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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Oakfield Lodge is registered to provide care and support to people living in specialist 'extra care' housing in London Borough of Redbridge. Not everyone who lived in the housing received personal care from the service. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. People using the service lived in their own flats or bungalows within a gated community where there were 73 properties. The service was providing personal care to 19 people at the time of the inspection.

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

Right Support
Staff were recruited with people's safety in mind. There were enough staff to support people safely. Staff received an induction when they began employment to ensure they could support people correctly. People were supported to access health care services and the service understood risks and needs of their various health conditions. People were supported to eat and drink healthily.

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 told us their consent was sought before care was provided.

People and relatives were able to be involved with decisions about care. However, care plan reviews with social workers were not always as regular as they should be. The registered manager implemented a new way of ensuring care was reviewed following the inspection. Care plans were person centred and captured people's needs. People's communication needs were met. People were able to take part in activities and supported to avoid social isolation. The service was able to support people who were at the end of their lives.

Right Care
Risks to people were recorded, monitored and managed. Medicines were managed safely. The service sought to keep people safe from infection through good infection prevention and control. People's needs were assessed before they began using the service to ensure their needs would be met adequately. Staff received regular training to ensure they could continue to care for people in the right way. People were well treated and supported; people and relatives told us staff were caring. People's privacy, dignity was

respected, and their independence promoted. People were cared for by staff who knew them. Managers and staff were clear about their roles and knew their responsibilities towards the safety of people. The registered manager understood duty of candour and the regulatory requirements placed on them.

Right culture
The service had systems and process in place to protect people from abuse. Lessons were learned when things went wrong. Incidents and accidents were recorded, and actions take to lessen further risks to people. Staff had supervision to provide them with the support they needed to do their jobs properly. People's equality and diversity was respected. People and relatives were able to complain and if they did the service responded appropriately. The service promoted a positive culture which was person centred. People and relatives were complimentary about staff and management. People and staff were able to engage with the service. The service worked with others to the benefit of people it cared for.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 14 January 2020) and there were multiple breaches of regulation. The provider completed an action plan after that inspection to show what they would do and by when to improve. We completed a further inspection (published 16 March 2020) to check they had complied with their action plan and that they were no longer in breach of regulations. At this inspection we found improvements had been maintained.

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This inspection was prompted by a review of the information we held about this service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Oakfield Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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
We gave the service 1 hour notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 spoke with 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with the registered manager, an administrator and 4 care staff.

We reviewed a range of records. This included 5 people's care records and multiple medicine administration records. We looked at 4 staff files in relation to their recruitment. We also viewed a variety of records relating to the management of the service, including policies and procedures.

Good

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes to safeguard people from risk of abuse. One person said, "I feel safe… Staff will check to make sure I am ok." Staff followed the provider's safeguarding policy and procedure. Records confirmed safeguarding concerns were shared with the local authority safeguarding team.
- Staff members received training on safeguarding vulnerable adults and what to do if they suspected abuse. One staff member said, "Come straight to the office and inform the manager whether it's financial abuse, physical abuse, sexual abuse, mental abuse."
- The service looked after some people's money. We counted 2 people's money and looked at their financial records to check whether they were correct, and the service was safeguarding people's finances correctly. We found a minor accounting error due to the administration staff taking short term leave and no one picking up their tasks. This did not impact on people at the time. We spoke with the registered manager about this who immediately implemented some protocols to support this not happening again.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. People's care plans contained information about risks to them so staff would know how best to support them. Risk assessments highlighted people's health conditions, actions for staff to take to keep people safe and instructions to inform management and or health professionals should staff have concerns about people's health or well-being.
- Staff told us risk assessing was a continuous task within their role. One staff member said, "[risk assessing is] Making sure the service user is safe and not at risk."
- The registered manager worked with other members of staff and external agencies to ensure risks to people were lessened and or mitigated. For example, the registered manager worked with local authority and community health care services to complete audits for quality assurance and or infection control. Staff also completed health and safety checks to make sure the communal areas where people lived, and occasionally also the properties they lived in, to ensure people were safe from environmental harm.

