

Mrs A G Jewell

Oak Lodge Residential Home

Inspection report

Oak Lodge Residential Home
98-100 Humber Road
Coventry
West Midlands
CV3 1BA

Tel: 02476448529

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

At the last inspection on 8 October 2015 the service was rated as Good. At this inspection we found the service remained Good.

Oak Lodge is registered to provide care and accommodation to a maximum of 15 older people. At the time of our inspection visit there were 15 people living at home. The provider was also the registered manager.

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.

Measures in place to ensure staff and the emergency services had the information needed to support people effectively in the event of a fire, or other emergency required improvement. Some emergency exits within the home were not fully and easily operational. Action was taken to address this following our inspection visit.

People were protected from the risks of abuse because staff received training in safeguarding and understood their responsibilities to raise any concerns. The registered manager checked staff were suitable for their role before they started working at the home and made sure there were enough staff to support people safely. Medicines were stored, administered and managed safely.

People and their relatives were included in planning how they were cared for and supported. Risks associated with people's care were identified and care was planned to minimise the risks. The management team regularly checked essential supplies and equipment were safe for people to use.

People were cared for and supported by an established staff team who were well trained and sufficiently skilled to meet people's need effectively. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People received a choice of meals and drinks that met their individual needs and were supported to access healthcare services when needed.

People and staff felt well cared for. Staff respected people's privacy and dignity and encouraged people to maintain their independence according to their wishes and abilities. People were encouraged to maintain their interests and take part in meaningful activities in the home and in the local community.

People told us they felt safe living at Oak Lodge and staff were happy working at the home. The management team and staff understood people's individual needs, preferences, likes and dislikes. Care records were personalised and up to date.

People and relatives were complimentary about the quality of service provided and the way the home was

managed. Staff felt supported and valued by the management team. The management team completed regular checks to monitor the quality of service provided and invited people and relatives to share their views about the service. The provider used feedback to ensure the service continually improved.

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?

The service was not consistently Safe.

Arrangements to keep people safe in the event of a fire, or other emergency required improvement. Action was taken to address this following our inspection. Risks associated with people's care were effectively managed. People felt safe living at Oak Lodge and staff understood their responsibilities to keep people safe from harm. Medicines were managed and administered safely. Staff were available to support people at the times they needed.

Requires Improvement



Is the service effective?

The service remains Good

Good



Is the service caring?

The service remains Good

Good



Is the service responsive?

The service remains Good

Good



Is the service well-led?

The service remains Good

Good



Oak Lodge Residential 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 24 August 2017 and was unannounced. The inspection team consisted of one 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.

Before the inspection visit, 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. We reviewed the information contained in the PIR during our inspection and found it reflected our inspection findings.

We also reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home and the statutory notifications the manager had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We also spoke to the local authority commissioners. Commissioners are people who contract a service, and monitor the care and support when services are paid for by the local authority. They had no feedback they needed to share with us about the service.

During our inspection visit, we spent time in the communal lounges to see how staff engaged with people who lived at the home. We spoke with seven people, one relative, two care staff, the provider who was also the registered manager of the service, and the deputy manager.

We reviewed three people's care records, including daily charts and accident and incident and falls records,

to see how people's care and support was planned and delivered. We looked at three staff recruitment files, the homes training matrix, records of complaints, medicines records and records associated with the provider's quality checking systems.

Is the service safe?

Our findings

At this inspection, we found the home was not as safe as we had found during the previous inspection. The rating has changed to Requires Improvement.

The provider had minimised risks related to the premises by contracting with specialist suppliers to service and maintain essential supplies and equipment. Records showed, for example, checks of emergency lighting, the water and gas supply had recently been completed.

However, improvements were required in managing risks in the event of an emergency. We found both emergency exit doors on the first floor were fitted with either a 'domestic' latch or a bolt. Once unbolted the second door required considerable force to open and would not close. We were concerned this meant the emergency exit doors may not be operated easily in the event of a fire or other emergency. We immediately raised our concerns with the registered manager. They told us they had not been aware of these issues and began to take action to address them. Following our visit we have received confirmation the fire doors were fully operational.

At the start of our visit we observed two bedroom doors were propped open with a waste paper bin and a chair. We asked the registered manager why the doors were propped open. They told us staff propped the doors open whilst assisting people and closed them once people had left their bedrooms. However, we saw the doors remained propped open when bedrooms were not occupied.

