

Cedar Care Homes Limited

Oakhill Lodge

Inspection report

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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

The inspection took place on 28 September 2017 and was unannounced.

The service provides rehabilitation for up to 14 people who are aiming to live back in their own homes following a period of ill health. At the time of our inspection, nine people were using the service. There was a manager in day to day charge of the Lodge and a registered manager supporting them. 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.

We found that people were safe. The recruitment process for two members of staff didn't fully meet the requirements of legislation. However the HR representative and registered manager told us that since these staff had been recruited, processes were more robust.

There were sufficient numbers of staff to ensure people's safety and meet their needs. People told us call bells were answered quickly and staff were always available if needed. Staff were trained in and understood the processes for safeguarding vulnerable adults.

The service was effective at delivering rehabilitation programmes to help people regain independence in their homes. The service employed their own physiotherapists and occupation therapists and many support staff also had professional qualifications from their home countries. People gave very positive feedback about how well staff had supported them to achieve their aims.

Nobody at the Lodge was subject to a DoLS authorisation. However staff understood the Mental Capacity Act and we observed staff consulting with people during the day to make day to day decisions.

One of the aims of the service was to provide a 'hotel like' experience. Staff all understood this aim and we observed high standards in hospitality and care during our inspection. Two 'hospitality assistants' were employed in the role of ensuring people had sufficient to eat and drink and were able to engage in activities if they wished to. Staff were all kind and caring in their approach with people. People gave very positive feedback about staff and the care they received. People told us they enjoyed the food provided and that staff went to great lengths to ensure it met people's individual needs and preferences. One person for example told us that staff had checked with them in relation to their cultural preferences for meals.

The service was responsive to people's changing needs. Staff observed when a person's needs had changed and acted promptly to address the issue. One person told us how a member of staff had noticed when a piece of equipment wasn't working well for them and immediately sourced an alternative. People were highly complimentary about the service they received, however there was a process in place to manage complaints, should people feel the need to raise concerns. Where minor issues had been raised, for example

in relation to food, it was clear that these were taken seriously and action taken to improve.

The service was well led. There was a manager in day to day charge of the Lodge and a registered manager overseeing the service. People told us the manager made time to see them each day and were always available if needed. There were system in place to monitor the quality and safety of the service provided and the service demonstrated a desire to continually improve.

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. There were safe recruitment processes in place when recruiting new staff.

There were sufficient numbers of staff to ensure people's needs were met.

People received safe support with their medicines.

Staff received training in safeguarding vulnerable adults and understood the processes to follow if they were concerned.

Is the service effective?

Good ●

The service was effective.

People had clear plans in place for rehabilitation and these were well supported by staff.

Staff were well supported and trained. Staff received supervision so their performance and development needs were checked regularly.

People were positive and complimentary about the meals provided.

Staff worked with other healthcare professionals to ensure people's wellbeing.

Is the service caring?

Good ●

People told us staff were kind and caring and this was reflected in our observations during the inspection.

People were involved in planning their rehabilitation goals.

People's families were welcomed and involved in their care and support.

Is the service responsive?

Good ●

The service was responsive. Staff noticed and took action in

response to people's individual needs.

Care and support was person centred in nature.

The service responded to people's concerns and had a process in place to manage formal complaints.

Is the service well-led?

Good ●

The service was well-led. There was a manager in charge of the day to day running of the Lodge and a registered manager overseeing the service.

There were systems in place to monitor the quality and safety of the service provided

People were given opportunity to provide feedback about the service.

Oakhill 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 checked 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 28 September 2017 and was unannounced.

The inspection was undertaken by two Inspectors. Prior to the inspection we gathered all information available to us such as notifications and any information provided by the public. Notifications are information about specific events that the provider is required to send to us by law.

As part of our inspection we spoke with five people using the service, the registered manager, manager and five members of staff. We reviewed the care records for three people as well as other records relating to the running of the service such as safety and quality audits, complaints and incident records.

Is the service safe?

Our findings

The service was safe. When new staff were recruited to the service, in most cases suitable processes were followed to ensure the person was safe and suitable for the role. This included carrying out a Disclosure and Barring Service (DBS) check and seeking references from previous employers. However, for one person we saw that references had not been sought from the person's previous work in the care sector, although two references from other employers were in place. This is a requirement of legislation. We spoke with a member of the HR team who wasn't able to confirm why these references had not been sought on this occasion as the person was recruited before they joined the company. However since then, they told us more robust procedures were in place. This included logging where attempts had been made to gain references but had been unsuccessful. We were also told that there were now additional checks in place for people who had no professional references in place. For another person, there DBS highlighted some historic convictions. It wasn't clear from the records how this had been risk assessed. The manager told us the application would have been checked by the operations manager for a final decision on employment. However there was no documentation in place to confirm this. We discussed how this decision making process should be clearly recorded in future.

