

Midland Heart Limited

Oakwood Lodge

Inspection report

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Date of inspection visit:
18 October 2016

Date of publication:
16 December 2016

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

Oakwood Lodge provides personal care for people living in a purpose built complex where there are individual flats with shared facilities which includes a kitchen that provided meals to people who wish to purchase them, a dining room and lounge area. At the time of our inspection thirty seven people were receiving personal care services from the staff team who worked there.

The inspection of this service took place on 18 October 2016 and was announced.

There was a registered manager in post and they were present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who knew how to keep them safe and free from harm. Staff knew how to recognise and report any risks, problems or potential signs of abuse.

People lived independently with varying levels of support from the staff team. Staffing levels were determined based upon assessments of need and flexible support was also available if these needs changed. There were sufficient staff to meet people's care needs. Staff were able to provide safe support because risks were assessed and plans were in place to reduce and manage risks where possible. Assessments were reviewed and care plans amended as people's needs changed

People who required support to take their medicines were protected by safe systems for administering, storing and recording medicines. Training was in place to enable staff to safely support people when required.

People were supported by staff who had the knowledge and skills to provide effective support. Staff received good training opportunities and training was developed to meet people's individual needs and conditions. Staff were recruited through safe recruitment practices meaning that only people suitable to work in the role were appointed.

Staff understood their roles and responsibilities and worked well as a team to ensure people's needs were met. People's rights were protected under the Mental Capacity Act 2005 and staff understood how to protect people's human rights. People were supported to make choices in relation to the care and support they received and staff respected people's decisions to refuse or change their support to fit in with people's plans or preferences.

Staff worked with healthcare professionals to promote people's good health and monitored people when needed to identify that they were eating a diet that was suitable to meet their individual dietary needs.

Meals prepared at Oakwood Lodge received mixed feedback in relation to quality and variety. The registered manager was in the process of reviewing arrangements.

People were supported by staff who were caring and kind. People felt relaxed with staff and had consistency of staff who knew them well. People were supported to be involved in their care. People told us they were supported to remain as independent as possible and staff respected their privacy and dignity. Staff were aware that people could become socially isolated and so encouraged people to mix with others or take part in activities in order to reduce this risk.

People received a responsive service. They told us they received personal care and medicines on time and were informed if there were any unavoidable delays. People also told us that if they called for help they received prompt support. Staff told us that they had the flexibility to accommodate people's changing plans and routines.

People told us they were able to raise concerns and felt these would be acted on by the registered manager. The provider had an effective procedure in place to manage complaints.

People told us that they were regularly asked if they were happy with the service provided. They were involved and consulted in the running of the service and felt that their views and ideas were listened to and acted upon. Systems and processes were regularly audited and outcomes were acted upon to improve the quality of the service. The registered manager was open to formal and informal feedback from people in order to continually improve the service provided.

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 safe because staff knew how to protect them from the risk of potential abuse.

There were sufficient staff employed to meet people's needs safely and respond to additional requests for help and support.

People were supported by staff who were suitable to work with them because the provider's recruitment process was robust.

People were supported by staff to take their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were trained and supported to deliver effective care and support.

People's rights were protected under the Mental Capacity Act 2005 and staff offered individualised support.

People had access to on-going health care support. Staff worked effectively with healthcare professionals to promote and maintain people's good health.

Is the service caring?

Good 

The service was caring.

People received care and support that was delivered in a kind and compassionate way. People's privacy and dignity was respected and promoted.

People were listened to and were supported to make their own decisions and choices.

People felt that their views and opinions were listened to and that their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive to people's individual needs.

Staff knew how to respond to people's changing needs and did so promptly and efficiently.

People had their care and support needs kept under review.

People were confident that their complaints would be listened to, taken seriously and acted on.

Is the service well-led?

Good ●

The service was well-led.

The management of the service was open and transparent and staff working at all levels were clear about their roles and responsibilities.

People's views were sought in relation to the quality of the service provided.

There were procedures in place to monitor and review the quality of the service.

