

# London Borough of Redbridge

# Oakfield 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

This inspection took place on 24 February 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. At our last inspection in November 2013 we found the provider was meeting the regulations we inspected. The inspection was carried out by two inspectors.

Oakfield Lodge is registered to provide personal care and is part of community services provided by the London Borough of Redbridge. They provide an extra care service to 32 people who are tenants at Oakfield Lodge, which is one of the borough's sheltered housing units. The service offers individuals personal care, support and 'extra care' they require to continue to live independently.

There was a registered manager in place. 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.

People and their relatives told us they felt their relatives were safe. We saw staff had received training to enable them to recognise signs of abuse and how to report them. There were processes to minimise risks associated with people's care to keep them safe and to enable them to be as independent as they could be.

There were sufficient staff to support people with their needs and received consistent support from staff who knew them very well. Recruitment checks were carried out on staff to ensure their suitability to work with people who used the service.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported by the registered manager and had regular one to one time meetings.

People told us the support provided met their needs and the staff were kind, caring and polite. They felt able to make requests and express their opinions and views.

People and their relatives said they could speak with staff or the registered manager if they had any worries or concerns and they would be listened to. People had good relationships with staff that had a good understanding of people's care.

The registered manager understood the principles of the Mental Capacity Act (MCA), and staff told us how they respected people's decisions and gained people's consent before they provided personal care.

We found systems were in place to make sure people received their medicines safely. People were assisted to arrange health appointments if required.

People felt they were treated with kindness and had their privacy and dignity respected. Staff provided care and support in a caring and meaningful way. They knew the people using the service well.

People had a support plan that reflected their individual needs and wishes and these were reviewed to ensure they remained up to date.

There was an effective quality monitoring systems in place. The registered manager was open to improvement and welcomed feedback from people or their relatives, staff or other professionals.

## 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. Staff were knowledgeable about how to protect people from harm and abuse.

Risks to the health and safety of people were addressed in a positive and proportionate way.

There were enough trained staff to support people with their needs.

There were safe procedures for the administration of medicines and records of administration were maintained.

### Is the service effective?

Good ●

The service was effective. Staff had attended a variety of training courses to keep their skills up to date and were supported with by regular supervision.

Staff demonstrated a good knowledge of the Mental Capacity Act (2005) when supporting people who lacked capacity to make decisions for themselves.

People had access to health care professionals to ensure they received effective care and support.

People were supported and were provided with their choice of food and drink.

### Is the service caring?

Good ●

The service was caring. People felt staff always treated them with kindness and respect.

People were able to make decisions about their daily activities and their independence was encouraged.

Staff had built meaningful relationships with people and were given enough time to meet people's needs and provide companionship.

### Is the service responsive?

Good ●

The service was responsive. People's individual needs and preferences had been assessed and were met in a timely manner.

People were involved in decisions regarding their care and support needs.

People and relatives were confident in reporting concerns to the registered manager and felt they would be listened to.

### **Is the service well-led?**

The service was well led. The registered manager was approachable and communication was good within the service. They promoted strong values and a person centred culture.

The service had a full range of policies and procedures available to staff. Staff meetings were held to share information.

There were quality assurance and audit processes in place to make sure the service was running well.

**Good** ●

# Oakfield 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.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete 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 PIR was returned as requested.

During the inspection we visited the provider's office and spoke with the registered manager, six people who used the service, three staff and one relative. We looked at five records relating to the care of individuals, staff training records, medicine administration records, complaints and compliments, minutes of meetings and records relating to the running of the service.

After the inspection we spoke with two relatives and one member of staff to obtain their views of the service.

## Is the service safe?

### Our findings

People told us they felt safe with the staff that visited to provide them with care or support. One person said, "Oh yes, I am safe being here." Another person told us, ""yes it feels safe. If anything needs doing they see to it." Relatives also commented to us the service was a safe place and did not have any concerns with the staff that attended to their love ones.

The service had a policy and procedure for safeguarding people. Staff understood the importance of safeguarding people whom they provided support to. They could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. One staff member said, "I would report any concern about peoples' safety to the manager."

The registered manager told us that all members of staff had received training in recognising the possible signs of abuse and how to report any suspicions. This was confirmed by the staff, we spoke with and records we saw.

There was one safeguarding issue raised last year and this was fully investigated and appropriate action taken. The outcome was discussed with the staff team during their meetings and also during their one to one meetings with their line manager.