There were risk assessments in place to guide staff in providing safe care for people. These covered aspects of people's care such as the risk of falls and the risk of malnutrition. Where a risk was identified there were measures in place to manage the risk. For example if a person was identified as being at risk of falls, there was guidance for staff in place to ensure call bells were answered promptly, to ensure the person had their glasses in easy reach and to ensure the environment was free of trip hazards.

People received safe support with their medicines. There were clear policies and procedures for the safe handling and administration of medicines. Medicines were securely stored and records of administration were kept. Regular auditing was carried out to ensure they were stored and administered safely. Medicines were administered by qualified nurses who received regular update training on administering medicines. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them, mainly for pain relief. We saw clear guidelines were in place for staff to follow to determine when and how these medicines should be offered to people. There had been not been any recent errors in the administration of medicines. A clear procedure was in place to guide staff on action to be taken if an error occurred, This included seeking medical advice and carrying out a review to identify any measures that could be put in place to reduce the likelihood of a reoccurrence.

There were sufficient numbers of staff to ensure people's needs were met safely. At the time of our inspection there were nine people staying at unit. During the day there were two hospitality assistant on duty. These were member of staff employed to assist people with food and drink and to support activities. There were also three rehabilitation assistants, who supported people with their care and rehabilitation needs. In addition to this, the service employed their own physiotherapists and occupational therapists. During our inspection it was evident there were sufficient numbers of staff to meet people's needs. Staff frequently checked with people to see if there was anything they needed. One person commented that if they ever needed staff they could call for them using their buzzer and staff would attend promptly.

People were safeguarded from abuse because staff were knowledgeable about the reporting procedures for safeguarding vulnerable adults and confident about recognising the signs of abuse. Staff received training in this area as part of their induction and regular refresher training was provided.

There were systems in place to record incidents and accidents; this gave opportunity to identify any actions necessary to prevent reoccurrence. We noted that between April and June 2017 there had been 14 falls. However in the following three months there had only been 1. We discussed this with the nurse who told us the reduction in the number of falls was in part due to the cognitive needs of people who they had supported in the months with a high number of falls, but also felt supervision of people had improved.

Daily safety checks took place which included checks of the equipment people used to ensure they were in good working order.

Is the service effective?

Our findings

The service was highly effective at meeting people's rehabilitation goals. We saw and read about several examples of how people had achieved their aims and successfully returned home to live independently. One person had attended the lodge following a fall. Their goals included increasing mobility and confidence, increasing balance and coordination and working on their daily living skills. The person wrote a thank you letter to saying 'I loved the exercises and physio and now I am stronger and have better balance than before my accident'. Another person commented "It's been fantastic here. I care for my wife at home so needed my rehabilitation to be as quick as possible. They have helped enormously. I've had my exercises and activities to do to help and I think we (the staff and I) have worked well together." On arrival at the Lodge, people were given clear information about what to expect from their therapy programme and their stay.

Before discharge, staff carried out an assessment at the person's home to ensure they were able to return home safely and would have the right support in place. One person told us this home assessment had led to them making changes to the physical environment of their home. Another person told us that the physiotherapy they'd had at the Lodge was better than any they had received previously.

Staff were well supported in their training and development and this helped them to deliver effective care. Many of the rehabilitation assistants held professional qualifications as physiotherapists and occupational therapists in other countries. Although they were not employed in this professional capacity, it did mean that they were able to support people's rehabilitation programmes effectively and to a high standard. When new staff joined the service, they completed the Care Certificate. This is a nationally recognised qualification that provides care staff with the necessary skills to carry out their role.

Staff were positive about the training they received. In addition to mandatory training that all staff received, staff had the opportunity to take part in training of special interest that would support their professional development. One member of staff told us how the manager had arranged for specialist training in neurological disorders for them. Staff confirmed they received regular supervision as an opportunity to discuss their performance and development needs. There were arrangements in place for staff who required it to receive clinical supervision with a suitably qualified community professional. Clinical supervision reviews the performance of a member of staff in relation to the particular skills they require for their profession.

Nobody at Oakhill Lodge was subject to a Deprivation of Liberty Safeguards authorisation. However the manager and registered manager were aware of the legislation and how it applied to people in the unit. Consent was sought from people before commencing their rehabilitation plan. People signed a form to show that they were in agreement with the goals and therapy plans in place for them. During our inspection we observed staff discussing with people what times they wished to have their gym session, demonstrating that staff sought people's consent and views on day to day decisions. We observed that where people had bedrails in place, the appropriate consent was in place. Bed rails can potentially restrict people's ability to move freely and so it is important that they are only used with the person's consent. In one example it was recorded that the person wanted bedrails in place as it made them feel safer.

