

Oaktree (Clevedon) Limited

Oaktree Lodge Residential Home

Inspection report

12-13 Jesmond Road
Clevedon
Somerset
BS21 7RZ

Tel: 01275873171
Website: www.oaktreelodge.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 18, 19 and 21 of July 2016 and was unannounced to the care home and announced to the domiciliary care part of the service. At the last inspection in April 2014 the provider was found to be meeting all of the standards inspected.

Oaktree Lodge residential home provides care and accommodation for up to 34 people. On the days of the inspection 30 people were living at the home. The home was over four floors, with access to all floors either via stairs or the lift. One set of stairs had a stair lift in situ. Some bedrooms have en-suite facilities. There are shared bathrooms, shower facilities and toilets. Communal areas included two lounges, one conservatory, one dining area and back garden with decking and patio area.

The service also provides domiciliary care services to adults within the Portishead, Clevedon and Nailsea area. On the day of our inspection 37 people were using the service. The domiciliary care service provides support to older people living at home.

The service did not have a registered manager at the time of the inspection. 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. There was a manager in post however they had not applied to be registered with us. We raised this with the provider who told us they would ensure an application would be completed.

People did not always have adequate risk assessments and guidelines in place relating to their care needs. The provider had no care plan and support plans in place for people who were at risk of developing pressure sores. Those people at risk did not have records completed that confirmed support provided by staff.

People felt safe although not all notifications were being made when required to the Care Quality Commission. A notification is information about important events which the service is required to send us by law. People could be at risk due to the department of health's code of practice not being followed. This was due to poor use of personal protective equipment such as gloves and aprons. Clinical waste and dirty laundry was being left in communal hallways which placed people at risk of cross infection.

People had personal evacuation plans in place although these did not always include a photograph of the person so they could be identified by someone who did not know them. People were at risk of receiving unsafe medicines and some records were poor and not all staff being trained. People were not always being supported by staff who received regular supervision and training. Staff did not always have adequate checks completed prior to working with vulnerable people.

Staff felt well supported and demonstrated a kind and caring approach to people they cared for.

Staff who worked for the residential home had staff meetings and these were used for learning opportunities to prevent issues from reoccurring. However staff who worked in the domiciliary care service did not. People were supported to maintain relationships with people who were important to them.

People's consent to care and treatment was obtained, and staff asked people for their consent prior to supporting them. Care plans reflected if people had capacity to make their own decisions. People were involved in their care planning and referrals were made to health care professionals when required.

The environment had risk assessments in place and people and staff felt the home was welcoming and friendly. People had access to activities and people enjoyed participating in these. People told us they enjoyed the meals and care plans reflected people's individual dietary needs. Although this information was not always available to kitchen staff.

People and relative's views were sought. People and relatives felt able to raise any concerns and there was a complaints policy in place. The provider had no quality assurance systems in place that monitored the quality and safety of the service and identified areas for improvement.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People could be at risk of cross infection due to poor infection control procedures. Care plans did not always contain guidelines or accurate records for staff to follow relating to people's care needs.

People were not always supported by staff who had adequate checks in place prior to starting employment.

People were at risk of not receiving their medicines safely due to inadequate records, staff training and poor stock control.

People felt safe and staff were able to demonstrate what they would do if they had concerns for people's safety.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were not always supported by staff who received regular supervision and training to ensure they were competent and skilled to meet their individual care needs.

People were supported by staff to make decisions about their care in accordance with current legislation and care plans reflected capacity to make their own decisions.

People were supported to see health care professionals according to their individual needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect and people and relatives felt staff demonstrated a kind and caring approach.

People had choice and were happy with their care and care staff.

People were supported to maintain relationships that were

Good ●

important to them.

Is the service responsive?

Good ●

The service was responsive.

Not all people's care plans were individual, personalised and reflective of when their care had changed. People and relatives were involved in the care planning process.

People and relatives felt happy to raise a complaint and were aware of the provider's complaints policy.

People were happy with the social activities within the home and these were planned to enable people to participate.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had no quality assurance systems in place to monitor the quality and safety of the service and identify areas for improvement with an action plan.

People were supported by staff who felt well supported and happy with the management of the home and domiciliary care service.

