Care Homes UK Ltd

Oak Lodge

Inspection report

Stockton Road, Haughton le Skerne, Darlington. DL1 2RY
Tel: 01325 381 135
Website:

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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

Overall summary

The inspection visit took place on the 12 January 2016. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on the 8 February 2015 which was a follow up inspection from September 2014. In April 2014 we found that the service needed to improve its systems and training in relation to the Deprivation of Liberty Safeguards. In February 2015 we saw this had been completed and the service was not in breach of any regulations at that time.

Oak Lodge is situated in a residential area of Darlington close to all amenities. It provides accommodation for up to 28 people who personal care. The service previously provided nursing care but ceased to provide this in December 2015.

There is a registered manager in post. 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.

Summary of findings

All people we spoke with told us they felt safe at the service. Staff were aware of procedures to follow if they observed any concerns.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager and staff had the appropriate knowledge to know how to apply the MCA and when an application should be made and how to submit one. This meant people were safeguarded.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff had also received more specific training in managing the needs of people who used the service such as medicines training as this was previously carried out by nursing staff at the home. There were sufficient staff on duty to meet the needs of the people and the staff team were supportive of the management and of each other.

Medicines were stored and administered in a safe manner.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development.

We saw people's care plans had been well assessed. The home had developed care plans to help people be involved in how they wanted their care and support to be delivered. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the home, from planning entertainment to deciding on décor colour schemes .

Staff had a good awareness of people's dietary needs and staff also knew people's food preferences well. We saw everyone's nutritional needs were monitored and mealtimes were well supported.

We observed that all staff were very caring in their interactions with people at the service, this did not just include care staff but also the administrator, maintenance person and domestic. People clearly felt very comfortable with all staff members. There was a warm and caring atmosphere in the service and people were very relaxed. We saw people were treated with dignity and respect. People told us that staff were kind and professional.

We also saw a regular programme of staff meetings where issues where shared and raised. The service had a complaints procedure and staff told us how they could recognise if someone was unhappy and how to report it.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Oak Lodge. Action plans and lessons learnt were part of their ongoing quality review of the service

Summary of findings

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

This service was safe.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Is the service effective?

Good

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported. People's healthcare needs were assessed and people had good access to professionals and services designed to help them to maintain a healthy lifestyle.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Is the service caring?

Good

This service was caring.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Good

This service was responsive.

People's care plans were relevant to people's needs and reviewed regularly.

The service provided a choice of activities based on individual need.

There was a complaints procedure available that was well publicised around the service. People and staff stated the registered manager was approachable and would listen and act on any concerns.

Is the service well-led?

Good

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

Summary of findings

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Oak Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

The inspection visit took place on 12 January 2016. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we spent time with seven people who lived at the service, and observed how people were supported.

During our inspection we spent time with four care staff, the domestic, maintenance person, administrator, the deputy manager and the registered manager. We observed care and support in communal areas. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission. Following the inspection we spoke with one professional who supported people living at Oak Lodge.

Good

Is the service safe?

Our findings

We spoke with people who used the service and asked them if they felt safe. People told us; "It's a comfortable place to be, I like it," and "Yes I do feel safe," and "Oh yes, we are all safe here."

We asked members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; "Safeguarding is to ensure someone's human rights are respected and that people are not harmed in anyway." We saw that information was available for people using the service in easy read format to encourage people to speak up. One person told us; "I have never seen anything that concerns me and if I did I would say something."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. Staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. One staff member told us; "I have reported things in the past, its good because safeguarding ensures the perpetrator and victim are protected by a proper process." This showed staff had the necessary knowledge and information to make sure people were protected from abuse.

Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We saw staff using PPE when supporting people at mealtimes.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. The deputy manager explained the medicines system to us and showed us that any changes to medicines were clearly communicated and protocols for anyone who required an "as required" medicine were clear and in place.

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. As the home had only recently changed its procedure for medicine administration, all staff who now administered medicines had been trained and had their competency assessed by the registered manager. The manager told us; "With losing the nursing staff we made sure we undertook a lot of competency checks to make sure staff were safe and confident to administer medicines." We also saw that there was a meeting being held on the day of our visit with the senior staff team to review how they felt the medicine administration process was going.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day and night to support people's needs. The service provided three care staff during the day and during the night and there were additional staff such as the registered manager, activity co-ordinator, the housekeeper and administrator on duty. One new staff member told us; "Yes, there are enough staff, there is always someone around and I like the fact that it's a family type service and if the handyman is passing and someone needs help he'll help if he can or get a staff member."