Staffing and recruitment

- Staff were recruited safely. The provider completed checks on staff before they were recruited to ensure they were safe to work with people. Staff completed application forms containing employment histories, provided references and were interviewed by the provider before starting employment.
- The provider also completed Disclosure Barring Service (DBS) checks on staff, which they regularly reviewed. DBS checks show people's criminal convictions and or whether they have been added to any lists which would mean they were unsuitable to work with vulnerable people.
- People told us there were enough staff. One person said, "There's enough of them [staff], they treat me

right." Staff rotas indicated sufficient staff to meet people's needs. The registered manager showed us a service call log, which was in place to safeguard against missed calls.

Managing medicines safely

● Medicines were managed safely. However, not all people had protocols for medicines which was prescribed to be taken as and when needed, such as when people were feeling discomfort or pain. These protocols, or instructions, should be provided by the prescribing healthcare professional. The registered manager had experienced difficulty in obtaining these from a local surgery and was using initial prescribing information where available, and advice from pharmacists and medicines information sheets. We supported their request to the surgery by sharing best practice information. Staff recorded when and why people took as and when medicines and the service would report to health care professionals if necessary.

● People told us they were supported with their medicines. One person said, "They make sure it's on time." Staff were trained how to administer medicines and their competency to do so regularly reviewed through observation. One staff member said, "We take the MAR and medication, we check it against the individual medicines and then we administrate and sign the [MAR] form."

● Medicines administration records (MAR) were also audited to ensure people were receiving their medicines as prescribed.

Preventing and controlling infection

● The service sought to prevent and control infection. One staff member said, "Keep your hands washed. Wear PPE [Personal Protective Equipment] and change apron each time you go to different service user and wash your hands when you're leaving."

● Staff were trained in infection prevention and control. The service had ample supply of PPE which were available to staff, or people and or visitors should they require it. The service maintained cleaning schedules to ensure communal areas were cleaned regularly.

Learning lessons when things go wrong

● The service learned lessons when things went wrong. Incidents and accidents were recorded. One staff member told us, "[We] make sure the person is OK, and check with them about injuries as best as you can and ask about pains and call an ambulance for them if necessary. We do a body and incident form and complete it."

● At the inspection the registered manager showed us changes they made to record what occurred in incidents and keep them on a single file to ensure there was managerial sign off and lessons could be learnt from them, as well as act if and when further action was required.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs and choices were assessed before they began using the service. Social workers completed needs assessments with people and referred them to the service. The service's panel members discussed whether the service was suitable for people given their needs.

●Assessments were comprehensive and covered various aspects of people's lives; their health care needs, their social situations and what was important to them. Assessments were in line with standards, guidance and the law; they recorded people's equality characteristics and sought to ensure people were not discriminated against.

Staff support: induction, training, skills and experience

● Staff were supported by the provider. Staff received an induction when they began employment, which included training and shadowing senior staff, so they were able to work in a way the provider wanted them to.

● Staff received regular training to support them in their roles and ensure they remained proficient in the various tasks they completed. For example, staff told us they had recently completed training on fire safety. One staff member said, "We have a fire drill tomorrow and we did fire training. We have a competency check, and we have training." We saw other training topics included safeguarding vulnerable adults, equality diversity and inclusion, person centred care as well as others.

●Some training topics for some staff required refreshing. The registered manager was aware of this, they had an action plan around this, and had arranged with staff and training provider to fulfil these shortfalls.

● Staff received supervisions from senior staff. The registered manager used a matrix to track staff supervision and ensure supervision was held in line with provider policy. There were some instances where staff had not received supervision as regularly as outlined in policy. Where this had occurred, the registered manager was able to provide reasons why it had not occurred, for example staff being on long term leave from work. One staff member said, "We have just had supervision. if I have a problem I can go in and [registered manager] can write it up and we had appraisal two weeks ago."

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

● People were supported with their health care needs. The service worked alongside a range of social health care professionals. One staff member said, "We support when district nurses come, we'll help and support check for pressure sores and report to them. They support us to. There's a phlebotomist [health care professional who works with blood] comes in and we'll hold someone's hand who has a fear of needles.