People and relatives feedback was sought and comments received were shared within the service so that improvements could be made.

Not all information had been sent about significant events as required by the provider's legal responsibility. A new statement of purpose for the service was required.

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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.

We visited the care home unannounced on 18 and 19 July 2016. The inspection team consisted of one inspector and one specialist advisor on the first day and an inspector on the second day. The specialist advisor was a nurse.

The inspection of the domiciliary care service took place on the 21 July 2016 and was announced. The office manager was given 48 hours' notice because we needed to be sure that the office manager would be present. The inspection team consisted of one inspector and one specialist advisor. The specialist advisor was a nurse.

During our inspection of the care home we spoke with seven people as well as one relative. We spoke with people in private and observed people's care and support in communal areas. We observed how people spent their day, as well as their lunch time experiences. We spoke with four members of care staff, the kitchen assistant, the manager and the provider.

We looked at three records which related to people's individual care needs. We also looked at records which related to the management of the service. These included three staff recruitment files, policies and procedures, accidents and incident reports, training records and the service's quality assurance systems.

During our inspection of the domiciliary care service, we spoke with five people who used the service and three relatives. We also spoke with three members of care staff, the office manager and the provider. We looked at six care records which related to people's individual care needs and records associated with the

management of the service.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

After the inspection we contacted three health care professionals to gain their views.

Is the service safe?

Our findings

The service was not always safe.

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Prior to undertaking this inspection we had received information of concern relating to staff not receiving satisfactory checks prior to starting their employment. During this inspection we found people were not always supported by staff who had suitable checks in place prior to starting their employment. We checked three staff recruitment files. All three staff files contained the candidate's original application form, two references, and identification documents, job offer and induction records. But two staff had commenced employment prior to receiving a satisfactory Disclosure and Barring Service (DBS check) or an initial 'DBS adult first check'. A DBS is a check that is undertaken to ensure the candidate's suitability to work with vulnerable people. A DBS adult first check is a service provided by the Disclosure and Barring Service that can be used in some instances prior to a full DBS being undertaken. One staff member had worked four shadow shifts prior to their DBS or adult first check confirming their suitability. The other staff member had worked two shadow shifts prior to their DBS or adult first check confirming their suitability. We raised this with the provider who was unable to explain why suitable checks had not been made prior to staff starting their employment. This meant the provider was not ensuring staff had suitable checks in place prior to starting their employment.

This is a breach of regulation 19 of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014.

People's care plans contained risk assessments but did not contain support plans or guidance for staff to follow if they were at risk of developing pressure ulcerations.

People's risks were assessed, however care plans were not always developed to minimise risks. For example, two people were assessed as being at risk of skin damage. Neither person had a care plan to guide staff as to the actions they should take to minimise these risks. Staff told us that they were, "Always constantly moving [Name]". Another member of staff told us, "We tend to ask [Name] every two hours". However, there was no recording to confirm that people had been supported to change position. The manager confirmed that there was no standardised skin care planning documentation in place. This meant people could be at risk of receiving unsafe care and treatment due to incomplete records.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we observed staff administering medicine's safely to people. Staff were able to demonstrate their knowledge about the medicines they were administering but not all had received training in administering medicines. This was confirmed by the training matrix. The manager confirmed they were reviewing the staff training and would be identifying those staff who required an update with their training.

All medicines were stored safely but not all medicines administration records (MARs) checked were accurate and up to date, For example, one person's medicine was documented in the homely remedies section rather than the prescribed medicine section of their chart. Another person's MAR had a food supplement detailed however there was a note indicating that this was no longer prescribed. The manager told us they would look into these issues".

During this inspection we found people were at risk of cross infections due to poor hand washing and staff not wearing personal protective equipment (PPE). Whilst the provider was showing us around the building we found clinical waste bags full of contaminate items and dirty laundry left outside people's rooms in communal hall ways throughout the home. This poses a risk to people and staff as dirty laundry and contaminated items need to be handled in line with Department of Health's Code of Practice to ensure infections and air born contaminants are not transmitted from person to person. We observed a member of staff handle the dirty laundry and clinical waste bag with no gloves or apron on. They then took clean laundry out of the cupboard to make a person's bed up without washing their hands or wearing adequate PPE. The Department of Health's Code of Practice confirms 'PPE is used to protect the care worker and the resident from the risk of cross-infection' where there is a risk that there is exposure to body fluids. We asked the staff member what the correct practice was for handling dirty laundry and contaminated clinical waste bags. They demonstrated they had a good knowledge of infection control procedures and how to prevent cross infection however this was not demonstrated in their practice. We raised this with the provider who confirmed they would review staff's practice relating to handling soiled laundry and contaminated items.

