Care Quality Commission

The Regard Partnership Limited

# Oak Lodge

## Inspection report

Oak Lodge
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## Ratings

| Overall rating for this service | Good |
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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

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

Oak lodge provides accommodation and personal care for up to six people who have learning disabilities and some associated physical or/and sensory disabilities. There were six people using the service at the time of inspection.

Oak lodge was a purpose-built bungalow with spacious bedrooms and communal areas that were wheelchair accessible. There was ample and accessible outdoor space, with a sensory garden and fish pond.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. 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.

People were safe. Staff were recruited safely and there were enough staff to meet people's support needs. Medicines were given safely by trained and competent staff. Areas of risk were continuously assessed and enabled people to remain safe and have choice over how they wanted to live their lives. The environment was well maintained and safe for people to live in.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional and dietary needs were met. People received support from a wide range of health and social care professionals to maintain their wellbeing. Staff had received a robust induction and had the skills and knowledge to meet all of people's needs. They were further supported in their roles with regular supervisions, staff meetings and appraisals.

We observed people to have built good relationships with staff and the atmosphere was warm, positive and engaging. Relatives and a professional spoke highly of the kind and caring nature of staff. People's independence, dignity and privacy was continuously respected and promoted.

Relatives and a professional told us that staff were responsive to people and any changing needs. There was a clear complaints policy and relatives were confident any concerns they had would be dealt with immediately. People's communication needs were well known and supported using a variety of communication tools. People had been supported to understand death and bereavement when someone they knew passed away.

Relatives, a professional and staff were complimentary of the registered manager and felt the service was well-led. The provider sought views from people, relatives, staff and professionals to improve the service. The registered manager was passionate about providing care and worked with the provider to improve the lives of people.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

Care Quality Commission

# 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 took place on 13 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that our visit would not disrupt the lives of people there more than necessary.

One inspector was present on the inspection. Before the inspection, we checked the information held regarding the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

People were not always able to tell us about the care they received, therefore we spent time observing their day to day support and interactions with staff. We spoke with the registered manager, locality manager and four care staff. We spent time reviewing records, which included three care plans, two staff files, two medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following inspection, we talked to one professional and two relatives of people that use the service.

Good

# Is the service safe?

## Our findings

Although people were not able to tell us if they felt safe, we observed they were comfortable and relaxed around staff that knew them well. Relative's agreed, one telling us, "I think people are safe because staff know them and risks to them, so well. They put things in place to make sure they're well looked after."

Staff demonstrated a good knowledge of how to recognise and report signs of abuse. Safeguarding training was reviewed regularly to ensure staff remained up to date with current practise.

There were suitable numbers of staff to meet people's needs. They had been recruited safely with thorough background checks. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought regarding their work conduct and character.

In-depth risk assessments had been completed for people, staff and the building. This included risks related to mobility, eating and drinking, medicines, accessing transport and specific health conditions. For people that could become anxious, there were positive behaviour plans that identified specific behaviours and how staff should support. People also had Personal Emergency Evacuation Plan's (PEEP's) that detailed support people would need to evacuate the building in an emergency. People's preferences for activities were listened to and risk assessed to enable them to do what they wanted. For example, three people were enabled to go swimming every week.

Any accidents or incidents were analysed monthly for patterns. There was evidence to show that lessons were learned with actions taken to reduce the likelihood of reoccurrence. This included reviews of people's health and wellbeing and discussions with professionals, where relevant.

People's medicines were managed so that they received them safely. We viewed Medicine Administration Records (MAR) for people and saw that they were given their medicines as prescribed. Some people took medicines on an 'as and when required' basis (PRN). These records detailed why the medicine was prescribed, potential side effects and the dose to be given. There were good arrangements for the storage, ordering and management of medicines. Staff had all received medicines training and regular competencies to assess their knowledge of giving medicines.

People lived in a safe environment. Regular health and safety checks were completed by staff and the registered manager, which included the environment, mobility equipment and fire checks. These checks were also available in an easy read format so that people could also help to risk assess the building. People were involved in regular fire drills to ensure they were confident in how to evacuate the building in an emergency.

We saw good practice regarding infection control. Staff received regular infection control training. The building was clean, tidy and well maintained. Staff wore Personal Protective Equipment (PPE) such as gloves or aprons when supporting people with personal care, or when preparing food. We observed regular hand

washing and the use of coloured chopping boards for different food types. A relative told us, "The building itself is always clean and homely. It's not crowded and people have their own space, it's very nice."