We saw the housekeeper changed uniform and supported people with mealtimes which was something they had done for many years. The housekeeper told us how much they enjoyed doing this and they came in early ever day to support people with their breakfast. One person told us; "Sometimes they are run off their feet," and another said; "They come quickly if you ring the buzzer."

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees and also on a three yearly basis for established staff members. The

Good

Is the service safe?

Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of two staff who had been recently recruited to the service and who were on duty on the day of our inspection and found that references had been sought and identity checked using documents including passports, driving licenses and birth certificates. These staff confirmed the recruitment processes to us.

The home had an induction checklist in place which included an induction to the home and the Skills for Care formal induction programme. We saw that in the first week of induction, staff completed the following training modules; moving and handling, first aid and fire. Other units included safeguarding and mental capacity.

Risk assessments had been completed for people in areas such as risks associated with going out into the community. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment in place.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested. There was a regular maintenance person at the home who addressed any issues with the environment on a daily basis.

We saw that regular equipment checks on items such as hoists and mattresses were carried out and a recent water services Legionella inspection had also been undertaken in October 2015. We saw a clear planner of when any test or inspection was required at the service that was up to date for 2016. This meant the service reviewed its equipment and premises regularly so that it was safe for people and staff.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection eight people at the service were subject to a DoLS. A deprivation of liberty occurs when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. All staff we spoke with had an understanding of DoLS and why they needed to seek these authorisations. We saw that peoples consent was sought in relation to their care plans, photographs and also in maintaining confidentiality. The deputy manager told us; "I watch staff to make sure they get consent from people for anything they do with them."

A staff member we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. We saw records to confirm that this was the case. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The staff member had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions – they talked to us about what may constitute a deprivation of liberty. They said; "It is about ensuring the person has an IMCA (Independent Mental Capacity Advocate) so we make the right decisions for somebody. You are there to ensure decisions are made for people properly."

All staff had an annual appraisal in place. Staff told us they received supervision every three months and records we viewed confirmed this had occurred. There was a planner in place, which showed for the next 12 months all the dates when staff were booked in to have supervision sessions or their appraisal, as well as when staff meetings were scheduled to take place.

We viewed the staff training records and saw the majority of staff were up to date with their training. We looked at the training records of two staff members which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, dementia , care planning, health and safety, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. We saw that all staff had a training needs analysis completed with the registered manager and we saw that two new staff members were undertaking their Care Certificate induction. One of these new starters told us they had been at the service three weeks and as well as an induction into the home they had also had a supervision sessions with the manager and they told us they felt 'very supported'. Staff were also undertaking a programme of 'Focus on Under nutrition' which people told us they were about to be trained in the next few weeks.

Staff told us they met together on a regular basis. We saw minutes from staff meetings in 2015, which showed that items such as day to day running of the home, training, activity planning and any health and safety issues were discussed.

The menus showed a hot meal was available twice a day and there were choices at all mealtimes. We observed lunchtime and as well as the menu choices, one person had a jacket potato with cheese and another person asked for a toasted sandwich. These were made without a problem and people told us '"You can have what you fancy." One person told us; "We get plenty of food." We observed staff supporting people to eat well and we saw that people were given plenty of time and encouragement to eat their meals as well as being offered plenty of drinks. We observed later on in the day that staff offered people crisps and chocolate tea cakes to eat. One staff told us as they did this; "I love giving people the so called naughty stuff, we need to make sure people maintain their weights."

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. We saw the kichen staff had a recent meeting in December 2015 with the registered manager and discussed fortified meals, menus and the "Focus on Undernutrition" training

Good

Is the service effective?

programme. This meant that people's nutritional needs were monitored. One staff told us; "Two people have softened diets and everyone who lives here has a food chart and are weighed weekly. I think we monitor people's diets well. The staff team had training in basic food hygiene and we saw that the kitchen was clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

The registered manager told us that community matrons and other healthcare specialists visited and supported people who used the service regularly. The service was part of a pilot scheme with community matrons who contacted the home on a daily basis and would call in if needed. This was to support the service to avoid unplanned hospital admissions and to support people with their healthcare needs in the home. The registered manager told us; "It's working really well, they are through and really good." We spoke with one of the community matrons after our visit. They told us; "The carers are all good and helpful, they understand when they need to make a referral to us. The carers have taken over nicely from the nurses (who were previously at the home) and they know people and their conditions really well."