People and relatives felt the home was safe. People told us, "Yes I feel safe, it is the carers they look out for you" and "Yes, I'm safe". One relative told us, "I know [Name] is safe, no problems". All staff felt people were safe and were able to demonstrate a good understanding of what might constitute abuse and how to report it, both within the service or to other external agencies such as the Care Quality Commission, police and the local authority. One staff member told us the types of abuse are, "Physical, financial, emotional, self-neglect". All staff felt able to raise any concerns with the manager or externally to the safeguarding agency. Staff had received training in safeguarding adults and training records confirmed this.

People had their own personal evacuation plans in place for emergency situations. However there was no individual photographic identification that confirmed who the plan related to. Photographs are important as it allows people to be identified by anyone. Some people living in the home would be unable to confirm who they are, due to their dementia. We raised this with the provider and manager who confirmed they would review people's emergency plans. The personal evacuation plans confirmed people's individual support needs. For example, their communication requirements, any equipment and support they would need, and any anxieties they might have.

People had a 'hospital passport' in place. This is used if the person is admitted to hospital for any reason. They contained comprehensive details about what support and care the person was receiving.

Incidents and accidents were logged and there was a system for collating information and reviewing any trends. Some incidents however did not have body maps completed when people had injured themselves. For example, when someone had fallen and bruised themselves. Body maps are important as they record the specific site of the injury. This is important as bruises can take time to develop and the record demonstrates how they may have developed. We fed this back to the manager who confirmed they would review the use of body maps.

The environment promoted people's safety, for example lounges and the dining room were free from clutter and there was a stair lift should people be unable to use the stairs. There were gas, electric and portable appliance tests in place and certificates confirmed these were in date. There were a number of environmental risk assessments in place. For example, keeping animals in the home, stair lifts, steps and kitchen appliances. All the assessments had identified the risk and confirmed the control measures in place to reduce it. This meant risks to the environment were being identified and managed.

People were supported by enough staff to meet people's needs. The manager confirmed the staffing arrangements for the home and the rotas confirmed these arrangements. During our inspection all people were supported by adequate numbers of staff to enable them to have their individual support and care needs met. People felt there was enough staff to meet their needs. They told us, "They come quickly when I call the bell" and "Staff are always around". We observed one person during the inspection did not have access to their call bell on two occasions. We raised this with the staff and provider. No explanation was given as to why the call bell was out of the person's reach, but action was taken to ensure they could reach it.

Oaktree Lodge Domiciliary care service

People were not always being supported by staff who had suitable checks in place prior to starting employment. Out of three staff files we found one staff member had started their employment prior to obtaining a Disclosure and Barring Service check (DBS) or an initial 'DBS adult first check'. A DBS is a check that is undertaken to ensure the candidate is suitable to work with vulnerable people. A DBS adult first check is a service provided by the Disclosure and Barring Service that can be used in some instances prior to a full DBS being undertaken. We also found they had commenced their employment prior to satisfactory references being received. This meant the provider did not have a safe recruitment procedure in place for staff prior to commencing their employment.

This is a breach of regulation 19 of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014.

People had risk assessments in place to help minimise any risks to people and staff although three people did not have all risks identified on their risk assessments. For example, one person had pressure relieving equipment for their seat. They also used a wheeled tea trolley to manoeuvre around their home. There were no guidelines for staff to follow to ensure the equipment was being used safely or correctly. Another person also used a wheeled tea trolley and their risk assessment only identified they walked with a frame. Another person had a risk assessment around handling their money. Their risk assessment did not include what arrangements were in place or what staff should do weekly to ensure their money was handled safely. We fed this back to the provider who confirmed they would take appropriate action.