People's nutritional needs were well met. People's individual needs and preferences were catered for. Meal times were a positive experience and an opportunity for people to socialise and experience a high level of hospitality from staff. Staff were attentive and pleasant whilst serving people's meals. The meal time was reflective of the 'hotel like' experience that the provider had told us they were aiming to achieve with the service. The manager showed us the menus that were available for people; a wide range of meals were on offer throughout people's stay alongside daily 'specials'. Mealtimes were flexible to accommodate people's individual needs and ensure they worked well with their therapy programme. People told us the food was excellent. One person commented that their appetite had been poor when they arrived but staff had offered to prepare anything they wished. A screening assessment was used to help staff identify anyone who may be at risk of malnutrition. Where people had particular dietary needs associated with a health condition, these were described in the person's care documentation.

The environment of the Lodge was designed to effectively meet people's needs. There was a gym on site for example where people were able to undertake their physiotherapy programmes. The gym contained equipment that had been especially selected to maximise effectiveness. This included a bespoke walking bar, basketball hoop and imitation steps. There was also a kitchen area where people's living skills could be practiced and assessed. The decoration was completed to a high standard and provided a very pleasant atmosphere for people to stay in. One person commented "The facilities here are great and this patio area is lovely, looking out at the trees is very restful."

People were able to see other healthcare professionals as necessary. A log of contact with healthcare professionals was kept in people's care documentation. This demonstrated that staff were proactive in discussing concerns with a person's GP if they needed to. We spoke with a GP during our inspection who told us that the care and rehabilitation was excellent and that staff made appropriate referrals to the surgery when necessary.

Is the service caring?

Our findings

The service was caring. People were supported by staff who were kind, caring and respectful in their approach. The registered manager told us how providing a high level of hospitality for people in the unit had been an aim of the service when it was set up. It was clear from our observation during the inspection that this was the case. Two members of staff were employed in a 'hospitality role' to support people to engage in activities and ensure they had enough to eat and drink. We observed positive relationships between staff and people in the unit, sharing laughter together and pleasant interactions. One person commented that staff always had time to come and chat with them and this helped their psychological recovery alongside their physical rehabilitation. We also noted how the registered manager made time to sit and talk with people.

People's feedback evidenced how highly they thought of staff and their experience of staying at the lodge. One person told us they had arrived around two weeks ago and at this point, following a stay in hospital had been tearful, frightened and upset. The person told us how staff had supported them through this time and they were now feeling able to go home. This person also followed a particular faith and told us how staff had understood how important this was to her. Another person told us how staff had checked with them whether they wished to have food from a particular culture prepared for them. This showed that staff were aware of acknowledging and supporting equality and diversity for the people they supported.

We noted how people who had stayed at the Lodge often returned following their stay to visit staff again and thank them for their support. A log was kept of such visits and it was clear from the comments recorded that people had built positive relationships with staff. It was recorded in the log that one person had returned to thank staff and commented on how safe they felt at home following their stay. Another person returned to say thank you for staff and was given a complimentary meal whilst they were there.

People were able to choose from the available rooms when they arrived at the Lodge to ensure they were happy and the room suited their needs. The service provided complimentary items such as shampoo and conditioner to ensure people had everything they needed following their stay in hospital. There was also a glass board in each person's room where people's individual activities and therapy programmes were displayed.

It was evident that staff went worked hard to meet people's needs and ensure that their stay in the Lodge was a pleasant experience for them. Promotional materials for the Lodge described it as a 'hotel-like' experience. Staff kept an 'extra mile' log of some of the things they had done for people to demonstrate how they had achieved high levels of hospitality and care. One person for example had requested their family to join them at breakfast. Although this hadn't been possible, staff had later set up a special table for the family with complimentary drinks. There were also several examples of people requesting particular foods, or for food to be prepared in a particular way and staff had arranged for these requests to be met. For one person who had expressed being upset about a lack of visitors, staff had arranged a movie for them with popcorn and drinks. One person commented about the staff "The staff are very kind, very patient and know what they're doing".

People's relatives and families were fully welcomed and encouraged to part of the person's experience. We saw a thank you letter from one family member who wrote "the way you have treated me, as a mere visitor has been overwhelming". The letter also commented on the "professional, yet loving care" provided by staff.

Is the service responsive?

Our findings

The service was responsive to people's needs. People's needs were fully assessed prior to arriving at the unit so that staff were clear on what goals they were working towards as part of the person's rehabilitation plan. The assessment included specific input from both a qualified physiotherapist and occupational therapist. This assessment process led to clear plans being produced both for their physical rehabilitation and their overall care needs. For example, for one person we read that their rehabilitation plan included building upper body strength to support the person in being able to transfer independently from one place to another.

