

# Majesticare (Oak Lodge) Limited







## Oak Lodge Care Home

### Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection was unannounced and took place on 3 February 2015.

Oak Lodge Care Home provides a service for people who require personal and nursing care. The home is able to accommodate up to 47 people. The building is divided into two parts. The main part provides nursing care to older people and The Acorns provides care to up to eight people who are living with dementia. At the time of the inspection there were 43 people living at the home.

There is 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.

The registered manager told us the ethos of the home was to provide a friendly environment for people and their friends and family, with a professional standard

# Summary of findings

of care. Their vision and values were communicated to staff through staff meetings, formal one to one supervisions and appraisals. Many people commented on the friendly and welcoming atmosphere.

People received effective care and support from staff who had the skills and knowledge to meet their needs.

However some improvements were needed to make sure people's legal rights were protected. Some people had pressure mats in their rooms which were linked to the call bell system and alerted staff when the person was moving about in their room. Although the reason for the pressure mat was documented there were no records to state if the person had the mental capacity to agree to its use or if a decision had been made in the person's best interests.

The registered manager was not fully up to date with changes to the law about how to keep people safe when they lacked the mental capacity to make a decision for themselves. This meant that some people may have restrictions placed on them without legal protection.

People told us they felt well cared for. One person said "I'm looked after so well I never have to ask for anything. They don't hesitate to help you." Another person told us "I feel very well looked after, no doubt about that."

People said they felt safe at the home and with the staff who supported them. There was a robust recruitment process in place which minimised the risks to people and all staff had received training on how to recognise and report abuse.

Some people who were living in the part of the home called The Acorns were unable to fully express their views to us due to their dementia. We observed there was a calm and relaxed atmosphere in this area and people were comfortable with the staff who were supporting them.

People and visitors expressed confidence in the staff and their ability to do the job. One person told us "The staff here are excellent." Another person said "They seem to have all the right skills."

In the main part of the home there was always a registered nurse on duty who was able to monitor people's healthcare needs and ensure they received appropriate treatment. People also had access to a range of healthcare professionals from outside the home according to their specific needs.

People received their medicines from staff who were competent in this area of practice. One person told us "I always get my tablets on time, no problems there." Another person said "System works well. Right tablets, right time."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. At lunch time people were able to choose where they ate their meal. People were offered choices of meals and received appropriate support and encouragement to eat. Opinions about the quality of food were varied.

Comments included "Food is always nice," "It's half good and half bad" and "Food isn't very well cooked."

# Summary of findings

## 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 safe.

There was a robust recruitment procedure which minimised the risks of abuse to people by ensuring staff were thoroughly checked before they began work.

There were enough staff to ensure the safety of the people who used the service.

Medicines in the home were securely stored and only administered by registered nurses and staff who had received specific training.

Good



### Is the service effective?

The service was effective but improvements were needed to make sure people who lacked the mental capacity to make decisions had their legal rights protected.

People were supported by staff who had the skills and knowledge to meet their needs.

People received food and drink in line with their assessed needs and were appropriately supported to eat and drink.

Requires Improvement



### Is the service caring?

The service was caring.

People were supported by staff who were kind and took time to listen to them.

Each person had their own bedroom and their privacy was respected.

When staff assisted people they did so in a way that was compassionate and promoted their dignity.

Good



### Is the service responsive?

The service was responsive.

People received care which was individual to their needs and wishes.

The staff responded to changes in people's needs which made sure they continued to be appropriately cared for.

There was a complaints procedure and people were confident that any concerns would be taken seriously and addressed.

Good



### Is the service well-led?

The service was well led.

Staff were aware of the visions and values of the home and comments from people showed these were put into practice.

Good



# Summary of findings

People told us they found the registered manager open and approachable. We saw everyone was very comfortable and relaxed with them.

There were systems in place to monitor practice and plan on-going improvements.

# Oak Lodge Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 3 February 2015 and was unannounced. It was carried out by an adult social care 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, 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 looked at the information in the PIR and also looked at other information we held about the home before the inspection visit. This is the first time the service has been inspected since the provider changed to Majesticare (Oak Lodge) Limited in August 2014.