People were at risk of not having their medicines administered safely due to inadequate records that recorded people's medicines were administered. For example, medicines administered by staff were not being recorded adequately to demonstrate people were receiving their medicines safely. There was no record that confirmed what medicines the person should be receiving, the quantity and how much to give and by whom. The only record completed by staff was in the person's daily records that confirmed the person had been given their medicines. This daily record did not confirm what medicines they had received, the time and by whom. We reviewed two people who were receiving support from staff with their medicines. One person was supported by staff who administered topical creams as prescribed. We asked a member of staff about the support they provided to this person regarding their medicines. A member of staff confirmed, "Yes, I give [Name] their medicines. I also use creams on their legs and back". The staff member had signed

the person's daily care record as, 'medicines given' but there was no record or care plan that confirmed what the person was prescribed, where the topical cream should be applied to or how often. We fed this back to the office manager who confirmed there were no charts or care plan arrangements in place that confirmed what medicines people were prescribed. This meant people were at risk of not receiving their medicines safely due to inadequate record keeping and failure to follow guidelines provided by the Royal Pharmaceutical Society guidance on; The handling of medicines in social care. Which state; 'every social care service where care workers give medicines must have a MAR chart to refer to. The MAR chart must detail, which medicines are prescribed for the person, when they must be given, what the does is and any special information, such as giving the medicines with food'.

This is a breach of regulation 12 of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who demonstrated a good understanding of what might constitute abuse and how to report it, both within the service or to other agencies. The service had a safeguarding policy which staff had read and signed to confirm they had read. The office manager told us about a recent event that resulted in a safeguarding alert being made to the local authority. They demonstrated their knowledge regarding the concerns and who they raised them.

There were sufficient numbers of care staff available and staffing numbers were determined by the number of people using the service and their needs. The office manager confirmed they would often provide hands on support if there was a sickness or problem covering a shift. Two people who received care staff felt at times staff had arrived late which had affected their day. The office manager confirmed there was a 30 minute window either side of the arranged call time in which the staff member should arrive. During the inspection we observed the office manager work hard to resolve where one person had experienced their visit being different than their planned call time. The office manager discussed the problem and the expected call time and if this was still what the person wanted. They then confirmed what action they would take to ensure the call was as close to the agreed time as possible.

People and relatives felt happy with the staff. Two people told us, "All the carers are very good" and "Carers are good". One relative told us, "They can't improve on the care they give". Staff wore a uniform and had an identification badge to help people know who they were prior to them entering their home.

People were supported by staff that checked their pendant and smoke alarms. A pendant alarm is used should a person require support or assistance for example if they fell. Care plans confirmed when these checks were required and records confirmed when they had been completed.

Is the service effective?

Our findings

The service was not always effective.

Oaktree Lodge Residential Home

Staff felt well supported but not all staff were receiving regular supervision or a yearly appraisal. Supervision and appraisals are an opportunity for staff to discuss work and training issues with their manager. It also provides the manager with an opportunity to feedback to staff about their performance. Staff told us, "Yes I get enough. I get an appraisal also" and "Supervision is every 6 months. I have had an appraisal this year". Sixteen staff had not received supervision since January 2016 and 11 staff required an appraisal. We raised this with the new manager. They confirmed they had seen all staff in the last two weeks for a catch up. One staff member confirmed the manager had undertaken a recent catch up meeting with them and other staff. The manager confirmed that supervisions and appraisals was something that needed to happen regularly and they had plans to address this. The providers policy confirmed all staff should have a yearly appraisal and between two and four supervisions in 12 months. Staff were not receiving the support as per the services policy.

People were supported by staff who had received training. The training matrix confirmed staff had received training in moving and handling, safeguarding adults, Mental Capacity Act and Deprivation of Liberty Safeguards and infection control. Additional training relating to end of life care and pressure sores had also been provided. Staff felt the training was adequate. Staff told us, "There is lots of training, like moving and handling, dementia, food safety and fire safety" and "Training is in house. I have had dementia, first aid, mental capacity, moving and handling, fire safety, safeguarding adults and infection control".

The provider was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity or where best interest decisions were made. For example, one person's care plan confirmed they, 'Make decisions themselves'. Another person's care plan confirmed the person did not have capacity. The person had a completed mental capacity assessment and best interest decision in relation to their care needs. The 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. Staff always asked people for their consent before assisting them with any tasks. Records confirmed the consent gained.

