Oakleigh Healthcare (Dudley) Limited

Oakleigh Lodge

Inspection report

158-160 Stourbridge Road
Dudley
West Midlands
DY1 2ER

Tel: 01384232482
Website: www.oakleigh-healthcare.co.uk

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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
Oakleigh Lodge is a residential care home that provides accommodation and personal care to 19 people who live with a learning disability, mental health needs or autistic spectrum disorder. Oakleigh Lodge accommodates 13 people in a main house and six people in adjoining flats. Everyone being supported at Oakleigh Lodge had access to the large garden and communal areas within the main house.

The service had not been designed in line with Registering Right Support and other best practice guidance. This was in terms of the size which is not small scale and the location. However, during the inspection visit, we saw the care being provided was meeting the current needs of the people living at the service. The service had been developed so people who use the service could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. At the time of our inspection, people using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service and what we found
People felt safe and were supported by staff who knew how to protect people from avoidable harm.
Risks to people's health and well-being had been identified, assessed and monitored to ensure people received safe care and treatment.
People received their medication as prescribed.
Staff were recruited safely, and processes checked the background of potential new staff.
There were enough staff with the right expertise to meet people's needs.
Staff received a thorough induction when they started working at the home, but training had not always been refreshed in line with the provider's expected timeframes. Despite this, people were supported by staff who knew them well.
The home was clean, tidy and well maintained. There was a high level of compliance with good infection control practices.
People and relatives told us staff were caring, kind and treated people with dignity and respect.
Assessments were complete before people moved into the home which meant staff could be sure they could meet their individual needs.
The service sought to apply the principles and values of Registering the Right Support and other best practice guidance despite its size. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
People told us they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
People had identified goals they wished to achieve but there was limited information in care records about what staff could do to support people to achieve these goals.
People made their own decisions about their care and were supported by staff who understood the

principles of the Mental Capacity Act 2005.
Referrals were made to healthcare professionals where required to ensure people's health needs were met.
People's nutritional needs had been assessed and guidance was provided in care plans for staff about how to encourage people to maintain a healthy diet whilst minimising risks such as choking and allergies.
People and relatives knew how to raise concerns and were confident action would be taken in a timely way.
Relatives told us they were always kept up to date with important information relating to their family member and could contact the registered manager or director at any time.
People and relatives told us the service was well-led and spoke positively of the management team at the home.
The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care.

Rating at last inspection
The last rating for this service was good (published 19 February 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakleigh Lodge on our website at www.cqc.org.uk.

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.

Oakleigh Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors and an assistant inspector.

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

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.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager, a team leader, the cook and three support workers. We also spoke with the director of the provider company who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records which included two people's care records in full and specific issues in other people's care records. We reviewed four people's medicine records and looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the overall management at the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at meeting minutes and spoke to a healthcare professional who regularly visits the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe. Comments included, "I feel [person] is definitely safe" and "If you've got any concerns, any worries, there is always a staff member to talk to."
- Staff understood safeguarding procedures and how to keep people safe. One staff member told us, "We have had training and learned about the different types of abuse. I would go straight to a senior carer if I suspected abuse and document exactly what I have seen."
- Staff felt confident any concerns would be investigated thoroughly by the registered manager.
- The registered manager understood their safeguarding responsibilities and had made referrals to the local authority and CQC where necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified, assessed and monitored to ensure people received safe care and treatment.
- Overall, risk management plans informed staff how to manage identified risks. However, some people living at the service could become distressed due to their complex needs and were at risk of harming themselves or others. Behaviour management plans informed staff about where people were at risk but lacked detail which meant staff may not have always responded to people in a consistent way. We discussed this with the registered manager who had recognised the need for some people to have a positive behaviour support plan and this was in the process of being completed.
- The provider had considered the varying needs of people and had used assistive technology to support staff to keep people safe. For example, as a result of their epilepsy, one person sometimes had seizures during the night. A sensor mat had been placed under their mattress to summon assistance from staff.
- Environmental risks had been identified, assessed and monitored. For example, personal emergency evacuation plans were in place to enable people to safely exit the building during an emergency.

Staffing and recruitment

- The service had a robust recruitment process. Records showed staff were unable to start working at the service until the provider had received all required pre-employment checks. This included an enhanced Disclosure and Barring Service [DBS] check which checked employees were suitable for working with vulnerable people.
- People and relatives told us there were enough staff to keep people safe. Comments included, "There is always a staff member there to talk to."
- Staff used the 24 hour on-call system to seek emergency advice when necessary. The on-call system also ensured any unexpected staff shortages were resolved.