Also, if there's any equipment deteriorating, we'll report them to healthcare professionals."
● People's health conditions were recorded in their care plans. Information to support hospital admissions was held with reception staff in case of emergency. We saw evidence of the service working alongside GPs, district nurses, social workers and pharmacists.
● Daily notes and communication books showed staff worked with each to record and monitor the care provided to people. Where required information could be shared with other agencies, such as social workers and district nurses.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink healthily. People were supported with food and fluids as where necessary, and their consumption monitored. If required by health professionals their diet was tracked to support healthier living.
● People could choose to eat food provided at the service. There was a communal restaurant and dining area that people and relatives could use if they wished too. Staff in the kitchen were aware of people's dietary needs as they knew people and kept records of people's needs and their food choices. We saw the kitchen was kept clean with regular cleaning and food was stored correctly.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● People and staff told us consent was sought before care given. One person said, "They ask [permission]. 'Can I whatever', 'Can I go into your wardrobe and have a look' which I think is nice and is the right way of doing things." One staff member told us, "We provide person centred care, and we give the options and choices as appropriate to their needs."
● Care plans recorded people's capacity to make decisions. People's needs assessments were completed by local authority social workers who also completed mental capacity assessments where appropriate. Information regarding people's capacity was also recorded on the local authority database which the registered manager could access.
● People's consent was recorded when they were first assessed. However, due to a change of social services database software (as the provider was a local authority), and the service using paper care plans consent was not always recorded in a meaningful way. We spoke with the registered manager about this who immediately sought to ensure people's consent was recorded again on a new form they devised to demonstrate people were happy to be supported with different elements of their care.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question as good. The rating for this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

We are aware of peoples different cultural needs around food, some are vegetarian and all the meat here is halal -we have celebrations on Diwali days and there are always two portions in the kitchen

Ensuring people are well treated and supported; respecting equality and diversity
● People and relatives told us staff were caring. One person said, "Yes, I do [think they are caring]. They ask how you are, and can they do anything [for you] and that's how they are."
● People's equality and diversity were respected. The service worked with people from a broad range of cultural backgrounds and sought to support people accordingly. Policies supported equality among people and workers and there were documents, such as the carers handbook and service user handbook, to support people understanding their rights and document that the provider championed differences. One staff member told us, "We are aware of people's different cultural needs around food, some are vegetarian and all the meat here is [faith appropriate]. We have celebrations on [faith celebration] days."

Supporting people to express their views and be involved in making decisions about their care
● People and relatives told us they were able to be involved with and make decisions about their care. The service office was a busy hive of activity with a variety of people and relatives attending throughout the day. This indicated the "open door policy" the registered manager told us they had.
● People were supported to be involved in their own care through meetings with social workers and or the registered manager. One person told us. "I had a choice about coming here. I went through where to go and went to two or three places... I am happy with my choice."
● Care plans contained needs assessments that were usually reviewed regularly. However, we noted that some reviews had been delayed. Care reviews delays had been impacted upon due to the pandemic, with social workers who normally completed reviews, having backlogs. However, the registered manager was able to show that they would contact social workers regularly to complete a review, and if the need was pressing, such as when people's needs had changed, then social workers were responsive. Theses reviews involved people and their relatives ensuring they had input into the decision making around people's care.
● Following discussion with inspectors, the registered manager implemented a system to ensure there was regular review of people's needs which did not require social worker input.

Respecting and promoting people's privacy, dignity and independence
● People and relatives told us their privacy and dignity was respected. One person said, "Yes they do [respect my privacy and dignity]." People's confidential information was stored on password protected computers or in lockable filing cabinets. The provider's policies were in line with the law and supported data

protection and people's confidentiality.

● People's independence was promoted. One person said, "I am able to do what I want and come and go." Staff told us how they promoted people's independence. One staff member said, "Encourage them to do as much as possible for themselves even if they say they can't, baby steps, each little step is a step forward."

Good

Is the service responsive?

Our findings

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

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

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

● People received personalised care. Care plans contained information about people's needs and care preferences. The service kept further information about people on social services databases and social workers recorded comprehensive assessments of people to ensure the service knew what care people needed and what they liked.

● Care plans were kept in people's homes where people, relatives and staff could access them.

● Staff knew how people liked things done. One person told us that staff knew them well. They said, "Yes they do [know me well]." Staff confirmed they knew how people liked things done and were able to tell us how they got to know people. One staff member said, "[We know people who use the service] pretty well! We know their moods, and most have been here a long time. We know their families and we have the care plans."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service met people's communications needs. However, we discussed measures with the registered manager to support new staff on people's individual communication needs. The registered manager provided us with updated communication passports which would support new staff, and or emergency health care professionals, like paramedics, gain a quick understanding of people's basic communication needs.