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 are 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 were being met. At the time of our inspection eight applications had been made by the provider. This meant the correct procedure had been followed and applications had been submitted to ensure the restrictions were lawful

and in each person's best interests.

Staff meetings were held every three months. Minutes confirmed staff had an opportunity to discuss concerns and undertake learning opportunities. For example, at the last staff meeting there has been a discussion around the principles of the Mental Capacity Act 2005 as well as staff being reminded about good infection control practices and the disposal of their personal protective equipment. This meant staff had opportunities to experience shared learning.

People were offered a choice of meals and drinks and the atmosphere was relaxed and unhurried. There was a variety of meal options which were based on people's likes and dislikes and dietary requirements. People were asked the day before what they would like to have for lunch. Care plans contained up to date information relating to people's dietary requirements. One member of staff who worked in the kitchen confirmed, they were unfamiliar with all those who had special dietary requirements. They confirmed it would be care staff who checked to make sure it was suitable before giving people their meals. We fed this back to the manager. The manager confirmed they were looking to have detailed information relating to each person's dietary needs available within the kitchen for all staff.

People were supported to attend a range of health care professional's appointments. People saw their GP, district nurse and occupational therapists when required. People's care plans confirmed these visits and during the inspection we observed visits taking place. The home had access to an 'Elderly Person's Nurse' who was based at the local GP Surgery. Two health care professionals felt the communication in the home could be better they told us, "They could be more proactive" and "At times we have to keep telling every member of staff as they don't tend to pass things on". Other comments included; "After we have visited in the morning we have been asked in the afternoon by staff to visit someone else when we were only there in the morning". We were told a more proactive approach was taken by this professional who decided to ask the staff before they left the home if anyone else needed to be seen. They felt this was working better but they were monitoring the situation.

Oaktree Lodge Domiciliary care service

The provider supported staff through an induction process that prepared staff for their role. The office manager confirmed new staff undertook an induction that covered how the office worked, health and safety, dignified care, diversity and equality, record keeping and medicines. The office manager also confirmed as part of the induction staff would complete the, 'Home carer's manual'. This covered what was expected of staff and the services policies and procedures.

People were supported by staff who felt well trained to meet their needs although not all staff had received training. People felt staff provided a good level of care and support. People told us, "Very good care" and "They can't improve on it". Staff felt they had received enough training to enable them to undertake their role. One member of staff confirmed additional training they received which they felt enabled them to support the person with their specific care needs. The training matrix confirmed seven staff required moving and handling training. Eight staff required medicines training, four staff required safeguarding training and nine staff required first aid training. No staff had attended any training relating to managing pressure sores or coping with aggression even though some people required this support. Only three staff had completed nutrition and hydration training, four staff had completed food hygiene and one staff member had completed equality and diversity training. All staff were responsible for providing care which included administering medicines to people and supporting people with their mobility needs. This meant the

provider was not ensuring staff had received training necessary to enable them to carry out their role.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt the support they received was good. They told us, "I get regular supervision and enough support" and "You can get supervision anytime". The office manager confirmed that staff received supervision on an as required basis as well as three monthly. They also undertook spot checks on staff where they would just pop in whilst they were at people's homes. Some spot checks had been recorded but records were not available for all. We fed back to the office manager that by having a documented record of spot checks undertaken gives a good audit trail of all support and checks provided to staff. Appraisals were conducted annually. Appraisals are an opportunity to discuss and identify any areas for improvement or training. Appraisals included positive feedback on the staff member's performance and the training support offered. Appraisals covered topics such as punctuality, appearance, reliability, current performance, improvements, staff training, development and personal targets. Staff were encouraged to undertake further career development and three staff were training to be nurses.

Four staff had completed the Care Certificate. The Care Certificate is a set of minimal standards that ensures staff have knowledge and skills in the role they undertake. This applies across social care and health. Other staff had completed their level 5 qualification in Leadership for Health and Social Care and level two and three.

People's mental capacity was reflected in their care plans so staff were aware of how to support the person with certain decisions. For example, one person's care plan showed they had, "Full capacity". Another person's care plan highlighted they could be forgetful but they were able to make their own decisions.

