "I think it's pretty good team work, we see each other as people", and, "I enjoy my job, we have lovely staff and work as a team."

The provider and registered manager operated an effective governance system. Clear records were kept and the electronic system enabled monitoring of care provision and quality of notes. This system allowed the registered manager and provider to access a range of reports to aid them in monitoring the service quality on a daily basis. The registered manager undertook a range of audits including infection control, environment, safeguarding and medicines. Care plans were audited every three months. Where actions were needed an action plan was in place and followed up. The audit of people's weight carried out monthly did not have a column to identify a loss or gain, however this had already been identified by the registered manager and was to be done electronically on their care records system.

The service learned when things went wrong and made improvements. Recent alterations had been undertaken to the height of a bannister as the result of an incident that occurred in the home. The registered manager told us that because of the incident, they had learned to be more confident to challenge others in the best interests of people. The provider and registered manager demonstrated openness and transparency in the reporting of incidents to both family members and relevant authorities .

Meetings with staff and relatives were undertaken and suggestions were acted upon. For example, relatives of people had highlighted that they were not always offered tea or coffee on arrival to the home. The provider responded and told relatives that they would purchase new cups and saucers. During our inspection, we saw new cups and saucers had been purchased and were now in use.

Regular surveys were undertaken to better understand how people, staff and relatives felt about the service.

Feedback from the surveys was positive. For example, of seven responses submitted by relatives, all respondents agreed that a choice of food was offered and that they liked the way that care staff tried to help care for people. Relatives said people living in the home received the treatment that they needed when they needed it, for example the service arranging a visit from a chiropodist or hairdresser.