

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

About the service:

Oasis Lodge Residential Care Home provides accommodation, care and support for up to four people with autism and learning disabilities. There were three people using the service at the time of the inspection.

The care service had 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.

People's experience of using this service:

- People received safe care. Staff understood safeguarding procedures.
- Risk assessments were in place to manage risks within people's lives.
- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
- Medicines were stored and administered safely.
- Staffing support matched the level of assessed needs within the service during our inspection.
- Staff were trained to support people effectively.
- Staff were supervised well and felt confident in their roles.
- People were supported to have a varied diet.
- Healthcare needs were met, and people had access to health professionals as required.
- People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.
- Staff treated people with kindness, dignity and respect and spent time getting to know them.
- People were supported in the least restrictive way possible.
- Care plans reflected people's likes, dislikes and preferences.
- People were able to take part in a range of activities and outings.
- People and their family were involved in their own care planning as much as was possible.
- A complaints system was in place and was used effectively.
- The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.
- Audits of the service were detailed and any issues found were addressed promptly.
- The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection: Good (report published 26/07/2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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

Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Oasis Lodge Residential Care Home

## **Detailed findings**

## Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced. Inspection site visit activity started on 6 March 2019 and ended on 6 March 2019

What we did: Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection visit we spoke with one person using the service. We also spoke with two staff members and the registered manager . We looked at the care records of two people who used the service, we undertook a tour of the premises. We also examined records in relation to the management of the service such as quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes it's very safe here." Staff had received training and demonstrated a clear understanding of how to identify if a person may be at risk of harm or abuse and how to report their concerns.
- The registered manager reported safeguarding concerns to the local authority and other key agencies and acted to ensure people's safety.

Assessing risk, safety monitoring and management

- Risks to people's well-being and health were assessed and measures were in place to mitigate risks. Staff understood the plans in place and were comfortable supporting people. Risk assessments included health conditions, the environment, community use and activities.
- Staff regularly reviewed the risks associated with each person regularly and plans were further developed and updated when there was an increase or decrease in risk.
- Risks were assessed in a way which understood and promoted independence.

Staffing and recruitment

- People told us staffing levels were adequate. One person said, "There is always staff here. I can get help if I need it. There is always staff here at night time too."
- Records showed there were consistently enough staff on site to meet people's needs promptly.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People received their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.

Preventing and controlling infection

- The service was clean and tidy, and staff observed infection control procedures. One person said, "It's always clean here. I help to clean as well."
- The service had been given a rating of five out of five for food hygiene by the local authority.

Learning lessons when things go wrong

- Incidents and accidents were recorded as required, and monitored to identify any trends.
- Management and staff understood the need to regularly review activities and make changes if and when

required. For example, one staff member said, "The bowling session wasn't working, so we tried other things instead. [Name] was offered another days' attendance at their day service, but didn't want to go, so we do other things."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service to ensure they received the right care and support. This involved a transition in to the service that was completed at the pace suited to the person.
- Assessments took full account of people's social and cultural needs and considered compatibility with other people using the service.

Staff support: induction, training, skills and experience

- People were supported by a staff team who were trained and well supported. Training for staff included fire safety, infection control, moving and handling, food hygiene, safeguarding and risk assessing.
- Staff induction procedures for new staff included shadowing more experienced staff, and completing the Care Certificate. The Care Certificate is a course which covers the basic standards required in care.
- Staff said they could contact the registered manager for support at any time. Regular supervision took place which included the registered manager conducting spot checks on staff to monitor and assess competency.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet. We spoke with one person who told us they enjoyed the food they had at the service, and enjoyed going out to buy different food for lunch with staff support.
- Any specialist dietary needs were catered for, for example, one person was diabetic. Staff had good knowledge of how to ensure people received the correct diet for their needs, as well as the types of food that people liked and disliked.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to engage with their local community for both health and social wellbeing. This included booking and attending appointments when required to the GPs, psychiatrists and dentists.
- Staff had a good knowledge of people's health care requirements. One staff member said, "[Name] is in the best shape of their lives. They have been eating very healthily." A log of the input that people had with healthcare professionals was kept in their files to ensure all staff were up to date with these needs.

