Restgate Limited

Oaklodge Care Home

Inspection report

2 Peveril Road
Duston
Northampton
Northamptonshire
NN5 6JW

Tel: 01604752525
Website: www.carehome.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

Oaklodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Oaklodge provides accommodation and care for up to 36 older people, including people with physical frailty and some who are living with dementia. Respite care is also part of the service provided at Oaklodge. There was lift and stairway access to all three floors in the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service met all relevant fundamental standards related to staff recruitment, training and the care people received. They received the timely care they needed. However a partial fault in the fire alarm system had been detected during routine maintenance and repairs were on-going when we inspected. Until the completion of repairs additional precautionary measures had been taken to protect people from the risk of fire so they remained consistently safe. We subsequently received information after our inspection confirming that the fire alarm fault had been professionally rectified following the installation of a new system.

People's care was regularly reviewed with them so they received the timely care they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were friendly, kind and compassionate. They responded to people in a timely way whenever they needed assistance. Staff had insight into people's capabilities and aspirations. They respected people's diverse individual preferences for the way they liked to receive their care and participate in activities they enjoyed.

People's healthcare needs met. They had access to community based healthcare professionals, such as GP's and nurses, and had regular check-ups. They received timely medical attention when needed. Medicines were safely managed.

People were supported to have a balanced diet and they had enough to eat and drink. They said the meals were enjoyable with plenty of choices to suit their tastes.

The provider and registered manager led staff by example and enabled the staff team to deliver individualised care that consistently achieved good outcomes for all people using the service. There were

arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong so that the quality of care across the service was improved.

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 remained safe.

The repairs to the fire alarm system were on-going but incomplete when we inspected. Although people were kept safe from the risk of fire by contingency measures put in place improvement was needed to ensure optimum fire safety. We subsequently received information that all necessary repairs had been professionally carried out and that the Fire Safety Officer was satisfied with the action taken.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service remained well-led.

Oaklodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 26 January and 2 February 2018 and was unannounced. The inspection was undertaken by one inspector.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home. We also contacted Health-Watch which is the independent consumer champion for people that use health and social care services.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We took this information into account when we inspected.

We viewed the accommodation and facilities used by people. We spoke with six people using the service and observed the interaction between people and the staff in the communal areas. We also spoke with the registered manager, deputy manager, three care staff and a domestic support worker.

We looked at access within the home including communal facilities, such as the lounge and dining room, as well as some bedrooms. We looked at the medicines, food and equipment storage facilities and took into account the precautions in place to protect people against the risk of fire.

We looked at four people's care records and four records in relation to staff training and recruitment. We also looked at other records related to the running of the home and the quality of the service provided. This

included the provider quality assurance audits, maintenance schedules, training information for staff, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People continued to receive care and support from staff in a way that maintained their safety. However a fault in the fire alarm system had been detected when part of the system had been renewed during maintenance by the provider's fire safety contractor. This repair work was on-going but incomplete when we inspected because it had been difficult to trace the source of the fault.

We received information after our inspection that the fire alarm fault had been professionally rectified following the installation of a new system. The registered manager confirmed that the staff have received the appropriate training in the use of this new system. The Fire Safety Officer was satisfied that the necessary repair work had been proactively carried out by the provider.

When we inspected the service the local fire authority Fire Safety Officer had visited the home to carry out a routine fire safety audit on the same day. We spoke with them and we were assured that from their findings that the registered manager had taken the required precautions to protect people until repairs to the fire alarm system were completed. These precautions included frequent documented checks of each of the fire zone areas throughout a 24 hour period to ensure that corridor fire doors and bedroom doors were kept closed. Additional smoke detectors had been fitted to the ceiling in the two zones affected by the fault. Staff were trained in fire safety and knew what to do if there was a fire. They had been briefed on the additional precautions they needed to take until the fault was rectified.

We had also seen that in the basement laundry room there was a small hole in the ceiling directly above a main fuse-box that was housed in a large cupboard. The Fire Safety Officer agreed that this hole needed repairing for fire safety reasons and this was promptly repaired by the provider's maintenance person. The Fire Safety Officer also identified that replacement door seals were required around one person's bedroom door. These seals were promptly replaced.

People said they felt safe. A relative commented, "I never feel worried about [relative] simply because I'm confident in them [staff]. They are so attentive so I'm never left feeling they [staff] will 'miss' something that would worry me if they did." One person said, "I've got nothing to worry about here. They [staff] look out for all of us and make sure we're safe and comfy."

There were sufficient numbers of experienced and trained care staff on duty. Recruitment procedures ensured only suitable staff worked at the service. In instances where agency staff were used to temporarily cover for staff vacancies, sickness, or holidays, checks were made to ensure agency staff had the necessary experience and were capable of competently providing people with safe care.

People's care plans provided staff with guidance and information they needed to know about people's personal care. They were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes to people's dependencies occurred. A range of risks were assessed for example, to guide staff on the safe management of medicines for people that required prompting and supervision when taking their medication. Medicines were stored safely and were locked away when

unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way.

Staff received regular refresher training on safeguarding and understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. Staff understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

The premises was kept clean and staff had training in infection control and food hygiene. Staff had access to protective clothing, such as gloves and aprons and these were worn when assisting people with their personal care. We saw that where cleanliness required attention, action was taken. All appropriate servicing of equipment used throughout the home had been carried out in accordance with prescribed maintenance schedules.

Lessons were learned and improvements made whenever things go wrong. Staff knew and acted upon their responsibility to raise concerns with the registered manager if there were issues that impacted upon people's safety. When, for example the fault with the fire alarm system was identified immediate action was taken to bring in the appropriate professionals to remedy this. The registered manager also used team meeting to enable staff to make suggestions for improvement whenever things had not gone as well as expected.