Oakwood 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 was 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 18 October 2016 and was announced. We gave the agency 24 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. 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 inspection team consisted of two inspectors.

As part of the inspection we spoke with five people who used the service. We spoke with the registered manager and four support staff.

We looked at extracts from four people's care and support plans. We also looked at a range of quality audits and two staff recruitment files.

Is the service safe?

Our findings

People were protected from harm because staff knew how to keep them safe and knew what to do if they had concerns about their safety or wellbeing. People told us that they felt safe in their home. They told us how they lived independently in their own homes but had pendant alarms that summoned staff if they needed help or additional support. One person told us, "Knowing someone is around makes me feel safe and their quick responses also make me feel safe." Another person told us, "I feel safe. Security is good. Staff will phone to ask if I am alright. When I buzz they come straight away."

Staff knew how to keep people safe and what to do if they had concerns about a person's safety. We spoke with four staff. They all told us they had received training to protect people from abuse which enabled them to recognise signs of abuse and act appropriately if they should witness it. They told us they would be confident to do this. The registered manager understood their responsibilities in relation to reporting concerns and we saw how they had referred concerns and liaised with social care professionals to keep people safe.

Staff promoted health and safety and safe working practices. Staff had received training to recognise hazards and they told us how they reviewed people's home environment to ensure it remained safe. Records were in place to demonstrate this. When risks were identified they were managed. We saw how one person had experienced an increased number of falls. The registered manager had assessed the risks in relation to this and increased support to the person especially first thing in the morning. The outcome was that the extra help had meant falls had decreased.

Staff responded quickly when people needed help. One person told us about a fall they had. They said, "Before I knew it four carers were there to help me." Staff knew how to respond when they found a person had fallen. They told us that training had given them the knowledge to assess the situation and take action appropriately. For example, one person had fallen and was uninjured. They were helped to their feet. One person fell and was in pain and staff called the emergency services. Staff told us that their first aid training had helped them to make decisions to ensure people received safe and effective treatment in an emergency.

People were supported by staff who had sufficient time to carry out tasks required of them safely. People told us that staff had time to spend with them and staff said they would never rush a person. People said that they were usually supported by the same staff meaning that they got to know them and vice versa. Staff could offer safe support in line with people's assessed needs. One person said, "We know the staff and we tend to have the same ones."

No one we spoke with had experienced a missed call and the registered manager told us there were processes in place to ensure this would never happen. Staff worked from job cards. These are written records of what each staff member needs to do each day and when they need to do it. On the cards some call times were specific and others were more general. For example, people's preferred getting up time was specified as was medication administration times. Calls to check on people's wellbeing were not always

specific. Staff told us they worked flexibly to meet people's needs. They also told us how they covered other staff member's calls in the event of their sickness or in an emergency. Staff told us that good team work meant they could ensure people's on-going safety and wellbeing.

People were supported by staff who had been properly checked to ensure they had the right background and attributes to support people safely and effectively. We looked at the recruitment files of two staff who worked at Oakwood Lodge. We saw the required information was available to demonstrate a safe recruitment process. For examples staff had to provide written references and have a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. The registered manager confirmed that all required checks were carried out prior to a staff member working unsupported. One staff member we spoke with confirmed they had been through this process. They understood the process, including the reasons they could not start work until all checks had been carried out.

People were involved in the recruitment process. The registered manager told us how they set up scenarios in people's homes and then assessed how the potential staff member responded. We saw how one person who used the service had commented on this during the interview process and their feedback had been considered when appointing the staff member.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely. People required varying levels of support to take their medicines and staff were aware of people's individual requirements. One person told us that staff prompted them to take their medicines. Other people told us that staff came to their homes at set times to administer them. One person told us, "Staff manage my medicines and I get them when needed." One person told us that their family member received pain relief medication as and when required. They said that staff came promptly to give them this meaning they could manage their pain. When staff supported people we saw that they completed records to show that the person had taken their medicines.