Adapting service, design, decoration to meet people's needs

- People had their own rooms which were decorated and personalised to their own needs and preferences. The service had a homely feel, with communal areas for people to use and an accessible garden.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were .

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt well care for. One person said, "The staff are nice, I like them." One staff member told us, "It is very rewarding working here. I am kind to people, and seeing their response is my reward."
- We saw a written compliment from a relative of a person using the service which said, '[Name] is very happy at Oasis Lodge. I and my family are very happy too. I am so pleased that [name] is with you.'
- Staff respected equality and diversity. This included respecting people's religious beliefs and background. One person attended a coffee morning at the local church. The staff said, "They are not practising their religion regularly, but they enjoy going and it is a part of their community."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to choose how they spent their time. Staff checked with people before providing support and encouraged them to express their views and wishes at all times.
- A 'Keyworker' scheme was in place. This meant that individual staff members had the responsibility to work with a certain person, check on their care, update their care plans, and generally involve people in their ongoing plan of care.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected. We saw that staff knocked on doors and asked people for permission before entering.
- People had keys to their own bedroom doors, to maintain their own personal space and to enable them to keep their belongings secure. One staff member said, "[Name] does not like anyone going in to their room when they are not there, so we respect that."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's goals, aspirations, likes and dislikes were set out in person centred plans. These plans did not always show when they had been reviewed and updated. The registered manager said they would implement changes to these plans to ensure they reflected the reviews and checks which took place.
- Care plans included sections such as 'Things important to me' 'Good things about me' and hobbies and interests. One person told us, "I like to go out to the shops. I'm going out today with [Staff name]. I get to do the things I like."
- People were supported to be as independent as they could be. One person was supported to attend a horticultural course at a college. Staff explained how the person required support to attend this course, complete homework, and prepare for exams. One staff member said, "[Name] is very proud of their achievements. They grow vegetables in the garden when the weather is better."
- People were given the support and time they required, and could take part in various activities, both inside the house and within the local community. The person we spoke with said they enjoyed going out with staff, and had enough to do.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and people knew how to use it. We saw some examples of complaints from residents such as noise complaints. All issues were responded to and resolved promptly.

End of life care and support

- No end of life care was being delivered. The service supported three younger people with learning disabilities, and end of life care was not required. We saw that people had been able to record their end of life wishes, including funeral arrangements. The registered manager was aware of the care that people may require should their needs change.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff were clear about their responsibilities and the leadership structure in place. People said they knew who the registered manager was and they were helpful. Staff told us they felt well supported by the registered provider and registered manager.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were confident in their roles and felt well supported. One staff member said, "The support I get is excellent. The registered manager is very good, and she cares about the people here. The staff team here are very enthusiastic, and the communication is good."
- Staff told us they were aware of the registered provider's whistle-blowing processes and could raise concerns with the local authority and the Care Quality Commission (CQC) if they felt any concerns they raised with the registered provider were not being listened to or acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Information was made available to people in different formats to ensure they could access and understand it. For example, pictures were used to explain information. This was in line with the Accessible Information Standard (AIS). The standard applies to people with a disability, impairment or sensory loss.
- Resident meetings were held which gave people a forum to feedback any concerns or ideas. We saw minutes of meetings which documented people talking about their own achievements, as well as discussing food and activities.

Continuous learning and improving care

- Regular audits were undertaken in all areas of the service to identify where improvements could be made, and actions were taken when required.
- Questionnaires were sent out to people, family members, and other health and social care professionals involved in people's care. This enabled them to comment on the overall quality of the care. We saw actions were taken as required.

Working in partnership with others

- The registered manager engaged and worked in partnership with others. For example, we saw they had volunteered for the 'Excellence in infection prevention and control assurance scheme'. This involved the local authority being invited in to conduct an infection control audit, the results of which were positive for the service.
- The service had also recently undergone a medicines audit from the local pharmacy, to check that all procedures and medicines stock were accurate.