A plan of the building was not available in the home. This meant important information for the safety of people and visitors and the emergency services was not available. The registered manager told us this was because the plan of the home was 'very large' and had been sent away for 'downsizing and laminating'. The registered manager told us they would ensure a copy of the plan was returned as a priority. Since our visit we received assurance the plan was available.

People's care plans included personal emergency evacuation plans, which described the support they would need to evacuate the building in the event of an emergency. However, these were not easily accessible to staff and the emergency service. The registered manager began to address this during our visit.

A fire risk assessment of the premises had been undertaken by an external agency on 26 May 2017. Records showed all but one required action, to replace two wooden serving hatches between the kitchen and lounge, had been completed. This action was necessary to ensure 'suitable separation' between the two areas in the event of a fire. The registered manager told us a date had been agreed for the outstanding work to be completed.

Staff had regularly attended 'fire awareness' training and demonstrated they understood the actions they would take in the event of a fire or other emergency. One told us, "We do fire drills every six months and refresher training." They added, "It's really important that we all know exactly what to do. We are responsible for keeping the residents safe."

Risks associated with people's care and support had been assessed by the home's management and plans had been put in place to reduce the likelihood of people being put at risk. For example, some people were at risk of skin damage and to reduce this risk they had airflow mattresses to reduce the pressure on their skin when lying down, and 'pressure cushions' to reduce the risk of pressure sores developing when they sat in their chair. Staff were aware of the need to ensure this equipment was used.

People told us they felt safe living in the home because staff were available all day and night. Comments made included, "It's lovely here, quite safe." and "I'm safe as I can be. Staff are always here." We saw people were relaxed with staff and each other.

The provider took action to minimise risks of abuse, harm or neglect. Staff had attended training in safeguarding and protecting people from the risk of abuse. Staff understood the different types of abuse a person may experience, and understood their responsibilities to record and report any concerns. Staff knew about the provider's whistleblowing policy, which supported them to report any concerns if they thought risks to people's health, safety and well-being were not being taken seriously.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

The registered manager ensured there were enough staff available to support people. One person told us there were 'plenty of staff'. They added, "They are very quick if I need them." People received their care and support from an established and stable staff team who knew the people they supported well. Throughout our inspection visit we saw staff had time to sit and chat with people, as well as support people to meet their daily needs.

People received their medicines as prescribed. Staff were trained to administer medicines safely, and medicine records accurately reflected medicines administered. Medicines were stored safely and securely. We saw a member of staff administering medicines at lunchtime. They did this safely and ensured people received their medicines at the expected time.

Accidents and incidents records were completed, and there was a system in place to analyse the records to identify any patterns or trends to reduce further re-occurrences.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the rights of people who lived at Oak Lodge were protected. No one had a DoLS in place.

Staff demonstrated they understood the principles of the Act, they assumed everyone had capacity to make their own decisions unless it was established they could not. We saw staff asked for people's consent before they assisted them. Staff also ensured people had a choice of what they ate and drank throughout the day. One person commented, "I get three choices, if I don't like them I can have something else... the meals are like home cooking."

The provider ensured new staff were inducted into the home and on-going training supported all staff to update and further develop their knowledge and skills. One staff member told us they had worked alongside a more experienced staff member as part of their induction. They said, "This really helped. I got to know the residents and how things should be done." The provider's induction was linked to the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

Records showed staff were supported in their roles through regular team and individual meetings, including observations of their practice, with a member of the management team. Staff also had an annual appraisal of their work to help them look at what went well and to identify any areas for development.

People told us they had access to health care services when needed. Records we looked at showed this included GP's, district nurses and chiropodists. During the morning of our visit we heard a person telling staff they felt unwell. Later in the afternoon we saw the person was visited by their GP.

Is the service caring?

Our findings

At our previous inspection we found the service provided was caring, and at this inspection it continued to be. The rating continues to be Good.

People and a relative were very complimentary about the staff. Comments made included, "The staff are like family, very caring.", "Whenever I visit the staff are always friendly and seem attentive." and, "As I said earlier they are absolutely brilliant."

The atmosphere within Oak Lodge was homely and relaxed. The relationship between people and staff was warm and friendly.

People were involved in making everyday decisions and staff respected the decisions people made. One person told us, "I feel it's my home...I can do what I like." We saw some people preferred to spend some time in their rooms, whilst other people chose to spend their time chatting to each other in the lounges.

