

Oak Lodge Residential Home Limited

Oak Lodge Residential Home

Inspection report

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Bradford
West Yorkshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oak Lodge is a residential care home providing accommodation and personal care to up to 32 people. The service provides support and care to people with a mental health condition. At the time of our inspection there were 32 people living at Oak Lodge.

People's experience of using this service and what we found

People were safe and received high quality person-centred care and support. Risks were assessed and managed safely, and systems were in place to learn lessons when things went wrong. Medicines were managed safely. There were close links with health and social care professionals and other agencies to ensure people's needs were met and any changes responded to promptly. Systems were in place to ensure people were protected from the risk of abuse and poor care.

People and relatives told us staff were warm and caring. There was an experienced and consistent staff team who knew people well and had developed trusting relationships. Recruitment was managed safely. The service followed safe infection, prevention, and control measures. The building and grounds were clean and well maintained.

People 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 were actively involved in their care. Staff valued and acted upon people's views.

There was a positive culture in the service. People, relatives, and staff were complimentary about the management of the service. The registered manager and provider maintained effective oversight of the service through good communication and a detailed schedule of audits and quality checks. Staff were valued and recognised for their achievements. There was an open and transparent organisational culture. One relative said, "At Oak Lodge they have great empathy with residents and with relatives. It is quite exceptional."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 September 2017).

Why we inspected.

We inspected due to the length of time since the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained the same.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oak Lodge Residential Home

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 Health and Social Care Act 2008.

Inspection team

The first day of the inspection was carried out by 2 inspectors. An Expert by Experience made calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by an inspector and a regulatory coordinator.

Service and service type

Oak Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oak Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked round the home and observed interactions between people and staff in communal areas. We spoke with 8 people who used the service and 3 relatives about their experience of the support and care provided. We also spoke to 2 health care professionals who regularly visited the service. We spoke to 7 staff including 4 care staff, the deputy manager, the registered manager, and 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 including 6 people's care records and multiple medication administration records. We looked at 3 staff files in relation to recruitment, induction, and supervision. We also looked at a variety of other records relating to the management of the service including training records, policies and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were safely managed.
- Risk assessments and care plans were in place relating to the individual risks people were exposed to. The provider had recently transferred to a new electronic care planning system. On the first day of the inspection, we found not all key details about the risks people were exposed to had been transferred to the new system. We discussed this with the provider and when we reviewed this on the second day, we found action had been taken to ensure essential records had been updated.
- Where people experienced distress in ways which could challenge others, risk assessments were in place, but some would benefit from more person centred information to ensure people were supported consistently by staff.
- Staff understood people's needs and how to manage any risks. Staff also received an electronic alert to highlight any key changes when they signed in on shift.
- There was a system in place to monitor accidents and incidents and identify any lessons learnt.
- The environment was well maintained. The provider carried out environmental risk assessments which were regularly reviewed and updated. We saw evidence of continuing investment and refurbishment to improve the quality and safety of the home.

Using medicines safely

- People were supported to receive their medicines safely.
- The provider ensured people's medicines were safely administered, regularly audited, and appropriately stored and disposed of.
- Staff had received training to administer medicines and their competency was regularly assessed. We observed staff supporting people with their medicines kindly and patiently.
- Protocols were in place where people were prescribed their medicines on an 'as required' basis. However, they would benefit from more person centred details. We discussed this with the registered manager and when we returned on the second day, we saw people's protocols had been developed to include more detailed information.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The staff here make me feel safe." A relative told us, "[Name of relative] is very safe and extremely well supported."
- Systems were in place to ensure people were protected from the risk of abuse and poor care. Staff had received training and understood how to recognise and report any concerns.
- The registered manager understood their responsibility to refer any safeguarding matters to the

appropriate agencies and a clear log was maintained including actions taken.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people lacked capacity to make some decisions best interest meetings had taken place to ensure decisions were appropriate and the least restrictive. In some cases, records needed improvement to reflect how people and their representatives had been fully involved in the discussions.
- We observed staff offering and observing people's choices.

Staffing and recruitment

- Safe staffing levels were maintained.
- People said there were enough staff, and they were kind and caring. One person said, "I have anxiety. They take care of me."
- We observed people received timely and relaxed support from an experienced and consistent staff team. The provider had systems in place to ensure staff had the necessary skills and knowledge to support people with their care and support needs.
- Robust recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection and control policies.
- The home was clean and well-maintained. There was a housekeeping and catering team who worked flexibly to ensure high standards were maintained.

Visiting in care homes

Systems were in place to ensure family members, friends and visiting professionals visited safely. We were told by several people they received a warm and professional welcome when they visited Oak Lodge.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 received high quality person-centred care.
- The provider promoted a positive culture which was inclusive and empowering. People, relatives, and staff felt like they had a voice and were listened to. One person said, "Oak Lodge is very accommodating. I like it here."
- Feedback about the registered manager was universally complimentary. Staff said they were approachable and kind. A health care professional said, "[Name of registered manager] is open and honest and listens and gives feedback. There is always an open door."
- Staff were able to describe and demonstrate an excellent understanding of person-centred support and care. One staff member told us, "Our motto is, 'We work in people's home.'" Staff told us they felt valued and respected and proud to work at Oak Lodge.

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

- Systems were in place to ask people and staff about their views. People were involved in developing their own care plans and we saw staff talking with people whilst completing their care notes.
- Regular staff and resident meetings were held. The minutes showed people's voices were heard and acted upon.
- The provider had recently carried out a survey with people, staff, and other stakeholders. The findings had been analysed and collated to produce an action plan and we saw changes had been made as result of people expressing their views. This included upgrading the in-house computer facilities and supporting people to plan a continental holiday.
- Staff told us morale and teamwork were good. One staff member said, "Communication is so important. We are all on the same page."
- People were actively involved in the local community, including accessing local facilities and running their own allotment.
- The provider worked in partnership with others. They worked well with other stakeholders and valued their support and input. Care records showed frequent contacts with other professionals, including weekly calls with the GP. One professional who regularly visited the service said, "They are excellent and are a caring and compassionate team. They are committed to each individual."

Managers and staff being clear about their roles, and understanding quality performance, risks, and

regulatory requirement; 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 provider had a clear management structure to monitor the quality of care to drive improvements. The registered manager and staff understood their role and there were clear lines of communication.
- The provider, registered manager and staff carried out regular audits. Where shortfalls were found prompt and effective action was taken.
- The management team were clear about and acted on the duty of candour. The registered manager understood their regulatory responsibility and was open and honest when any incident occurred or when things went wrong. They fulfilled their responsibility to report certain events and incidents to CQC.

Continuous learning and improving care

- The registered manager and provider demonstrated their drive and commitment to continuous learning and improving care. This ethos was clearly communicated and shared by the staff team. One relative said, "They [the managers] are very kind and the culture they generate passes onto staff."
- The provider was receptive to feedback throughout the inspection and responded quickly to issues we raised. They ensured good practise and lessons learned were shared with other homes within the group.