Good

Is the service effective?

Our findings

People were supported by trained staff that had the skills they needed to care for people diverse needs. They had a good understanding of each person's diverse needs and the individual care and support each person needed to enhance their quality of life. Staff also received refresher training in a timely way and they were supported to keep up-to-date with best practice through supervision and appraisal meetings with the registered manager.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)." The registered manager and staff understood their roles and had received training in assessing people's capacity to make decisions and in caring for those who lacked capacity to make some decisions. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care.

Timely action had been taken by staff whenever, for example, there were concerns about a person's health. Action taken was in keeping with the person's best interest, with the appropriate external healthcare professionals involved as necessary. The relatives we spoke with said they always felt informed and involved in decisions made about their family members' care and support needs.

People were supported to eat, drink and maintain a balanced diet. There were drinks and snacks available throughout the day. One person said, "The meals are lovely and I get plenty to eat." A visitor said, "[Relative] had got a good appetite and [relative] really looks forward to meals. [Relative] gets lots of choice." A staff member said, "If someone has a cultural or religious need that means avoiding some foods we will always look for appetising alternatives."

People could choose where they ate their meals and staff supported those who needed some assistance. We saw that people with swallowing difficulties were referred to the speech and language therapy services for advice and support in meeting their dietary needs.

People's physical health was promoted and there was timely healthcare support from the local GP surgery and other healthcare professionals when required. We saw that the outcome of visits from other healthcare professionals were documented clearly in people's care files, as well as any required action that staff needed to take to ensure people's continued wellbeing.

The premises were suitably adapted to meet people's needs with, for example, lift and stair-lift access to upper floors. Handrails were fitted to the walls in access corridors and in toilets, and where needed raised toilet seats were provided. External communal areas, such as the garden patio area had good access for people using wheelchairs.

Good

Is the service caring?

Our findings

People were supported in a caring and inclusive way. People's personal care was discreetly managed by staff so that people were treated with compassion and in a dignified way. Staff responded promptly when people needed assistance or reassurance. Staff took time to explain what they were doing to assist the person they were attending to without taking for granted that the person understood what was happening around them. One visitor said, "[Relative] is never 'hurried along'. They [staff] explain what's going on and go at [relative's] pace. That might be a bit slow at times but they [staff] are ever so kind and patient."

Visitors said the staff made them welcome when they visited their relatives or friends. One relative said, "There's always a cheery smile and the offer of a cup of tea even when they [staff] are busy."

People's 'personal space' and privacy was respected by staff. One person said, "I like to go back to my room whenever I like and that's never a problem."

When talking with people staff presented as friendly and used words of encouragement that people responded to positively. People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people.

Staff respected people's individuality. They used people's preferred name when conversing with them and they were able to discuss how they facilitated people's choices in all aspects of their support.

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to their admission to the home. Their care plans were regularly reviewed with their involvement. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Activities suited people's individual likes and dislikes and were tailored to their capabilities and motivation. One person said, "There's always something going on you can join in with and enjoy."

People received personalised care and support. Staff were able to describe in detail the care and support they provided for people. People consistently received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time. When people reached the end of their life their care plan reflected this as well as the action that needed to be taken by staff to ensure they were kept as comfortable as possible. The registered manager said, "We work closely with the local surgery nurses to make sure the person has a dignified and pain free death when their time comes." When we inspected we saw that the registered manager had met with a visiting community nurse to ensure that appropriate healthcare support was in place for one person that was nearing the end of their life. Staff also made regular checks on the person and ensured that they were not distressed or in any discomfort. They also made sure that the family were kept informed of any changes so they could make arrangements to be with their loved one when the time came.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Within the home the signage was clear and legible and picture boards and 'flash cards' were used where people had difficulties making sense of the printed word. Staff were aware of the communication needs of the people they supported from the information in the person's care plan.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. People's representatives were provided with the verbal and written information they needed about what do and who they could speak with, if they had a complaint. Complaints and the action taken to resolve issues were reviewed by the manager and provider to establish what lessons needed to be learned and if improvements to the service needed to be made.

Good

Is the service well-led?

Our findings

A registered manager was in post when we inspected. 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.

Staff said there was always an 'open door' if they needed guidance from any of the senior staff. They said the registered manager was very supportive and approachable. Staff also confirmed that there continued to be a positive culture that inspired teamwork and that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff and registered manager.

People's care records were kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day running and maintenance of the home were reflective of the home being appropriately managed. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

Quality assurance systems were in place to help drive improvements in the service throughout the year. People's experience of the service, including that of their relatives, continued to be seen as being important to help drive the service forward and sustain good quality care and support.

People received a service that was monitored for quality throughout the year using the systems put in place by the provider. The registered manager completed regular audits which reviewed the quality of care people received. They spoke with people, including visitors, about their experiences and regularly observed the staff going about their duties to check they were working in line with good practice. Suggestions from people and visiting relatives were acted upon and discussed at team meetings. This contributed towards ensuring the home was efficiently managed and that day-to-day care practices were reviewed and reflected upon by the staff team as a whole to identify areas that could be improved.

The registered manager had consolidated relationships with external healthcare professionals, such as the local surgery, community based nurses, and the Local Authority quality assurance team. They continued to support them to have access to the information they required and to use feedback from them to sustain a good quality service.

There continued to be an open and transparent culture within the home, with the home's CQC rating from the last inspection, on display in the foyer for all to see. A copy of the last inspection report was also available in the reception area.