At the time of our visit there were 43 people at the home. We spoke with 15 people and four visitors. We spoke with six members of staff and the registered manager. We also spoke with a doctor who was visiting the home and received feedback from a member of the local district nursing team.

We looked around the premises and observed care practices. We looked at records which related to people's individual care and to the running of the home. These included five care and support plans, two staff personnel files, records relating to quality assurance and medication administration records.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. People said staff were always kind and helpful. One person said “I think I could definitely say I feel safe. The staff are excellent and always helpful.” Another person said “I feel well looked after and very secure.”

Some people who were living in the part of the home called The Acorns were unable to fully express their views to us due to their dementia. We observed there was a calm and relaxed atmosphere in this area and people were comfortable with the staff supporting them.

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Staff personal files showed all staff were interviewed and thoroughly checked before they began work. Personal files contained written references from previous employers and evidence of a criminal records check.

Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One visitor told us “The staff are very friendly and nice. All the time I have been coming here I’ve never seen anything untoward.” Where allegations or concerns had been brought to the registered manager’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People were supported by sufficient numbers of staff to meet their needs. Some people commented staff were very busy but everyone felt their needs were met. One person told us they felt the home used too many agency staff. The registered manager explained they had used agency staff to cover vacancies, especially night nurse vacancies, but they had recently recruited additional staff.

Throughout our visit we saw staff responded to requests for assistance in a prompt manner. People were well dressed and clean showing staff took time to assist them with their personal hygiene and appearance. During lunch time people received appropriate individual support to assist them to eat their meal.

People said generally call bells were answered promptly but there were times when calls were not responded to as quickly as they would want. One person said “Sometimes they are busy with someone else and so you do have to wait. I think most people understand there are times when everyone wants help and you do need to wait a bit.” During the inspection one person we were visiting in their room rang their call bell and a member of staff responded in under three minutes. Throughout the day we monitored call bell response times and the longest wait we recorded was six minutes. This demonstrated there were adequate numbers of staff to respond to people’s requests for assistance.

Care plans contained risks assessments which outlined measures in place to enable people to receive care in a safe way. For example where people were at risk of falls, measures had been put in place to minimise these. These included making sure people had appropriate walking aids and access to pendant type call bells. There were risk assessments for the building to make sure it remained safe and each person had a personal evacuation plan to ensure they could be safely removed from the building in an emergency situation.

People’s medicines were administered by registered nurses and staff who had received specific training. Staff who administered medicines had their competency assessed on an annual basis to make sure their practice was safe. Medicines were administered to people in a safe manner and the nurse took time to explain to people what medication they were receiving and gave them opportunities to refuse. One person told us “I always get my tablets on time, no problems there.” Another person said “System works well. Right tablets, right time.”

There were suitable secure storage facilities for medicines to make sure they were stored safely. Medication administration records showed that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Some people were prescribed medicines on an ‘as required’ basis. Records showed, and we observed, people

## Is the service safe?

were offered these medicines on a regular basis. Where people were unable to express their need for medicines

verbally staff used the Abbey Pain Scale to determine people's need for as required pain relief. This is a check designed to measure pain in people who have dementia and are unable to verbalise their needs.

# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. However some improvements were needed to make sure people's legal rights in respect of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were protected.

Staff had received training and had a basic understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff said they always offered people choices and told us that if people were unable to make a choice they consulted family members and appropriate professionals to make sure decisions were made in the person's best interests. Some people had pressure mats in their rooms which were linked to the call bell system and alerted staff when the person was moving about in their room. Although the reason for the pressure mat was documented there were no records to state if the person had agreed to its use or if a decision had been made in the person's best interests.

People who moved into the Acorns also had their capacity assessed to ensure they were able to consent to the care being provided. Where people lacked the capacity to consent there was evidence that showed the decision had been discussed with relevant people and made in their best interests.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had previously made an application to the supervisory body when they had concerns about their ability to keep a person safe but was not up to date with recent changes to this legislation which may require further applications to be made. The registered manager informed us they would seek advice on this as a matter of urgency.

