

Care Homes UK Ltd

Oak Lodge

Inspection report

Stockton Street
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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oak Lodge is a residential care home which provides older people with personal care. The home can accommodate up to 28 people. On the day of our inspection visit, 13 people were using the service.

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

People and their relatives told us they were very happy with the care and support provided at Oak Lodge. People were consulted about ongoing environmental changes at the service such as new décor in the lounge, dining room and ground floor communal areas.

Medicines were managed safely, there were enough staff on duty and staff were recruited safely. People were protected from abuse by staff who understood how to identify and report any concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these.

People were supported to access healthcare services if needed. People were supported to have enough to eat and drink and staff were trained to support people who had different dietary needs.

Interactions we saw between people and the staff team were very positive and relatives also said they were made very welcome at the home. People were treated with kindness, dignity and respect.

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.

Person-centred care planning was still not fully embedded into the service. Care plans were inconsistently completed. Some records lacked detail around supporting people when they became distressed whilst others contained in-depth personal details to ensure care workers could look after a person in line with their needs, preferences, wishes and choices.

People were supported to engage in activities they enjoyed. Although the service did not have a current activity co-ordinator in place, they were actively recruiting to this role. People and their relatives told us they knew how to make a complaint.

There was a clear management structure and staff were supported by the registered manager. Quality assurance systems were completed.

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 22 January 2019) and there was a breach of regulation. The provider completed an action plan after the last

inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

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?

Requires Improvement ●

The service was not always 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.

Oak 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Oak Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

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, local fire service and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care workers, kitchen and

domestic staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested some additional evidence to be sent to us. The information was received and used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Safeguarding systems and processes, including recruitment

- People we spoke with said they felt safe. Our observations for people who could not communicate with us were that they were comfortable with the staff members supporting them. One person told us, "I feel safe here. There is always someone there."
- All relatives we spoke with said they were kept informed in relation to any concerns regarding safety.
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training and records we viewed confirmed this.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk.
- The service assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- The environment and equipment were safe and well maintained.

Staffing and recruitment

- There were enough staff to meet people's needs. One person told us, "Yes, you get well looked after here, there is always someone about."
- Our observations during the inspection indicated that staff were prompt to respond to people's needs.
- People and relatives told us there was enough staff.
- The provider had arrangements in place to carry out checks on staff to assess their suitability before they were employed in the service.

Using medicines safely

- Arrangements were in place for the safe receipt, storage, administration and disposal of people's medicines.
- Checks were in place to keep people's medicines at an appropriate temperature. Medicine audits and checks were completed regularly.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of gloves and aprons available to them.

- The service was clean and tidy. Staff followed safe laundry procedures to help prevent the spread of infection.

Learning lessons when things go wrong

- Important lessons had been learned following the last inspection. The provider had taken proactive measures which had led to an improvement in the service overall.

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 the last inspection this key question was rated as good. At this inspection this key question has remained 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 were assessed prior to their admission. Their needs and choices were documented. Staff were able to describe people's needs in detail.
- People and their relatives told us staff provided them with choices and respected their wishes.
- People were supported by staff who had the skills and knowledge to effectively and safely support them.

Staff support: induction, training, skills and experience

- New staff were supported through a period of induction and training.
- Staff confirmed they were supported using training and supervision. The registered manager kept a staff training matrix which showed staff training was up to date.
- One relative said, "We visit very regularly and the staff all seem to know what they are doing."
- The service had regular meetings to ensure staff were kept informed about developments at the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their meals and relatives were complimentary about what was on offer. One person said, "The food is great, the cook is great. We are always eating, look at these home-made chips!"
- When required, staff assisted people to eat and drink. Staff had included dietary information from other professionals into people's care plans. This included information on when people needed soft or pureed diets.
- We observed a staff member sitting with one person who was struggling to take fluid throughout our visit, and gently coaxing them to consume what they could.

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

- The service worked with other professionals to provide good coordinated care.
- Records showed people had regular health and wellbeing check-ups. When required, investigations were sought in a timely manner for any concerns.
- One relative we spoke with told us, "They let us know any test results and recently got the community matron out straight away then they thought [Name] was poorly."