Using medicines safely

● People received their medicines as prescribed. Medicines were stored, recorded and administered safely.

● Care records included information about how people liked to take their medicines and demonstrated people's medicines were reviewed regularly with other healthcare professionals to ensure they remained effective and appropriate for people's individual needs.

● Protocols to guide staff when administering 'as required' medicines were in place which ensured people were given this type of medication consistently by staff.

● Staff administering medicines had received training in safe medicines management and their competency to administer medicines had been assessed.

● A medication audit was completed annually by an external pharmacy to ensure medication processes were in line with best practice guidelines.

Preventing and controlling infection

● The home was clean, tidy and well maintained. Staff had received infection control training and were regularly reminded about safe infection control practices.

● Staff wore personal protective clothing such as disposable gloves and aprons to reduce the spread of infection.

● In a recent external infection control audit, the home achieved a rating of 98% compliance.

Learning lessons when things go wrong

● Staff understood their responsibilities to respond to and report accidents and incidents.

● Accidents and incidents were recorded, reported and monitored. The registered manager reviewed and evaluated the records to identify any patterns or trend and whether a referral to other health professionals was needed. The registered manager discussed these with staff to ensure appropriate action was taken to minimise the risks of a reoccurrence.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and preferences had been thoroughly assessed by a multi-disciplinary team before they moved into the home. This assessment enabled the registered manager to make an informed decision as to whether the service could meet each person's needs.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs. Information about people's conditions were clearly documented and included information as to how this impacted on a person's day to day life and the support they required.
- Assessments were used to develop individual care plans and regularly reviewed. However, we found two occasions where care plan's had not been updated following advice from a healthcare professional. The registered manager assured us these recommendations had been followed and declined by the person but accepted they had not been recorded and reflected within the care plan.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which included time working alongside experienced staff to learn about people's personal routines and preferences. One staff member told us, "The shadowing definitely made me feel confident as I got to know people's routines."
- Records showed whilst staff had received appropriate training, it had not always been refreshed in line with the provider's expected timeframes. A plan was in place to ensure this training was complete following our visit and the system for planning and recording training was being improved.
- Specialist training was offered to meet the individual needs of the people living at the service. This included, autism awareness and epilepsy. One staff member explained, "This training really helps as seeing a seizure for the first time can be nerve-wracking, but this prepares you."
- Staff told us they had regular opportunities to discuss their training needs, welfare and professional development during supervision.

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

- People's nutritional needs had been assessed and guidance was provided in care plans for staff about how to encourage people to maintain a healthy diet whilst minimising risks such as choking and allergies.
- Where necessary, referrals had been made to other healthcare professionals to promote healthy eating. For example, with the support of a dietician, staff supported one person with a healthy eating traffic light system where foods listed as 'red' to indicate 'unhealthy' foods that should only be eaten occasionally.
- The service had a cook who designed the menu with input from people living at the home.
- The dining experience gave opportunity for social interaction and was relaxed and pleasant. However, it

was acknowledged by the provider some practices did not fully reflect the principles and values of Registering the Right Support. For example, due to the number of people living the home, the lunch time meal was being served over two 'sittings' to ensure people's dietary needs were met. It was not clear if people had choice over what time they had their lunch as a visual aid was present outside the kitchen which told staff which people should sit on each sitting. We discussed this with the registered manager who assured us people could eat at the time they wished but accepted this did not promote the principles of person-centred care. Action had been taken to remove the scheduled sittings but some people living at the service had asked for this structure to remain in place. The registered manager assured us this would be regularly discussed in meetings to ensure everyone understood they could eat at times they chose.

● Records also showed everyone living at the service had automatically been placed on fluid monitoring charts with the same target amounts that were not always reached. We discussed this with the registered manager who confirmed fluids would now only be monitored where there was an assessed health need.

● People were positive about the food provided. Comments included, "I like all the food. When I moved in the cook went through what I like to eat. There is always a choice and always something I like."

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

● Some people had complex health conditions. Records demonstrated a collaborative approach between staff and healthcare professionals to improve outcomes for people.

● A healthcare professional told us, "They [staff] are proactive in seeking timely advice from both our service and, from what I have observed, primary care services."

● People had 'hospital passports' which contained important information about the person that could be passed quickly to health care staff if it was necessary for the person to be admitted to hospital.