Staff were able to demonstrate how they obtain consent from people. One member of staff told us, "I always gain consent before I give medicines". This was recorded in people's records. People were supported to eat and drink as they wished. Staff confirmed how they give people choice about their meals. One staff member told us, "I give [Name] choice. Yesterday they chose cheese on toast, today they chose something different". Some people chose to have their meals delivered and stored in the freezer for when they wanted them. One person told us, "I enjoy a roast dinner on a Sunday, I have these delivered".

Is the service caring?

Our findings

The service was caring.

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People were happy with the care they received. They felt supported by staff who were kind, caring and friendly. People told us, "Staff are lovely. They are very good. I am very happy" and "Staff are friendly. I am as happy as I can be here" and "Staff are very kind and caring, they can't do enough for you". One relative gave an example of when they had been visiting the home and had heard a staff member support someone in such a kind and caring manner. That felt "Staff don't take shortcuts. They can't do enough to help you". They confirmed that staff did not know they were in the other room.

Staff knew people's needs well and were able to explain people's individual likes and dislikes in relation to the way they wish their care and support to be provided. For example, staff knew people who required additional support with their mobility, skin care staff and diet and were able to confirm people's care needs. All people had their wishes sought prior to care being provided. This was also recorded in people's daily care records.

Staff demonstrated a caring approach towards people. They spoke to people in a polite and kind manner. For example, we saw one staff member kneel to speak to one person whilst they were talking to them. The person responded in a positive way and was able to answer what they were being asked by the staff member who used this approach.

Staff were enthusiastic about their work and described a happy, homely and family environment. Staff told us, "It is a homely environment, we treat it as their home", "It's good here. I like it" and "It's a happy, family atmosphere". Staff were able to give examples of how they provide dignity and respect. One staff member confirmed how they ensure doors are shut and towels are provided whilst they support people to wash. Staff knocked on people's doors before entering and when required waited outside until the person was ready for them to enter.

Staff were able to demonstrate a clear understanding about how they might meet people's individual needs relating to equality and diversity. Staff felt people should be treated as equals. One staff member confirmed how they support one person with their religion. They told us, "We support one person to attend church, we make sure they are ready so they can attend". Another member of staff told us, "We make sure all people are treated the same and have the same opportunities. Like the yoga. We always ask everyone if they wish to join in".

People were supported to maintain relationships with people important to them. People had visitors throughout the day. One relative told us, "I visit two or three times a week, sometimes more." People made choices about where they wished to spend their time. People spent time in different areas of the home, for example the TV lounge, the conservatory, the outside decking area or spent time in their own rooms.

Oaktree Lodge Domiciliary care service

People told us they were supported by a good team of caring staff. They told us, "The carers are very good", "Yes the staff are kind and caring", "Very good care" and "It's pretty good". All relatives we spoke with were also happy with the care.

The office manager demonstrated a caring and hardworking attitude. They felt it was important people received the care they needed and at times they would support people with their care needs. Compliments had been received describing the gratitude from people and from their families. Comments included, 'Everyone was so kind and helpful', 'thank you for taking such great care of [name of relative] at home', 'thanks for the kind and considerate care given to my [spouse]' and 'we have appreciated the professional and caring way your staff have helped us adjust to our new life situation'.

People were supported by staff who respected their privacy and dignity. The office manager showed us compliments people had sent in about the care they had received. Compliments included, 'staff have worked hard to make me feel at ease and less embarrassed with such personal care taking place' and 'thank you to all of you who have been part of the team of people who enabled my mother to stay in her own home until the end of her life'.

Staff demonstrated a happy and cheerful approach to supporting people. One member of staff took time to talk to the person whilst supporting the person with their lunch. They talked to them about their family and were upbeat and positive whilst allowing the person to make their own decisions about the care they received. The person later told us, "The care is great and it is what I want." They felt they got the care they wanted and were happy.

People's care plans detailed family and friends and who were important to them. This helped staff to be knowledgeable about people's family dynamics and involve them as much as necessary. Although care plans did not always have details relating to people's personal history. For example, one person told us how much they enjoyed books on the war, they showed us the current ones they were reading. This interest was not reflected in their care plan or how they had been involved in the war. This is important as staff might not be familiar with people's personal history and care plans can enable staff to have meaningful conversations with people. We fed this back to the provider who confirmed they were reviewing people's care plans.