People told us that their medicines were stored securely in their homes. We saw how one person's medicine was supported by a risk assessment to identify how it should be stored and administered safely. The assessments said that the named medicines had to be stored securely and administered in the presence of two staff. The assessment had been agreed by the person and they had signed to say this arrangement was acceptable to them. Staff were aware of the arrangements in place to administering and storing certain types of medicines and we observed them administering in line with guidelines.

Staff told us that they had received training before they administered medicines and this gave them confidence to do it safely. They said the registered manager checked on their competence regularly and they found this reassuring. One staff member told us that they would like more information about side effects of medicines. The registered manager told us that they had arranged training with a local pharmacist who would be able to meet this identified training need.

Is the service effective?

Our findings

People who used the service told us they received effective support. They told us staff knew what was expected of them and they provided support in ways that they preferred. One person said, "Staff know how to care for me." Another person said, "Staff know their jobs and I can speak highly of them."

Staff told us they were well trained and received good training opportunities. One staff member told us, "We do a lot of training here." They said that the training was relevant to their job role and that all training was evaluated to ensure it was effective. Staff said they could also request additional training if they identified areas where they needed more knowledge to offer effective care. For example, one staff member told us they had wanted a better understanding of epilepsy. They attended training organised by the provider and as a result their confidence increased as they knew what signs to look for and could offer more effective support.

We spoke with a staff member who was relatively new to their role. They told us they had been very satisfied with the information they had been given about their role and the people they were to support. They were also satisfied with the support they had received. They told us they had signed up to the Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff told us they felt well supported. One staff member said, "Yes I feel well supported from managers and colleagues. We work well as a team." Another staff member said, "We are well supported here." Staff told us they had regular opportunities to speak on a one to one basis with senior staff to discuss their performance and personal and professional development.

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. Where a person lacks mental capacity to take particular decisions, any made of their behalf must be in their best interests and be as least restrictive to the person as possible. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and made sure staff received training to enhance their understanding. The registered manager had not had to make any requests for formal assessments of people's capacity. All of the staff we spoke with told us that people were able to make decisions and choices about the care and support they received. They also said that no one had any restrictions placed upon them that would affect their freedom or human rights. This correctly reflected what we observed and found during our inspection.

Staff shared examples with us of how they helped people to make informed decisions. For example, one

person was able to make decisions about what they wore if staff opened their wardrobe so they could see what they had. Staff told us most people could tell them what they wanted. They also told us sometimes people did not want to be supported as outlined in their care plan and staff were able to be flexible to change a time or rearrange a different day.

The people we spoke with required only minimal support in relation to eating and maintaining a healthy and nutritious diet. People told us staff came and helped them prepare meals they had chosen. People's nutritional and hydration needs were documented and staff told us that any special dietary requirements would be recorded to ensure they only offered people appropriate choices.

One person told us, "The food is good. Staff help me to prepare breakfast." Some people had a soft diet due to identified health needs. Staff knew who needed assistance and told us how they prepared food that was safe for them. One staff member told us they had requested training to better understand swallowing problems and identify creative ways to support people so they could continue to enjoy their food safely. This had been arranged and staff spoke positively about the information that had been shared.

People who lived at Oakwood Lodge had access to an onsite restaurant however the feedback about the quality of the food was mixed. Some people liked the meals on offer. Others said there was a lack of choice and variety. The registered manager was aware of the issues in relation to the restaurant and was actively consulting with people in an attempt to improve the service.