People were always asked for their consent before staff assisted them with any tasks. Throughout the day we heard staff asking people about the help they wanted. We saw

staff approach a person in their bedroom and ask if they would like to go downstairs. They said they would like to go down later and staff respected their decision. Another person was asked if they wished to remain in bed. The person said they would and staff asked if it was alright if they assisted them to make sure they were comfortable which the person agreed to. Some people needed staff to support them to mobilise using a mechanical hoist. On all occasions we saw staff assisting people in this way they gained the consent of the person and gave constant reassurance whilst assisting them.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. The registered manager told us in their Provider Information Return (PIR) that during their induction programme new staff had opportunities to shadow more experienced staff to get to know individuals and how they liked to be cared for. One person told us "New staff take time to get to know you but they usually have an old hand with them when they start."

People and visitors expressed confidence in the staff and their ability to do the job. One person told us "The staff here are excellent." Another person said "They seem to have all the right skills."

In the main part of the home there was always a registered nurse on duty who was able to monitor people's healthcare needs and ensure they received appropriate treatment. Nurses told us they had opportunities for on-going training which enabled them to keep their skills up to date and made sure people received a high standard of nursing care. One visitor said "They [relative] have improved physically since they moved in here." They told us the person was now more mobile and the staff had addressed issues relating to the person's continence.

People who lived in The Acorns were supported by staff who had received specialist training in the care of people who had dementia. A member of staff said "Training is good. I did a year long distance learning course and we are now doing another course. It really helps you to understand people." A senior member of staff in The Acorns had completed a facilitators' course based on research about dementia care from Stirling University. This training was being rolled out to all staff to make sure they had a good understanding of the needs of people living with dementia. Although staff had received appropriate training, on the day of our visit we saw interactions between staff



## Is the service effective?

and people living in The Acorns were quite task focussed and there was little evidence of them engaging in social interactions or activities unless a task was being performed.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person was drinking a food supplement drink and told us "They're trying to build me up. It seems to be working." This person's care plan showed staff had identified concerns about the person weight and they were receiving food supplements and were being regularly weighed. Weight records showed a gradual increase in their weight showing the plan was effective.

Another person's care plan showed they had been seen by a speech and language therapist who had recommended they should receive meals at a specific consistency and be physically supported to eat. At lunch time we saw a member of staff supporting this person and noted their meal was at the recommended consistency. They were unable to communicate verbally with us but gave us a big smile and a 'thumbs up' sign to show they were enjoying their meal.

At lunch time we saw people were able to choose where they ate their meal. Some people chose to eat in the main dining rooms, some ate in their rooms and others ate in lounge areas. People were offered choices of meals and

received appropriate support and encouragement to eat. Opinions about the quality of food were varied. Comments included "Food is always nice," "It's half good and half bad" and "Food isn't very well cooked." The main meal on the day of the inspection appeared to be enjoyed by most people, it was well presented and portions were ample.

The home arranged for people to see health care professionals according to their individual needs. One person told us staff assisted them to attend regular appointments with a specialist at a local hospital. Another person said staff always made sure they were seen by a doctor if they were unwell. A visiting doctor said there was good communication between the home and the surgery and they had no concerns about people's health care. A district nurse told us they believed people's nursing and personal care needs were met. They also said staff worked well with the community nurses and always sought advice when they were unsure about any situation or wished to have a clinical discussion about someone's care or treatment.

People were able to discuss their healthcare needs with a nurse at any time. During the morning a person shared their concerns about a healthcare issue with a nurse who later discussed this with a visiting doctor. One person told us "I can always talk to the nurses about my situation and my care."

# Is the service caring?

## Our findings

People said they were supported by kind and caring staff. Throughout our visit we observed staff speaking warmly and affectionately to people. One person told us “There is a general rule of kindness that seems to underpin everything they do. Kindness and understanding go a long way and there’s no shortage of that here.”

People told us they felt well cared for. One person said “I’m looked after so well I never have to ask for anything. They don’t hesitate to help you.” Another person told us “I feel very well looked after, no doubt about that.” A district nurse praised the passion and commitment of registered nurses and told us they thought they were particularly kind.