Is the service responsive?

Our findings

The service was responsive.

Oaktree Lodge Residential Home

People's care plans were detailed and informative. They were personalised to the person, including their personal history, like and dislikes, preferences and interests, care needs, medical conditions and medicines taken. Care plans had developed from information people had provided during their assessment process. Care plans were evaluated monthly and people signed their care plan to confirm they were happy with their planned care. All people felt involved with their care. One person told us, "I choose the care I want". The manager confirmed staff undertook a monthly evaluation of people's care plan and a six monthly review meeting with the person and their family. One relative told us, "They keep me well information any changes and they always update me".

One person's care plan had not been updated following a change to their care need. The person had recently been assessed and as a result were supported with a particular piece of equipment. We found this was not available during the inspection. The manager explained they were working with the person and their family regarding the use of this equipment which at the time they were not happy using. They confirmed staff were supporting the person with their wishes and they would update the health professional following the person and family declining the use of this equipment. Two people felt the care they received when they become unwell was good. They told us, "The care if you are not well is good." Another person felt the service was very responsive to getting medical support when they become unwell.

People had access to the complaints policy and felt able to complain should they need to. They confirmed they were happy with the care provided and had no complaints. They told us, "I have no reason to complain. I would raise any concerns", "Tell one of the girls. If it was bad enough I would complain to the manager" and "No reason to complain". One relative told us, "No reason to complain at all. I would go straight to [Name] or [Name] if there was a problem. Two complaints had been made in the last 12 months. Complaints had been investigated and where necessary discussed in staff meetings to enable learning to prevent similar issues recurring. The manager had implemented a new system for logging actions but we found no overall analysis of complaints received. This is important as it identifies any trends to prevent similar complaints from occurring.

The home had a range of activities each month. These included yoga, art club, film club, exercise classes, visits from the local zoo and pat a dog and Cinema. During the inspection we observed people having their hair done and participating in yoga. People were happy with the activities. They told us, "I enjoy the keep fit classes" and "I enjoy going out for lunch". People continued to be involved in the local community and current affairs. People spoke enthusiastically about the local Cinema visit. One person told us, "We were given popcorn and watched a film". Another person spoke highly of the visit from 'Zoolab', they told us how much they enjoyed watching and handling the different animals. People also enjoyed the visits from local musicians. The dining area had been decorated with Union Jack flags and people confirmed this was to

celebrate the Queen's Birthday. One person told us, "We all enjoyed a special tea-party." People also celebrated their individual birthdays by a cake made by the chef.

Oaktree Lodge Domiciliary care service

People's care plans were undertaken in partnership with them although care plans contained very little personal information relating to people's life histories, likes and dislikes, specific preferences and personal information such as the use of hearing aids and glasses. One person told us of their love for reading war books. Their care plan did not contain this information or that they wore a hearing aid and glasses. Another person told us how worried they get if the care staff were late. Their care plan did not reflect this anxiety. Staff were able to demonstrate they knew people's needs were familiar with how to support them. Care plans were evaluated monthly, but the evaluation process had failed to identify this missing information.

People and relatives knew how to complain and all were satisfied with the care they received from staff. Two people told us they were unhappy with the times care staff arrived. Both people had already raised their unhappiness with the office manager who confirmed they were trying to resolve this for them. Three complaints had been received in the last six months. The service had a complaints policy and it confirmed a formal response to any complaint should be given in two days. One complaint had no formal response documented although the office manager was able to confirm the actions they took. The office manager confirmed they would record the action they took in future. A number of compliments had been received from grateful family members. Comments included, 'everyone was so kind and helpful', 'thank you for taking such great care of our Mum at home' and 'all the ladies who attended her were lovely'.

People were supported by staff if they required medical assistance. Staff demonstrated a supportive approach and were aware of their responsibilities if people needed assistance. One member of staff confirmed how they had supported a person to attend hospital. They told us, "I rang for an ambulance as [Name] needed to be reviewed medically." They confirmed their medicines have since changed and the person had been much better.

Is the service well-led?