People were supported to have their health needs met if required. For example, people told us staff helped them to make contact with the GP and other health professionals as required. One person told us, "Staff will call the GP if we are unwell. Staff will assist us to attend medical appointments." Another person said, "If I am poorly the staff will call the GP or an ambulance for me." Some staff actively worked with healthcare professionals especially in relation to ordering and monitoring medicines. One person told us, "I had problems with my medicines and staff worked with the GP to sort it out." We saw how staff had made referrals for specialist support to help people remain in good health. For example, we saw a comprehensive referral to the speech and language team (SALT) when a person was having problems with swallowing. Staff told us how one person's health had deteriorated and they were having to offer the person physical assistance to eat. They said that with support from the SALT the person was now eating independently again.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person told us, "Staff are really nice and I say that from the bottom of my heart." Another person said, "Staff are wonderful. I have no complaints. They are all very nice with me." Throughout the inspection we saw positive interactions between people who used the service and the staff who were supporting them. People were relaxed in staff's company and people came to communal areas, including the offices, to say hello and engage in discussions about their plans, their families and their care. One staff member told us, "We provide a good quality of care. It's the staff that care. Staff have empathy. We are kind and caring. We go the extra mile for people." Another staff member said, "Staff are all kind and compassionate."

People received individualised care and support to enable them to become more independent. Everyone we spoke with valued their independence. One person told us, "I am happy because I have my own independence." Another person told us how staff enabled them to remain independent. They said, "Staff allow me to wash the areas I can do and they leave me to do this. I call them to wash the areas I can't reach. They will leave me alone in the toilet to give me some privacy." Staff told us that the people they supported had a range of needs. One staff member told us, "Care plans identify individual needs. They tell us how people like things to be done. We talk to people to get to know them and they also tell us how they like to be supported."

People told us staff always listened to them, and included them in decisions about their care. One person told us, "Staff are alright. They are polite and they listen to me." One staff member told us, "We have time to listen. This matters." Staff told us that they didn't just get to know what people needed in terms of physical support but they also got to know them as individuals. They knew about people's history, their likes and dislikes and people who were important to them. Staff told us they supported people to remain in contact with family and friends and they recognised the importance of this to people's wellbeing. One staff member told us how they had to offer specific support to one person so they could continue to stay in touch with certain people but in an environment where staff could be close by for support if needed. Staff told us that they worked flexibly to accommodate this demonstrating they recognised the family contact was important to the individual.

People were supported by staff who understood the importance of treating people with dignity and respect. People told us staff always treated them and their property with respect. People told us staff were polite. One person told us, "All of the staff are polite and kind." Staff told us they treated people with respect. They respected their wishes and their privacy. Most of the people we spoke with confirmed this. However one person said, "I would like staff to ring my bell and enter and acknowledge who they are. They do not all do this." We observed a staff member enter a person's home without knocking on one occasion during our inspection. We told the registered manager who agreed to address this issue. Other people told us that staff did respect their privacy by knocking before entering. One person told us, "Staff always knock or ring the bell before they come in." Another person said "Staff are very helpful. They respect my privacy and will knock on the door."

Is the service responsive?

Our findings

People told us they received a service that met their individual needs. People told us that their support needs had been assessed when they moved into their homes. They said that care plans were developed from these assessments and staff provided care and support in line with these assessments. For example one person told us, "They arrive at 8 am and this time is suitable for me. They do what I want them to do."

In addition to meeting people's assessed needs staff provided a responsive service, as matters arose for people. People had an emergency call system (that people called pendants) they used to summon support if they required help. Some people shared examples of when they had used their pendants and staff had responded promptly. Everyone we spoke with said this arrangement gave them peace of mind and was a 'lifeline' to enable them to remain independent.

Staff told us they were responsive to meeting people's changing needs. One staff member said, "We get to know people so we can monitor changes and offer support or make referrals to GPs etc." For example one staff member told us how they noted that one person was requiring more time to have their needs met. They reported this to the registered manager who contacted the local authority and negotiated additional funding to extend their care provision. As a result staff had more time allocated to support the person. They are able to meet the person's needs in the time allocated.

People told us they had no concerns or worries about the support they received or the way that the service was run. They told us that if they did they would be confident to speak with staff who supported them or staff working in the office. Everyone told us they would be confident to do this. One person told us, "I've never had any concerns about the service. I've never complained. If I had any concerns I would go to the office." Another person said, "If I had any complaints I would write a letter. But I've never complained." Other people said they would, "Press the buzzer." if they had any worries or complaints.