This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw that the environment had been adapted since our last visit by the use of memory boxes outside people's bedroom doors and also be people choosing the colour of their bedroom doors. Memory boxes are to help people orientate themselves and we found the ones at Oak Lodge contained photographs and objects individual to the person. One person told us; "I've got a lovely room, it's like a palace."

We saw other communal areas of the home had been decorated or where in the process of being done as some areas did look tired and scruffy on paintwork.

Good

Is the service caring?

Our findings

We asked people about the staff at Oak Lodge. Comments we received included; "They are great," and "It's wonderful here." We witnessed lots of encouraging supportive conversation as well as appropriate banter and laughs between staff and people using the service. We also saw staff sharing appropriate physical contact where people requested it. We witnessed one person telling a care staff; "I love you" and the staff responded appropriately; "Thank you."

We asked staff how they would support someone's privacy and dignity. They told us about knocking on people's door before entering rooms and always asking before you helped somebody with a task. One staff member told us; "I approach people as an individual and I read up on their care plan and refer to their choices they have made within it."

We asked people about choices and one person said; "Sometimes I get up, sometimes I stay in bed it depends on how I feel." One staff member told us; "I've been impressed since I have been here how staff will ask if people want a bed day and support them to wash and be comfortable but to stay in bed if they want."

The service and registered manager had begun to work on an approach supporting people with dementia called "Dementia Care Matters." We saw the manager had discussed this new approach at a recent staff meeting in December 2015. This philosophy supports care being all about emotional care rather than tasked base care and was a very person centred approach on a family living model. For example the service had discussed staff not wearing uniform to promote a more relaxed and family approach with people and relatives. The service was just at the start of implementing this model but we witnessed throughout the day, very caring approaches by all staff towards people at the service. For example, we witnessed the housekeeper supporting a frail, elderly lady with sensory difficulties to have her lunch. All the time she was encouraging the person and referring to the person's skills in cooking and baking and reminiscing with them. Doing this took some time but this person ended up having soup, two sandwiches and a slice of cake because the housekeeper had coaxed and encouraged the person with memories that were meaningful to them. Even when the person came challenging (as we saw they could from their care plan) the housekeeper reacted calmly and distracted them before again encouraging them to eat.

One person told us about the administrator who had brought in some bird seed so this person could feed the garden birds. This person said; "Wasn't that just wonderful of X [the administrator]".

One staff member told us; "The philosophy I use is like I am caring for my mum and dad when I am here, that's how I think of people." A new staff member told us; "It's my fifth week here, I love it so far, it's really person centred. You have got time here to be with people, which is what it is all about."

We looked at three care plans for people who lived at Oak Lodge. They were all set out in a similar way and contained information under different headings. We saw information included who and what was important in the person's life and we saw plans were clearly written with the person. For example, there were headings titled "My life before you knew me" and "My daily routine". All the care plans we viewed where people were able were signed under each individual care plan showing they had been shared with the person by the staff team. This showed that people received care and support in the way in which they wanted it to be provided. The deputy and registered manager shared with us that they were still working on plans to reduce the 'clinical' language for some people whose plans were drafted by the nursing team who previously worked at the service. The deputy told us; "We have to work on plans to ensure the right needs are stated and we lose some of the clinical terms." There were very clear proactive strategies for staff to follow if people became anxious or displayed negative behaviour, where this may be necessary. We asked staff to explain to us the recording charts that were in place at the service. They explained charts for behaviours and positional turns. The staff told us how the service was working with the mental health team to monitor someone's behaviour in terms of medicine changes and how for another person their recording had shown that for someone changing the time of their evening medication had a 'beneficial effect' on the person's mood and behaviour.

We saw that people were supported to maintain relationships that were important to them. The service had

Good

Is the service caring?

a message book to ensure communications were recorded and any issues and discussions passed on. Both staff and people told us that visitors we welcomed to the home at any time.

We saw a daily record was kept of each person's care. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist. One person told us; "They will get the doctor if I need it."

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated with, where they were able, the person who used the service.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The service had three complaints within the last year that were recorded as if they were written complaints, the registered manager told us; "I record them so I am sure the person leaves the service happy." We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and this was recorded. This included people who lived at Oak Lodge as well as relatives and visitors. The complaints policy also provided information about the external agencies which people could use if they preferred. One staff member told us; "I give people reassurance if they are not happy and tell them who they can talk to about it. We have sheets in people's rooms if the family wish to raise any issues or concerns and I would make sure I record it if someone did speak to me."