During the visit we saw many examples of staff showing care and compassion to people. Staff took time to listen to people and to answer any questions. One person was sat awkwardly in their chair and this was quickly noticed by a member of staff. They approached the person and helped them to reposition themselves with the aid of an additional cushion. The person said “They always make sure you are comfy.” In The Acorns one person wandered off during their meal and staff very gently encouraged them back to the table to finish their food.

At lunch time people were supported to eat in a way that was dignified and encouraged independence. Where people required physical assistance to eat staff did this at the person’s pace and did not rush them. We saw staff placing cushions on a dining room chair and a person told us “That’s for me, she knows what I like. Nothing is too much trouble.” When staff assisted people to mobilise they explained exactly what was happening and offered on-going reassurance.

People were treated with respect and dignity. In The Acorns staff quietly assisted a person to adjust their clothing to make sure their dignity was preserved. When staff assisted people to move using a hoist they made sure people were covered up. The home had a number of dignity champions who had an extra role in ensuring people were treated with dignity at all times. We spoke with one of these champions and they told us if they spotted anything they thought compromised people’s dignity they either dealt with it immediately or reported it to the manager. We were told “The manager is very good about privacy and dignity and they will always raise issues with any staff concerned.”

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. There were also quiet spaces around the home where people were able to spend time socialising with friends and family. One visitor said “They are always friendly and welcoming. We can come in anytime and we come in every day.”

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. One person told us “They know I prefer my own company and they are very respectful of that.” Another person told us they had requested not to have a male carer to assist them with personal care and staff respected their choice.

There were ways for people to express their views about their care. One person who had recently moved to the home said staff had spent time getting to know them and had been very quick to put a care plan in place. They said “I’ve been made to feel really welcome and if I have needed to talk to someone they have always been ready to listen. The night staff have been particularly kind and made me feel safe.” Another person said that although they had given detailed information about their preferred routines and needs they did not always feel these were implemented. However they also told us they had been to five local care homes and said “This one does rate quite highly.”

The staff provided compassionate and personalised care to people at the end of their lives. Care plans contained information about how and where people would like to be supported. They also gave information about the things that would be important to them at the end of their lives. A registered nurse attended a monthly palliative care meeting with other health care professionals to make sure people received the support and care they needed. Medication was available in the home to ensure people who were nearing the end of their life remained comfortable and pain free. A district nurse praised the care the staff gave to people at the end of life.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and caring way.

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person told us “It’s all about me and what I want, they have made that very clear.” Another person told us “When I moved in they took time to get to know me and ask about the things I wanted.”

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. One person was due to move into the home. Their needs had been assessed by the manager and there was an information pack in their room. Family members had been able to personalise the room before the person arrived to make sure they had everything they needed and would feel at home.

People received care and support which was responsive to their level of need. Assessments were carried out regarding people’s mobility, nutritional needs and the risk of pressure damage to their skin. Assessments were regularly reviewed and changes to care were made accordingly. Where someone’s assessment showed they were at high risk of pressure damage appropriate equipment was put in place to maintain their well-being and comfort. This included pressure relieving mattresses and cushions. Where a person was experiencing difficulty eating referrals were made to other professionals and staff adjusted the care given in response to the change.

Care plans were personalised to each individual to make sure staff had information about people’s needs and how they wished to be supported. Staff were knowledgeable about people and were seen chatting about their interests and family members. One person said “They know me well and how I like things.” A person who had recently moved in said “They already know what I want and they even make my tea just the way I like it.”

Staff were aware of people’s lifestyle choices and interests and tried to ensure they catered for people’s individual interests. One member of staff told us “Several people here used to be farmers and that’s one of the reason’s we have the chickens and other pets. We always make sure we adjust things to people’s likes and dislikes.”

In The Acorns each care plan contained a completed copy of the Alzheimer’s Society ‘This is me’ document. This is a short document which gives personal information about the individual which can be shared with other professionals who may need to provide care or support to the person. This meant that anyone involved in the persons care would have clear information about the person, their abilities and needs and could provide appropriate care and support.