Staff knew there was a complaints procedure in place. They told us they would always sit and talk with someone to see if their concerns could be resolved quickly and informally. Staff had confidence that the registered manager would listen to them and take prompt action if they shared concerns on behalf of people. We saw the complaints procedure displayed in the reception area of the building which detailed how people could make a complaint. We saw the registered manager had a system in place to record complaints although none had been received recently. We saw in the past, when complaints had been received, action had been taken to resolve them to people's satisfaction. The registered manager told us complaints were also 'centrally logged' meaning they were shared openly with senior managers. Senior managers monitored outcomes to ensure investigations took place and were thorough. We saw that audits identified areas where issues had been raised and resolved.

The registered manager also kept a record of compliments made about the service provided. We saw thank you cards acknowledging staff's kindness and support. The registered manager told us that compliments

were shared with staff as were complaints.

Is the service well-led?

Our findings

People who lived at Oakwood Lodge spoke positively about the registered manager and the staff who supported them. People said they saw the registered manager regularly and could speak with them whenever they needed to. We saw people popping into the office for support and advice during our inspection and the registered manager responded positively to them. One person told us, "Yeah she's very nice, very approachable." One person told us that the registered manager had offered additional support to them when they needed help. They told us, "[The registered manager} is very helpful and nice. I had a problem with my rent. They sorted it for me." The registered manager told us they were committed to helping people in whatever way they could. One person told us, "I don't see the manager a lot but when we do meet they are very friendly and goes out of their way to say hello to me."

Staff told us the registered manager was very supportive and that Midland Heart was a good organisation to work for. One staff member told us, "There is an open culture here. I feel that I could approach the manager about anything." Staff told us how they attended regular meetings to discuss the running of the service and met at the start and end of each shift to share information.

Staff knew about the whistle blowing policy and procedure and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had not received any recent notifications. However, the registered manager was aware of their responsibilities in relation to this requirement.

The registered manager learnt from their experiences of doing the job and used these experiences to reflect upon practice and continually improve. For example they reviewed accidents and incidents. They gave us examples where people's risks of falls, for example, had been reduced as a result of close monitoring and preventative actions being taken.

People felt involved in the development of the service because their views were listened to and acted upon. The registered manager organised meetings with people who used the service to discuss developments and changes. We saw that the latest meeting discussed the quality of the food provided on site. The registered told us that as a result they had started a consultation process to gather the views of more people. There was a 'customer involvement' folder in the main reception area that contained feedback and responses to suggestions and ideas. One person who lived at Oakwood Lodge attended meetings at different schemes under the same provider to share ideas and examples of good practice. They fed back to people who lived at Oakwood Lodge.

People told us they had completed questionnaires about the running of the service and we saw some completed ones. Some people could not recall being asked if they were happy with the service provided but records reflected that feedback had been sought. The registered manager told us how they were always

looking at ways to effectively share information with people and staff. Staff reflected that people's views were sought and they gave us examples of how the service had changed in response to feedback. For example one staff member told us that people requested fish and chip suppers and this had been implemented. Another staff member said that certain activity evenings had been implemented in response to people saying there were not enough on offer.

The registered manager told us that meetings for people who used the service were well attended and they thought this was because the timing of the meeting was straight after lunch when people were already in the communal area. They told us people had recently commented on the lack of activities. They told us that as a result they had initiated the support of a volunteer to arrange activities for a three week trial period. They said that if people responded positively to this they would make a case to senior managers to appoint a full time coordinator.

The service was regularly audited by the senior staff. The registered manager told us they had recently carried out an audit on pendant response times. Outcomes had been positive overall. They also told us how medicines were regularly checked as were care records. We saw that when audits were carried out, objectives were set to improve the service. Senior managers also reviewed the use of agency staff and were currently looking at how they could proactively reduce this by using their own staff. Staff spoke to us about changes to their rotas and all commented that the changes had been positive for the people who used the service. They told us that staff could now offer more flexibility in relation to times and offer more consistency with the reduced use of agency staff.