Staff understood the importance of respecting and ensuring people's privacy was maintained. One person described how staff 'always' knocked their bedroom door and waited to be invited before entering their bedroom. Throughout our visit we observed staff spoke discretely and quietly to people regarding personal care routines and respected people's privacy at all times.

People told us their relatives and friends were able to visit them at any time during the day or evening. One relative said, "I come at least twice a week. I don't have a set time or day and I'm always made to feel welcome. They are very hospitable."

People were supported to be as independent as possible. One person told us, "I go to the Co-Op by myself and I get picked up to go to my church." We heard one staff member asking a person if they would like to use the lift or the stairs to go to the lounge. The person replied, "The stairs today." The staff member told us on a 'good' day the person was able to use the stairs independently. They added, "This is important to [name]."

People's care records were stored securely, which ensured personal information was kept confidential.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

The registered manager told us they completed a 'pre-admission assessment' before a person came to live at Oak Lodge. They explained this helped them determine whether the home was suitable for the person to live in. A relative told us, "The home had a meeting to make sure [name] would like it here. [Name] is very happy."

Records showed care and support had been planned and reviewed in partnership with people and their families and in a way that met their personal goals and care needs. Care plans were person centred and contained detailed information about people's backgrounds, preferences and daily routines. Care plans were regularly reviewed and updated when required.

Staff told us they read people's care plans and got to know about people through the staff handover meeting which took place at the beginning of each shift. Staff said the handover was delivered verbally and was also written down so they could refer back if needed. One staff member told us the handover ensured they were up-to-date with any changes in people's support needs before they started their shift.

People and staff had developed meaningful relationships. One person told us this was because they were supported by a stable staff team who knew them well, and who understood how they preferred their care to be provided. A staff member told us during each shift they had 'lots of time to spend with people so they really got to know them' which was the main reason they 'loved' working at Oak Lodge.

We checked how complaints or concerns were managed by the home. No complaints had been made since our last inspection. However, people and a relative told us they knew how to make a complaint and would feel comfortable doing so. The provider's complaints policy was on display in the home.

When we asked people if they were supported to take part in activities and interests that they enjoyed and found stimulating, most people told us they were. One person told us they liked Irish music. They said, "They [staff] play it for me." During our visit another person played the piano whilst other people sang along. A list of planned activities was displayed around the home and included, musical exercise, visit to the local pub for lunch, bingo and arts and crafts. Minutes of residents meeting demonstrated people were asked to provide feedback about the activities provided and to make suggestions for 'other things' they would like to do.

Is the service well-led?

Our findings

At our previous inspection we found the home and staff was well-led, and at this inspection it continued to be. The rating continues to be Good.

People and a relative were happy with how the home was run. One person told us, "It's absolutely well managed here, 10/10." We saw the management team had a visible presence and worked alongside the staff team during our visit. This approach ensured they had an overview of how staff were providing care and support to people, and gave them the opportunity to speak with people and staff.

There was a clear management structure within the home. The registered manager who was also the provider had been in post since December 2014, and had provided consistent leadership. The registered manager was supported by a deputy manager with whom they had 'very good' working relationship. Throughout our inspection visit the management team demonstrated they had a detailed knowledge of individual people's and staff needs.

People and relatives were invited to share their views about the service provided through annual satisfaction surveys. Feedback from the latest questionnaire dated July 2017, showed the majority of people and families were 'very satisfied' with most aspects of the care received. Where people and relatives had thought improvements would help the home, action had been taken. For example, mattress toppers had been supplied because people said they did not like the mattresses.

The management team completed audits and checks to ensure they provided a good quality service, including audits of care plans, medicines and the environment. Records showed where the need for improvement had been identified action were taken. This ensured the service continuously improved.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications to inform us about important events and had displayed their latest CQC rating in the home.

We asked the registered manager how the home promoted equality, diversity and human rights. They told us each person was treated as an individual and their care and support needs were based on their individual needs, values, beliefs and preferences. The registered manager told us they had also completed a 'people and staff equality and diversity' analysis to inform the homes policies and procedures, and for the identification of any future staff training.

During our inspection we asked the registered manager what they were proud of about the home. They responded, "My staff. They work really hard. If you don't have good staff you don't have a good home, providing good quality care."