Staff were aware of the whistleblowing policy and procedure and told us they would not hesitate to use it. They felt confident they would be listened to and appropriate action would be taken to help keep people safe. Whistleblowing is one way in which a staff member can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. One staff said, "I do what is right and treat people how they should be treated. I will report if someone is doing something wrong."

We saw each care plan contained detailed risk assessments that identified the risk and the support people needed to minimise the risk. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, there were detailed assessments completed on how to support people who needed help with the mobility. We found risk assessments had been reviewed to make sure they were current and remained relevant to the person. Staff knew about risks to people's health and wellbeing and how these were to be managed.

There was information available for staff on how to respond in an emergency. The provider always had a member of the management team on-call system at all times. They were always available to be contacted for advice or in any emergency. The registered manager told us that all staff had their personal mobile number and they were happy for staff to contact them at any time. There was also a first aider available throughout the day.

We saw records of accidents and incidents were recorded. There was a process to review incidents to ensure

that people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events. For example one person was now being monitored more closely when they cooked their meals independently.

Most people and their relatives told us that staff felt there were enough on duty and never rushed a support visit. However one person told us "there aren't always enough staff." Another person said they thought there were less staff compare to what the service had before. We discussed this with the registered manager who confirmed there were less staff however they always ensure that there were sufficient staff to meet people's needs in a safe manner and staff were deployed safely and appropriately. They said and people confirmed that there had not been any missed calls from the service.

Staffing levels were determined by the number of people using the service and their needs. Some people needed one staff for support whilst others needed two staff to attend to their needs. There was a system in place to cover sickness and holidays. Staff worked consistently with the same people to ensure people knew who would be visiting and also to promote continuity of care. Staff told us that they always worked alongside another member of staff when supporting people who had been assessed as needing two staff.

Since our last inspection no new staff had been recruited. On our previous visit, we found safe recruitment practices were followed. There were recruitment policies and procedures in place that the registered manager had followed when employing new members of staff.

Some people administered their own medicines whilst others needed staff support. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. Where people needed assistance this was recorded in their care plan. We found there were up to date policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance. Each person had a record which contained details of their medicines so staff were fully informed of when and how often to prompt people to take their medicines.

Staff were able to describe how they supported people with their medicines. For example, when administering one medicine staff had to wear gloves and they were aware of the reason for doing so. They had undertaken training on medicines administration. This helped to ensure they had appropriate skills and knowledge about the management of people medicines. We checked the medicines administration records and found that staff had signed to indicate they had prompted the person to take their medicines and the records were dated. There was a system in place for staff to dispose of medicines that people were no longer taking. The registered manager was advised to keep a record of what medicines had been returned to the local pharmacy as no individual records were being kept of what medicines were being returned in case of any queries.

## Is the service effective?

### Our findings

People and their relatives told us the staff delivered care and support in a way that met their relatives individual needs and ensured their health and safety. They felt the staff were well trained and were competent in their work. One person said, "The staff know what help I need and know what they are doing." One relative told us that the staff went over and above their duties to make sure people were well looked after.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff undertook regular training to maintain and update their skills and knowledge. We looked at the training records and saw staff completed training in a number of areas for example health and safety, medicines management and safeguarding. Staff told us they had attended a variety of training and that the training provided was good. One staff said, "I have regular training and the last one was on palliative care."

Staff received regular supervision and support from their line manager or the registered manager. Records showed staff were provided with supervision on a regular basis. Staff said that the supervision sessions provided them an opportunity to discuss personal development and training requirements. We saw this on the supervisions records we sampled. Staff were knowledgeable about their responsibilities and role. The registered manager also carried out unannounced spot checks on staff whilst they were supporting people. Staff were also able to raise any issues themselves to the registered manager if they had any concerns about their work or people needs.

All new staff underwent an induction which covered information about the service, their roles and an introduction to the main policies and procedures. They also shadowed a more experienced member of staff before working on their own.

The registered manager and staff showed a good understanding of consent and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding. They were able to explain what it meant and how they would progress if they thought anyone was being deprived of their liberty. At the time of our inspection no one at the service was being deprived of their liberty.

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.

The registered manager explained about the systems in place to ensure people consented and agreed to the support provided. They said that an assessment was always undertaken with the person and their relatives to ensure their views were obtained and they agreed with how they would be supported. We saw care plans were signed by the person or their representative. This showed that people had been consulted and agreed to the support provided.