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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- An assessment of capacity took place prior to a DoLS application being made. The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements.
- The service obtained copies of lasting power of attorney (LPA) when people moved to the service. Where relatives or others were already designated as attorneys, the service ensured they saw the legal document that recorded this. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves.
- We observed staff supporting people with day to day decisions and respected their choices.

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

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff treated people with kindness and respect. One person told us, "I like it here, it's very friendly."
- The registered manager regularly worked as part of the team. They said, "I can meet and talk with the night staff then and know what's happening."
- The service ensured that people's religious and cultural needs were met and respected.
- We observed staff treating people with warmth, compassion and kindness. One relative said, "They bend over backwards to make people happy."
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease. When people became anxious, staff offered reassurances.

Supporting people to express their views and be involved in making decisions about their care.

- Staff supported people to be involved as much as possible with making decisions about their care. Relatives told us they took part in discussions about the person's care and support needs. One relative said, "We are always involved and we feel like part of the team here."
- The provider regularly consulted with people and their relatives to capture their views about the service.
- Information was available for people in accessible formats. For example, easy read documents had been produced for people who could not understand written words.

Respecting and promoting people's privacy, dignity and independence.

- People were promoted to be as independent as they were able and wished to be. One person told us, "I can do what I like when I like."
- We saw a staff member role modelling how a person should walk with their walking frame, encouraging and praising them when they did it correctly.
- Staff treated people with dignity and respect, we saw they knocked on doors and sought permission before entering.
- People's confidential information was held securely on an electronic system which was password protected and only accessible to staff who needed the information to carry out their role.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans needed to provide more clear instructions for staff on how to provide care. For example, one person was prone to anxiety and aggression but there was no detail to support staff on how to manage this.
- Care plans lacked consistency. On some occasions, information was vague. The registered manager stated they would address this and add further person centred details to the plans.
- Staff were able to tell us about people's needs and there was a good recorded handover system in place.
- Staff said they were more competent now completing the electronic records and we saw updates and records such as fluid charts were well completed.
- People had choice and control over their lives and the service they received.

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

- Staff respected people's right to family life and avoid social isolation. Relatives were welcomed into the service and offered drinks. Pets were allowed into the home.
- The provider had employed an activity coordinator who had recently left. They told us they were actively recruiting another staff to fill this role. People who did not wish to engage in group activities were offered one to one care to provide stimulus.

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.

- Staff understood people's communication needs. Most people preferred information given to them verbally. We saw a large photographic menu board showing the choices for the meals.
- Information around the home provided people with knowledge about events.

Improving care quality in response to complaints or concerns

- There had been no recent complaints. Everyone we spoke with told us they knew how to make a complaint or said they would simply speak to the staff if they were unhappy. The provider had a robust complaints policy in place and this was made clear in the service user guide and in communal areas (along with other pertinent information, such as safeguarding information).

End of life care and support

- Staff respected people's wishes. They had involved people and their relatives in discussion about end of life

care. People's preferences were detailed in their care plans.

- Staff carried out observations to ensure people were not suffering from pain and accessed healthcare services out of hours when required.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure a robust quality assurance system was in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and staff had effectively used the provider's systems to monitor the quality of the service.
- Staff told us they felt listened to and that the registered manager was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.
- The registered manager had informed CQC of events in the service in line with the requirements of their registration.
- Staff understood their roles and communicated with each other and the registered manager to deliver good quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture in the home. Staff provided a happy yet calm atmosphere where people were empowered to participate in their care and make their own decisions.
- Relatives told us, "It's like one big happy family," and "It's a nice atmosphere here."

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 the duty of candour. This included reporting matters to external agencies in a timely manner.
- The registered manager had worked with the CQC, the local authority and other partners following the findings of previous inspections to further improve the service. They acknowledged the shortfall regarding care plans at this visit and gave verbal guarantees regarding the necessary improvements.

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

characteristics

- Staff involved people in the service in meetings and in discussion about their individual care.
- The service had good links with the local community with visits from local schools at Christmas and church services took place regularly.

Continuous learning and improving care

- The registered manager reviewed and updated the service's action plans. The plans showed steps had been achieved to make improvements to the service.

Working in partnership with others

- The registered manager and staff worked well with external health and social care professionals.