● When people were initially assessed, and reviewed, information was captured about people's communication needs and the service was able to provide information in appropriate format. This included larger font print, reading to people, getting interpreters and having documentation interpreted. Staff told us about one person, "We work with [person] regularly, we know them well and we understand what sometimes you need to confirm when they want something, or not. Our system works, we ask and get them to clarify or not."

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

● People were supported to avoid social isolation. The service was an extra care setting, where people lived independently, but were supported with care if required. Communal facilities were available to residents including garden areas, restaurant and dining areas. The service provided weekly exercise classes for people

living within the service as well as occasional entertainment, such as a singer.
● Staff made efforts to involve and include people in activities or events according to their wishes and preferences. One relative told us, "[Person] joins in some of the activities, they do the exercise class with them. They [provider] do put stuff on."

Improving care quality in response to complaints or concerns
● People and relatives knew they could complain and felt action would be taken if they did. One relative told us, "I do occasionally [complain]. I will speak to the manager about things and never had to take it further than them. They respond in a helpful way, and they deal with stuff." One person told us, "I would complain, but haven't needed to."
● Complaints to the service were recorded and responded to. Complaints were investigated by the registered manager and relatives and supporting external agencies informed where appropriate. Apologies were made when things had gone wrong, and the service could have done better. Actions to support improvement were logged to mitigate re occurrence of similar events.

End of life care and support
● At the time of our inspection no one was at the end of their life or receiving end of life care. However, the service was able to work with people who were at the end of their life and also worked with other agencies to ensure that people received the care they needed.
● Staff were trained in end-of-life support. One person said, "We've had training on end of life. [You need to] keep going and letting them know you are there and making sure they have plenty to drink and give them dignity and respect and honouring their wishes for end-of-life care as the best we can provide."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- The service provided a positive person-centred culture for people. Staff were trained in person centred care, documentation personalised, and policies focused on putting people at the centre of their care. Compliments sent to the service by people and relatives indicated staff were thought of highly due to their care for people.
- People and relatives thought highly of staff and management. One person said, "Yes its lovely here." Another person said of the registered manager, "[They are] very nice. They listen to what you're talking about." A relative, also talking about the manager, said, "I think they are great, because they are very responsive and caring and if you have a conversation, they show empathy and they are efficient."
- People achieved good outcomes by staff who were dedicated to ensure their assessed needs were met. The service worked with other health and social care professionals who had provided the service with positive feedback. People and relatives told us they lived at the service for long periods which they felt was indicative of it being a good service which assisted them maintain independence.

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

- Managers and staff were clear about their roles. There were job descriptions for different roles and staff knew who to go to, to seek support. The registered manager knew they were responsible for the quality of the service provided, that they needed to mitigate risks to people and staff and they were required to notify CQC when certain events had occurred.
- The service sought to continuously learn and improve care. There were quality assurance systems and processes in place to ensure people received good care. Spot checks were completed regularly, and audits carried out to monitor staff completing their tasks and duties to a good standard. The provider had a quality assurance team who were able to support the service meet good standards of care.

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

- The registered manager understood and acted with candour when required. Complaints, safeguarding alerts and incidents and accidents showed the registered manager dealing with matters in a professional manner and took responsibility for their duty of care, apologising when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

● People and relatives were able to engage with and provide feedback on the service. Surveys were completed annually, and results posted on the wall at the service. These were positive for the most part. People were also able to provide feedback on care via the provider's website. The registered manager was observed recommending people and relatives to share their concerns in person in their office stating they had an "open door policy." One person said, "I can tell the office what we need and whether things are good or not."

● The service had not been holding regular face to face staff meetings since the pandemic. The registered manager told us how they used different means for staff for interaction with staff including 1 to 1 meetings, emails, phone and video conferencing. They told us they would implement face to face team meetings again following the inspection.

● Staff told us they were still able to discuss things which mattered in 1 to 1 meetings and at handover. One staff member said, "We talk about service users mostly [at handover] and what is happening with refurbishment, [or] any changes going on with the service. We also get lots of emails about what's happening."

Working with others

● The service worked with other agencies to support people live more fulfilled and healthier lives. The provider was a local authority and professional relationships had been established with other departments within the authority, such as social workers and other health and social care providers.

● The service had also forged links with other local community services such as the community policing team and a local school. These relationships were maintained to the benefit of people using the service.