The service had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had also attended training in this subject and had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. Staff told us how they respected people's decisions and gained people's consent before they provided personal care. One staff told us, "I always ask the person first before I do something and let them know what I will be doing."

The service had a dining area where people could go for lunch if they wished. Some people preferred to eat in their own flats and this was respected. There was a menu and people could choose what to have at each meal time. People told us the meals were good. One person said, "I cook for myself." Another person said, some days they had their lunch downstairs and they prepared their own meal during weekends and evenings.

Where people required support with preparation of their meals, this was documented in their care plan to ensure staff had relevant information about their dietary and nutritional needs. The registered manager told us that if they had concerns about anyone with regards to nutrition they would contact specialist support. The staff always made sure people had enough to eat and drink.

People maintained good physical and mental health because the service worked closely with other health and social care professionals including district nurses, occupational therapists, and GPs. One relative told us, "The staff would accompany [people] to the doctor if I am unable to do so." People had regular access to healthcare professionals and had attended regular appointments about their health needs such as optician, dentist, chiropodist or any other clinics that looked after their medical needs.

## Is the service caring?

### Our findings

People and their relatives told us the staff were always respectful. One person said, "Everyone is nice here I have no complaints. Staff very nice, caring, I would tell the warden if something was wrong." One relative told us, "The staff are caring and lovely. They were very patient and nice." Another person said, "I like it here – it is quite respectable. I was looking forward to coming here."

Staff were respectful of people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care for example by ensuring the doors were closed and curtains drawn. If people were at risk of falls staff would stay nearby to maintain the person's safety, for example when they were using the bathroom. People had their own flat, bedsits or bungalows where they could have as much privacy as required. There was also a lounge, dining area and restaurant within the service where people could go if they wanted to meet visitors or other people who used the service.

During our visit we overheard one staff member assisting a person with toileting. The staff was talking to them, reassuring the person and treating them with respect and care at all times. Afterwards they came out we saw the staff walked with the person to the lounge and asked them where they wanted to sit and make sure the person was comfortable.

The registered manager told us that they were aware of advocacy services and how to access them should they be required to assist people. Advocacy is a process of supporting and enabling people to express their views and any concerns they might have.

People were encouraged to see their relatives who were able to visit when they wanted. Relatives told us they could visit at any time and felt welcome. Relatives told us they were able to spend time with their loved one without feeling they were in the way.

People were supported to express their views and were involved in making decisions about their care and support. We saw care plans were discussed and agreed with people using the service.

People and their relatives or representatives told us the staff understood their preferences and needs. They said that staff always asked what support they wanted and if there was anything else they needed. One staff said, "I always ask the service users before I do anything, for example what dress they would like to wear." This showed people had been and were involved in discussions about their support and important information was available to staff so they could meet people needs as they wished.

Staff understood the importance of promoting independence and people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. For example, people would have a wash when staff were making their beds. One person said when they first moved in they were very ill but now they do a lot more for themselves.

During our inspection we observed staff treated people with dignity and respect. Staff spoke quietly and calmly to people. People looked relaxed and happy around staff members. Care plans we looked at reflected how people were treated with respect. People's particular preferences and wishes were detailed and clear.

## Is the service responsive?

### Our findings

People commented positively about the staff and told us they were very kind and caring and knew what they were doing. One relative said, "The staff are fantastic." One member of staff said they would move their own mum in the service indicating that the service provided was good.

When the registered manager received a referral they visited the person to carry out an assessment in order to identify the person's care and support needs and the care plans were developed outlining how these needs were to be met. People were the main focus and central to the processes of care planning, assessment and delivery of care. People spoken with confirmed they had been involved in planning their care so that the support provided matched their needs.

We looked at five people's care plans and found they contained a range of information that covered all aspects of the support people needed. They included information on how the person would like to be supported and also their wishes. This helped to ensure staff were aware of the actions required to make sure people's needs were met. We saw the care plans had been signed by the person receiving support or their relative or representative indicating they had been involved and agreed to the plan. They told us they had been involved in writing the care plan and their views and opinions were considered.

We saw the care plans were very detailed. This was an example of steps staff needed to take to move one person and the guidance was as follows: - "Once [The person] is in sitting position with a firm hand on the cot side. One carer lowers [The person] legs, the other carer supports from [The person's] back. Bed is still at carer's height. [The person] at this stage will need to hold you with a firm grip. Carer from the back supporting and pushing [The person] forwards supported by carer in the front. Lower the bed so [The person] can touch the floor."