Staff demonstrated they knew people well. Talking to staff, they told us about people currently living at the service. They told us; "People tell us what is important to them and we know by doing care plans with them."

We saw pre-admission assessments were carried out and people's needs were assessed before they moved into the home. Following an initial assessment, care plans were developed detailing the care needs and support that each individual required. The care plans covered a full range of skills and needs and we saw that new plans had been drafted where people's needs had changed. For example, one person had begun to display a sexualised behaviour and a comprehensive plan had been drafted that gave clear guidance for staff to follow to support the person and themselves.

Risk assessments were in place where required. For example, where people were at risk of falls, and these were reviewed and updated regularly. Standard supporting tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments.

Staff told us that keyworkers reviewed care plans on a regular basis with the person and their key worker. People also had an annual review where care managers, advocates and families were invited.

We saw that daily recording notes and charts for nutritional intake, behaviour and positional changes were well completed. We also saw both day and night handover books were well completed so issues relating to the service and people were shared between shifts. We saw that the way the shift was managed was also recorded in the communication book so staff who had specific tasks such as the person with the medicines lead or the person responsible for providing drinks were identified. This meant the service ensured required tasks were given to a designated person.

We spoke with the activities co-ordinator who was covering the role whilst a colleague was on maternity leave. They showed us how they recorded the outcome of activities with each individual and they told us about activities such as talking books, hand massages, sing-alongs and a tea party they had organised recently. We saw from meeting records that people at the service and relatives discussed activities as a recent meeting in December, this had largely revolved around Christmas parties and entertainment. One person from the service sometimes went into town on the bus and the activities co-ordinator told us of plans to access sessions in the town run by the Alzheimers Society including a "Singing for the Brain" session. People we spoke with felt there was enough to do and enjoyed the fact that staff often did things with people 'ad hoc'. The deputy manager told us; "We don't need to make an activity specific, it can just be having a chat with someone or sitting and reading the paper to them."

Good

Is the service well-led?

Our findings

The home had a registered manager. The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said; "I can go to them about anything," and the deputy manager said; "The manager here is very caring for the residents, if a decision I take is in the best interests of the residents she will support me." People we spoke with also knew of the manager one said; "X is a wonderful lady, very kind and helpful."

We asked people about the atmosphere at the service they told us; "I like living here, the staff are all wonderful girls and I smile every day."

The registered manager told us about their values which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having choices and as much independence as possible and the feedback from staff confirmed this was the case. We saw that the registered manager led by example and they spoke with people in a caring and supportive manner.

Staff told us that morale and the atmosphere in the home was good and that they were kept informed about matters that affected the service. Staff told us that staff meetings took place regularly and that were encouraged to share their views and to put forwards any improvements they thought the service could make. The recent change to the service where is had been decided to lose its nursing registration had a big impact on the service but we saw the manager had worked with the Clinical Commissioning Group and ensured that ongoing healthcare support was provided from the community with the support of staff at Oak Lodge and this was working well. Seven people who had previously received nursing care continued to have their needs met at Oak Lodge. We saw that the service had developed a winter contingency plan which included relevant staff supervision sessions where people were advised about flu jabs, monitoring indoor temperatures and ensuring people were kept warm and spare blankets were available. This showed the service forward planned to anticipate events which may affect its day to day running.

The home carried out a range of audits as part of its quality programme. The registered manager explained how they routinely carried out audits that covered the environment, health and safety, care plans, and medicines as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place. We saw policies were in the process of being reviewed as the service had changed since December 2015.

We saw accidents and incidents were well recorded and analysed by the registered manager each month. These were reviewed on an individual basis and it meant that there was a clear record of the action taken and the outcome. For example there was a person to person altercation. The manager had recorded; "To ensure people have their own space and staff are to re-direct if differences occur with what to watch on TV". We saw this was recorded in communications to staff. The incident was also shared with the people's families and safeguarding. This showed the service acted to reduce the possibility of accidents or incidents occurring.

We saw that surveys had been carried out twice in the last year and a more recent survey had just been sent out following the changes to the service in December when it gave up its nursing registration and the manager was awaiting a response to these. We saw that all people, families, GP's, district nurses and community matrons had been consulted about their views of Oak Lodge. There had been a recent meeting in December for people and their families and we saw that care plans, menus and activities were some of the issues discussed. This showed people's views were listened to in relation to the running of the service.

During 2015, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.