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

● Oakleigh Lodge is bigger than most domestic properties and is located along a dual carriageway. The home had one vehicle which could present a challenge to people being able to go out, but people were encouraged to use public transport, walk or where necessary, use taxis.

● Each bedroom had an en-suite facility to maximise people's privacy. Bedrooms were personalised and decorated to suit people's individual tastes.

● Within the grounds of Oakleigh Lodge there were six adjoining self-contained flats that had been purpose built to offer people a more independent living style accommodation. The aim of these flats was to increase people's independence within a safe environment before they moved into independent living accommodation.

● Everyone living at Oakleigh Lodge had access to a large garden, two large communal dining / lounge areas and two smaller lounges that were being used as a quiet and activity room. There was also a sensory room with visual lighting and touch and feel apparatus to stimulate the senses. These areas could be accessed individually or as part of a group.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff encouraged people to make day to day decisions about their care. One person told us, "I can get up and go to bed when I want to."

● Staff understood the principles of the Act. One staff member told us, "Mental capacity is the ability to make decisions and is decision specific. Just because someone can't make a decision about one thing, they might be able to if you break it down or ask it in another way."

● Where people had capacity, they had given their consent to the way in which their care was delivered.

● Where people lacked capacity, applications had been made through the DoLS procedure to ensure any restrictions were done lawfully. During this process mental capacity assessments had been complete by the local authority. However, there was no clear internal process to demonstrate how the service had come to a decision a person lacked capacity to make specific decisions. Following our visit, the registered manager confirmed a plan was in place to ensure internal capacity assessments had been complete for specific decisions where necessary.

● We questioned the use of video surveillance in the form of closed-circuit television installed in the communal areas of the home. The director told us this had not been activated and they understood what action was needed if this was switched on to protect the human rights of the people using the service.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 and relatives told us staff treated them in a kind and caring way. Comments included, "The staff are lovely" and "Staff seem to really care about the people."
- A healthcare professional told us, "In my experience staff have shown compassion and are caring towards their residents."
- We noted some kind and caring interactions. For example, one person had become upset and staff acted quickly to identify what had upset the person and offered them reassurance by holding their hand.
- One staff member explained to a person who was partially sighted, the colours of the room they were in and who was present in order to orientate the person with their surroundings.
- The registered manager told us that equality and diversity was actively promoted within the home. They explained the home was located within a multicultural and diverse area and it was important people and staff felt they were treated equitably.
- Staff told us people's diverse cultures were celebrated each month. Parties were organised for those people who wanted to attend, and we saw photographs of people sampling different foods, clothes and special items from various cultures. The next planned celebration was due to take place in July to celebrate America's Independence Day.
- People were encouraged to celebrate important events such as birthday's and the cook made each person a special cake based on their individual interests.

Supporting people to express their views and be involved in making decisions about their care
- People were encouraged express their views. People were asked what they would like to drink, where they would like to sit and what they would like to do during the day.
- Staff respected people's decisions. For example, one person did not want to join an organised group movement class and told us, "I didn't want to join in, so I am making this card."
- Where people needed extra help to make decisions, advocacy information was available.
- People were encouraged to express their views about the home in monthly 'resident meetings'. One person told us, "It is an opportunity to talk about concerns or specific places we want to go; I have suggested a pool tournament."

Respecting and promoting people's privacy, dignity and independence
- People were treated with dignity and respect. Staff knocked on people's doors before they entered and respected times when a person wanted to be on their own. A relative told us, "When we visit, staff always ask

[person] if they want them to stay or leave us for some family time which shows they respect [person's] privacy."

● Staff encouraged independence and included people in the running of the home. For example, some people were involved in planning family events at the home.

● Care plans promoted people's independence. For example, one person's care plan made it clear that when the person was having a 'good day' they could transfer independently. They only required staff support on days they were not feeling so well.

● A relative told us, "The staff there are actively encouraged to take part in their life. They treat them like family."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People looked relaxed and spent time doing things they enjoyed. During our visit we saw people making cards, signing on a karaoke machine, listening to music and relaxing in the sensory room.

● Records showed whilst group activities were offered, people were also supported to pursue interests and hobbies of their own. For example, one person enjoyed visits to the theatre whilst someone else had been to a wrestling match and attended church groups. One staff member told us, "We respect that people don't like to do the same things ."

● People told us staff supported them to do things they liked. Comments included, "I can go out as often as I like" and "If you want to go to a place, they'll help you."

● People were encouraged to maintain relationships with people who were important to them. On the day of our visit, one person had been out with their family which clearly meant a lot to the person. One relative told us, "We come most days and are always welcomed anytime."