People were able to take part in a range of activities according to their interests. Each morning an activity worker visited people in their rooms to chat and see if there was anything they would like to do. There was an afternoon activity programme which everyone received a copy of to enable them to decide what activities they would like to take part in. One person said “There are things going on but you don’t have to take part, you can pick and choose.” We saw photos of various activities that people had taken part in and some people told us about trips they had been on.

The Acorns had recently been redecorated and extended to include a large conservatory area which provided more space for people to move around. Memory boxes had been placed outside bedrooms to help people to find their own personal room. The conservatory contained magazines and various objects for people to interact with but we did not see staff encouraging people to use the new area or occupy themselves. However we observed that people in The Acorns were very relaxed and comfortable in their environment.

The home was taking part in ‘The Archie Project’ which is an intergenerational project designed to make communities more dementia friendly. The care home was linked to a local school and people had taken part in joint social and educational events. On the afternoon of the inspection some people went out to the school to watch a play.

People received a copy of the complaints procedure when they moved into the home. The complaints procedure we saw was in a written format and may not be easily understandable to everyone who lived at the home especially people living with dementia. Where complaints had been made they had been fully investigated and complainants were responded to with the outcome of any investigation.

No one gave any examples of specific complaints they had made but all expressed confidence in the registered

## Is the service responsive?

manager and staff team and said they would be happy to raise any issues. One person said “If I wasn’t happy I would complain and they would definitely do something to improve things.”

Several people told us staff always asked for their views and constantly checked they were happy with the care they

received. People said staff always listened to their views and acted in accordance with their wishes. One person said “It’s a friendly place you can talk to anyone and they will always listen.”

There were regular relatives and residents meetings. Minutes seen showed these were an opportunity for people to share information and views and make suggestions about the running of the home.

# Is the service well-led?

## Our findings

The registered manager told us the ethos of the home was to provide a friendly environment for people and families, with a professional standard of care. Their vision and values were communicated to staff through staff meetings, formal one to one supervisions and appraisals. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. For example we saw the registered manager had a discussion with one member of staff when they felt their attitude was not in line with the friendly philosophy of the home.

Throughout our visit we noted there was an extremely calm and relaxed atmosphere in the home and all visitors were made to feel welcome. Visitors all commented on the welcoming atmosphere. Comments included “The staff are very friendly and nice” and “They’re very friendly and welcoming.” One person who lived at the home said one of the main attractions of the home was how friendly everyone was.

Staff told us they were well supported by the registered manager who they found to be open and approachable. One member of staff said “She expects high standards but is very fair with everyone. You can always talk to her.” During the inspection the registered manager was very visible in the home and demonstrated a good knowledge of the people who lived and worked there. They spent time chatting to people and their visitors. A district nurse told us they always found the registered manager was open to constructive comments and always did their best to meet the needs and wishes of people and their families.

People received a good standard of care because there were constant checks in place and senior staff worked alongside other staff to continually monitor practice. The deputy manager told us a large part of their role was to work in the home and lead by example. A visiting doctor told us they always found the home to be well organised and it provided a good level of care.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. Recent improvements had included redecorating and enlarging The Acorns. There were also plans to improve a kitchen area on the first floor for people and their visitors to make hot drinks and eat together.

There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example a medication audit had identified some shortfalls in recording and minutes of a staff meeting demonstrated how this had been addressed with staff.

All accidents and incidents which occurred in the home were recorded and analysed. All accident reports were seen by the registered manager and action was taken to address any issues identified. For example where someone had a significant number of falls equipment had been put in place to improve their safety.

The registered manager informed us in their Provider Information Return (PIR) that in addition to in house audits and quality monitoring the provider had a compliance manager who regularly checked the home was complying with current legislation and good practice.

The registered manager was a registered nurse and held a qualification in leadership and management. They ensured their skills and knowledge were up to date by on-going training and reading.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager and heads of departments in dementia care, catering, activities housekeeping and maintenance. This ensured there was always a senior member of staff for people to share their views or concerns with. There was always a registered nurse on duty and a member of the management team on call which ensured people received care and support from experienced and skilled staff.

The provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.