Staff had a good knowledge of people's individual needs and could describe the needs and wishes of the people they supported. They felt people's care plans contained enough information for them to support people in the way they needed. We saw the care plans were reviewed on a regular basis and changes made to the support they required and staff were kept fully informed about the changes in visits and the support people required.

Staff had access to people's care plans as copies were kept in each person's home so that important information was always available. Staff kept records of each visit to show what support had been given and this helped to monitor how the person's needs were met.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected for example what drink they would like or where they would like to sit.

We found people were able to attend activities and social engagements of their choice. For example the day prior to our visit, the staff organised the 90th birthday of a person who used the service. We spoke to the

relative of the person following our inspection and they said they were very grateful. We also saw they had sent an email to the registered manager saying "I would like to express my sincere thanks to everyone at Oakfield Lodge for organising a very special birthday tea for my sister in law, [The person], celebrating her 90th birthday on 23rd February. A few weeks ago I approached the staff to see what I could arrange and what would be acceptable for the unit. [Staff] stepped forward, ascertained what was required - entertainment, food, birthday cake, you name it she had it covered, it didn't phase her. The only time she had to speak to me was to make sure the budget was ok. The communal room was decorated and the tables laid out in true birthday style. The entertainer she hired was perfect and although many didn't feel the need to 'boogie', I think they enjoyed watching the grandchildren having fun. You must be very proud of your staff. They rushed around like waitresses, ensuring everyone was catered for. [The person] is not easily pleased - but she was delighted at what you did for her. Thank you so very much." Another person commented on the usual activities that took place by saying, "I go down to join in the bingo."

People told us that they had no worries or concerns, but knew who to contact if they had. There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The registered manager was advised to include the Ombudsman contact details in the complaints procedures. We saw the service had received a number of compliments for example one relative wrote, "Thank you so much for trying to help mum. You are worth your weight in gold." Another relative commented, "Just a note to say thank you for looking after [person], he was lucky to have my mum and then you and the staff at Oakfield Lodge."

## Is the service well-led?

### Our findings

People, relatives and staff told us the registered manager was approachable and supportive. They could speak with them at any time and there was an open culture within the service. They said if they had any queries or concerns about the service they felt able to raise them with the registered manager and they would be listened to. People knew who the registered manager was and said they saw them regularly within the service.

There was a clear staffing structure within the service and a clear line of accountability. Staff were aware of their roles and responsibilities. They were included in decisions regarding the service or people needs. Staff felt the service was managed well and the staff team was good. They said they were kept informed of any changes to the service. Staff meetings were held on a regular basis and this provided opportunities for staff to meet to discuss the service that people received and also anything they wanted to bring to the attention of the team. We saw the minutes and noted that a number of topics were discussed. Staff felt communication with the management team was good.

The service had policies and procedures in place which were available for staff to read and signed to state they had read and understood the contents. The registered manager regularly reviewed the policies and procedures to ensure they reflected the latest guidance or regulations. This helped to ensure staff were meeting regulations and best practice.

Staff had a clear vision of the purpose of the service which was to help to support and enable people to progress to their maximum level of independence.

The registered manager attended regular training to keep their skills and knowledge up to date. They also had regular supervision with their line manager to discuss how the service was running and issues they might have. They also met with the registered managers of the sister services of the provider to share ideas about service deliveries and good practices.

The registered manager ensured that the service ran smoothly and provided good quality care for the people. They told us and we saw that there was a system in place to audit care records which included care plans, daily records and any health and safety issues. We also saw spot checks took place to observe staff providing support, and to check if people were supported accordingly to their needs and wishes. The registered manager also monitored staff informally by observing the way they care and support people.

There was a quality assurance system in place where people and were encouraged to express their views about the service so that any improvement could be identified and action taken where necessary. People were regularly asked their opinions and whether their objectives were being met. The provider had a dedicated quality assurance team who sent questionnaires to people on a yearly basis to seek their views about the service provided. Where responses indicated that improvements were needed, this was discussed with the registered manager. The registered manager also monitored the quality of the service by speaking to people and their relatives on a regular basis to ensure they were happy with the service they received. People as well as relatives told us they were encouraged to express their views about the service. This meant

the service monitored the quality of the care they provided to make sure that it was safe, appropriate and met people's individual needs.