● Events that involved family members and friends were organised to celebrate the time of year such as Christmas and summer. On the weekend following our visit, there was an organised family summer fayre. Pictures displayed in the home showed how much people enjoyed the day last year. One person enjoyed telling us about some of the plans for the day and how they had helped with the preparations.

● People were encouraged to develop links with other organisations which brought pleasure to their lives. For example, people had raised funds for a local greyhound trust and an adopted greyhound was now living in the home. One person had taken on the major role in looking after the greyhound which had given them a role of responsibility.

● People took part in community social events such as attending a local social club and woodcraft group where other likeminded people which provided opportunities to forge new friendships.

● Activity boards were on display throughout the home, but these did not always reflect the activities available on that particular day which could cause confusion. The registered manager took immediate action and removed these following our visit as they wanted to review how group activities were communicated to people.

● Relatives spoke positively of the activities provided at Oakleigh Lodge. Comments included, "[Person] is definitely doing everything they want to. They do more there than they ever did here [the family home]" and "[Person] gets to do the things they want to, there is no doubt about that. But in a planned and safe way. [Person is not just a number]."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People and their families had been involved in the planning of their care. One relative told us, "They asked

me questions about how [person] likes her care and wrote it in the care plan."
● It was not always clear how staff encouraged people to achieve goals meaningful to them. We discussed this with the registered manager who explained this was an area they had already identified needed to be improved and were working on enhancing the keyworker role so that personal goals to be identified and achieved.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Care plans contained information about people's preferred method of communication and described how staff should engage with people to ensure they provided responsive care. For example, some people used facial expressions to communicate whilst another communicated using pictures.
● Information was provided to people in a format people could understand. One person had recently moved to the home communicated using braille and had helped the registered manager transfer the resident survey into this form to enable them to better understand the questions. The registered manager had accepted the challenge set by the person of learning braille in order to read their response. This person's relative told us, "[Person] has set the manager a challenge now of changing their whole care plan into braille."

Improving care quality in response to complaints or concerns
● The provider had a policy and procedure for dealing with any concerns or complaints. This was displayed in the entrance to the home. The local authority easy read complaints procedure was also displayed.
● There had been no formal complaints within the 12 months prior to our inspection, however people and relatives knew how to complain and had confidence any concern would be investigated thoroughly.

End of life care and support
● At the time of the inspection there was no end of life care being delivered. However, staff received palliative care training and had recently supported a person at this stage of their life.
● The registered manager explained when this was required, the service would liaise with other healthcare professionals to ensure people received the right care and support.
● People's records included information about their next of kin and any specific cultural or religious aspects of a person's care, which may be needed in the event of their sudden death but end of life preferences had not always been considered.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the leadership at the home. One relative told us, "The owner needs a medal. It is excellent. I couldn't be happier with everything they do for [person]. If you were at the summer fayre, you would see what they do and how inclusive they make it".
- People and relatives consistently told us the service was well led. Comments included, "The home is one of the best I have ever seen, and I have seen lot" and "I love it here. It's my home."
- Staff told us they enjoyed working at the home and felt they worked as a team to achieve good outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care. However, we identified one occasion when the registered manager had raised a safeguarding concern with the local authority but failed to notify us. Whilst the local authority had said it was not a safeguarding incident, we reminded the registered manager of their responsibility to notify of us all safeguarding referrals.
- The rating of the last inspection was displayed on the provider website and in the home .
- The registered manager completed regular checks to ensure the service was working in line with the regulations. For example, a 'management audit tool' was complete to check areas such staffing levels and infection control.
- Regular observations were completed on staff to ensure they were working in line with the provider's expectations. This included how they communicated with people and whether the person was happy with the way the staff member supported them.
- The director and registered manager kept up to date with good practice guidelines by attending care shows and provider forums in the local area, as well as being members of Skills for Care and West Midlands Care Association.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked in a transparent and open way. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Meetings were held to ensure people were involved in the running of the service. One person told us, "We asked for different stuff [arts and crafts] and they have gone out and got all of this for us."

● People's care was planned, monitored and reviewed regularly. Care plans had detailed information about the support people required and respecting their wishes whilst promoting their safety and independence, where possible.

● Staff felt valued and well supported by the management team. Staff had regular team meetings and felt comfortable making suggestions.

● A healthcare professional told us, "Staff engage well with advice and employ monitoring of mood, behaviour and epilepsy as advised."