We observed an initial occupation therapy assessment take place. The person told us afterwards they had found the assessment helpful. We observed how the member of staff completing the assessment was kind, considerate and professional in their approach.

Plans in place for people's care and support needs were person centred nature and described people's individual needs and wishes. For example, information about their food and drink preferences and the clothing they liked to wear. One person commented on the person centred approach of staff and told us that staff had checked with her how often she wanted a member of staff to check on her wellbeing overnight. This approach helped ensure staff support was tailored to individual needs.

Staff observed when people's needs weren't being fully met or when their needs had changed, and took prompt action to make changes. One person told us how a member of staff had noticed that their sling wasn't working well for them and immediately took action to source one that worked better. The person concerned was very happy that staff had acted so quickly. This person also told us how they had arrived at the Lodge with a particular health condition that staff had supported them to resolve. The health condition wasn't their reason for attending the unit but they were very grateful that staff had improved this for them.

There were activities for people to take part in, in between their scheduled therapy programmes. We observed one person enjoying a computer game activity in the lounge area. Staff frequently stopped to speak with the person and joined in the game with them. Some people preferred quiet time in their rooms and it was evident that staff were able to spend time with those people if they wished to. We also saw a member of staff using the kitchen area with a person as part of the breakfast club. The breakfast club was a concept created by the occupational therapists to encourage people to prepare their own breakfasts and increase their independence. One of the hospitality assistants told us "I make sure food is presented well and ensure there are plenty of activities for people. I try to ensure people have 1:2:1 time and make people tea and coffee when they want."

There was a process in place to respond to complaints. There had only been one complaint made in the time the Lodge had been open and this was in relation to the temperature of the food. It was evident that this had been addressed and frequent checks were made following this concern to ensure that people had their meals served at the correct temperature. This demonstrated a proactive and positive approach to managing complaints and concerns to ensure that people had the experience they wanted whilst staying at

the lodge.

Is the service well-led?

Our findings

The service was well led. There was a manager in day to day charge of the unit and a registered manager overseeing the service. During the inspection both managers were visible around The Lodge and talked with people staying there. There was also a registered nurse supporting the day to day running of the service. This management structure worked well and ensured the smooth running of The Lodge. People were positive about the senior staff. One person told us how they could speak to the manager whenever they wished and that the manager came to see them every day.

People were all positive about their experience of staying at the Lodge and said they would recommend it to others. One person commented that their time at the service had given them "the time, care and specialist input to speed up their recovery", and that they would recommend the service to anyone.

Staff told us that communication was good within the team on a day to day basis and that staff worked well together to meet people's needs. Team meetings also took place every three months to discuss any issues with the overall running of the service. In addition to this, multidisciplinary meetings took place on a weekly basis to discuss individuals and their support needs. This meeting included Physiotherapist and Occupational Therapists employed by the service, as well as community professionals involved in people's care.

One of the aims of the service was to provide a high level of hospitality alongside the rehabilitation programmes people undertook. The concept of combining rehabilitation and luxury was to boost people's wellbeing and ensure they could focus on their therapy programmes. It was clear staff all understood this aim and delivered it successfully.

There were systems in place to monitor the quality and safety of the service provided. This included carrying out a range of audits and checks. People's opinions and views were sought in the form of a survey to inform how well the service was working and whether any improvements were required. We viewed the most recent survey and this reflected high levels of satisfaction amongst people who had used the service. For example the majority of people reported that the food was either 'good' or 'excellent'. People also reported being happy with the social and leisure opportunities available and had been able to spend their days as they wished. The survey had led to an action plan being devised to improve the service further. This included, for example improvement in activities to ensure people received entertainment every day. We noted positive feedback on an external website, listing care settings and providing opportunity for people to review them. Comments included 'I really truly cannot speak highly enough of the care, attention, help and encouragement I received for my stay. Every single staff member was kind, attentive and thoughtful, the food marvellous, the room was beautiful and the gardens too and everywhere was beautifully decorated and so clean', and 'After my stay, there are no superlatives I can find that can come close to the more than excellent care that I have received. The staff are, bar none, the most professional and caring people I have come across in my past stays in hospital or other healthcare facilities in my 78 years.'

Other audits took place, including a monthly care plan audit and an infection control audit. These led to

action plans being created and checks were made to ensure the actions had been completed. We saw for example that the infection control audit had identified the cleanliness of beds in some people's room required further attention. The quality and safety monitoring systems in place reflected a desire to continually improve the service and to act on concerns if they arose.

The manager and registered manager were aware of their responsibilities to make notifications. The manager, for example understood the requirement to make notifications to the Care Quality Commission in certain circumstances, such as if it was necessary to call the police to attend the service or if an allegation of a safeguarding nature was made.