Our findings

The service was not always well-led.

Oaktree Lodge had one manager who was responsible for managing the residential home and the domiciliary care service. They had an office manager who supported them with the domiciliary care service and a deputy manager who supported the residential home.

The provider had no systems or audits in place to assess the quality of the service. We identify areas of concern found during this inspection that were new to the provider. For example, we found three staff had started their employment prior to satisfactory checks being in place. Two people's care plans did not contain accurate records of care provided or what support they should have with their skin care. Not all staff were receiving supervisions and appraisals in line with the provider's policy. Medication administration charts within the care home were not always accurate and not all staff had received trained. Those people who were receiving medicines from the domiciliary care service were not having prescribed Medicines recorded to demonstrate people received their medicines safely. We also found the home was not ensuring people's dirty laundry and clinical waste bags were handled in line with the, 'The Department of Health's Code of Practice'. The provider had no audits in place that identified any of these findings and there was no action plan in place with how the provider planned to address these concerns.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People, staff and relatives all told us that the provider and management were approachable, supportive and accessible. Staff told us, "It is very good here" and "The support is pretty good. I have been supported personally by the manager". One person told us, "I would go to [Name] I see them quite often". One relative told us, "I have no problems going to [Name] or [Name] they are always approachable. Another relative told us, "I will ring [Name] and raise any concerns I have".

Staff working in Oaktree Lodge residential home had handovers held at every shift change. A handover sheet identified every resident and any specific needs or changes. This ensured that all staff coming on duty were aware of any changes in a person's care needs or condition. The manager confirmed they held regular staff meetings with staff who worked in the care home and records confirmed this. Although staff working in the domiciliary care service were not having regular staff meetings and could be missing opportunities to share specific problems or updated each other with changes or learnings. The office manager confirmed they would review this and find a suitable time for staff to meet.

People living in Oaktree Lodge residential home had resident meetings. Minutes showed people were asked for their input into what activities they wanted and if they wished to have any specific meals. Updates were given to people on fire alarm tests and changes to the building for example the new outside decking area. All minutes were sent to people in the homes monthly newsletter.

People's and relatives views were sought and feedback was mostly positive. Where comments included staff punctuality and ensuring carers read people's care plan's and communication book, it had been raised with staff and reinforced at their annual appraisal. We found although action had been taken on comments received there was no overall action plan that confirmed comments received and what action the provider had taken. No feedback had been provided to people following their comments and what the provider had done following feedback received. We raised this with the manager so they could take the appropriate action.

The Provider confirmed the vision was to settle and stabilise the services and bed things in with the new manager who would be responsible for both the residential home and domiciliary care service. They had plans to improve some areas of the home, and to finish off the outside decking area. The provider confirmed that people can expect a, "Homely environment and it to be treated as their home. To receive a friendly personal service in which people get what they want". One staff member told us, "It is about providing comprehensive care, making sure people are washed and balanced in their wellbeing."

This was also reflected in the, 'Residents charter of rights, dated November 2015'. The charter confirmed, people could expect, 'Retain their dignity and independence, to have their social, emotional, religious cultural and physical needs met'. During the inspection we asked the provider to send us an updated version of there, 'Statement of purpose'. A Statement of purpose confirms what service the provider plans to offer and what people can expect. It is a requirement of the provider's registration for the Care Quality Commission to have a copy. We will check that we have received this following this inspection.

Prior to this inspection the provider had submitted various notifications to inform us of certain events that occur at the service although we found none had been made from the domiciliary care service. During the inspection we found one notification relating to a safeguarding incident had not been made when required from the domiciliary care service. Safeguarding's are when concerns are raised relating to people's safety or wellbeing. No notification had been made as required by the provider's registration. This meant we were not always aware of all incidents that had occurred in the service. We fed this back to the provider so they could take the action required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not receiving their medicines safely due to poor records.
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had no systems or audits in place to monitor and identify areas of concern. People's care plans did not record guidelines for staff to follow or what care and support had been provided.
Accommodation for persons who require nursing or personal care Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured the protection of people from unsafe or suitable care due to lack of robust recruitment procedures relating to satisfactory checks of the persons suitability to work with vulnerable adults.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not always supported by staff who had received training to enable them to carry out their role.