Good

# Is the service effective?

## Our findings

Relative's told us they thought the service was effective because, "Staff know people and their needs very well" and, "They are very skilled and knowledgeable." One relative said, "They respond instantly to any concerns with health. We talk a lot about it and my relative gets the support they need, always."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for those that lacked capacity. We saw people continually being offered choice throughout inspection. Tools such as easy read documentation, pictures, or objects of reference were used to support their decision making. When people were unable to make a decision, their views, as well as relative's and professionals had been sought.

Staff had the appropriate skills and knowledge to support people accessing the service. They received regular training to ensure knowledge was up to date with current legislation. Staff had received more specific training in positive behaviour support, epilepsy and autism to meet specific needs of people.

Staff told us they received a thorough induction which enabled them to get to know people and their routines. This included shadowing more experienced staff. New staff were supported to complete the care certificate as part of their induction. This qualification sets out the standards expected of staff and guides them in providing safe and guaranteed care. Following induction, staff were supported with regular supervisions and annual appraisals where they could discuss personal development and goals.

People's nutritional needs were met. Pictures of food and drink were used to support people to decide weekly menus and there were alternatives for if they changed their mind. Some people had referrals made to the Speech and Language Team (SaLT) due to a risk of choking. We saw staff following this guidance when supporting people at meal times.

The service supported people to maintain good health with input from health professionals on a regular basis. This included input from people's GP's, positive behaviour specialists, learning disability nurses and the mental health team. One professional said, "They made sure the person was prepared and everything I asked them to do was done quickly."

The home's environment had been adapted to meet the needs of people. There was pictorial signage to help orientate people around the building. There was a wheelchair accessible sensory garden with a fish pond and raised flower beds so that people could grow their own vegetables. The service had chickens as pets. The entrance to the chicken coop had been adapted so that people in wheelchairs were able to feed

them and collect their eggs each morning.

Good

# Is the service caring?

## Our findings

Relatives described staff as, "Marvellous, very caring" and, "Excellent". One relative said, "People get great care, they seem very happy and we are also treated like part of the family." Another said, "My relative has a wonderful life. Staff care for them tremendously. Without staff care and support, they wouldn't have had the life they've had. Staff do people proud and provide the best care they can." A professional agreed, saying, "Staff knew people very well and they were really caring. I found that staff went out of their way to support a person in crisis. They travelled a long way to visit them when they required support with their health."

Staff were passionate about working with people and told us they, "Loved their jobs." One staff member told us, "It's a real privilege to be here in their home. If I had a disabled child, I would want them to be here." Another said, "My heart is here with people."

We observed interactions between staff and people throughout the day and staff were attentive and respectful. The atmosphere was positive and staff cheerful at all times. People were constantly laughing and joking with staff. We observed them dancing and singing Christmas songs together. One person stroked a staff member's hair, which we were told was a sign that they liked them.

Staff knew people and their support needs well. Staff recognised when one person displayed signs of being unwell and showed instant concern for their well-being. Another person showed signs of becoming anxious and staff immediately took action to prevent this from escalating.

We saw that people were enabled to be as independent as possible. One person was provided with specifically adapted cutlery so that they could eat without staff support. Other people were encouraged to do their own washing and cleaning of their bedrooms.

Staff ensured that people's equality and diversity, dignity and privacy was respected and promoted. People were addressed by their preferred name and their bedrooms were filled with photographs and personal belongings of their choice. People chose how they wanted their bedrooms to be decorated, for example, one person loved music and had chosen guitar wallpaper. Another person collected clocks and had a 'Clock wall' in their bedroom. Staff understood that people valued their privacy and knocked before requesting entry to bedrooms. Staff had received confidentiality training and understood about keeping people's information private. People's documentation was kept in a lockable cabinet and information shared on a 'Need to know' basis.

People were involved in making their own decisions and encouraged to express their views. We saw staff asking people what they wanted to do and how they wanted to be supported. People were involved with weekly residents' meetings and discussed menus, activities and any health and safety issues. People had monthly reviews of their care needs and goals with their key-worker. They also had six monthly reviews with involvement from their families and professionals if they wished.

Good

# Is the service responsive?

## Our findings

People received care that was tailored to them as individuals. Before moving into the service, support needs were assessed and information gathered from people, their relatives and professionals was used to formulate their care plans. Care plan documentation was reflective of people, their care needs, routines and preferences.

The provider was responsive to people's changing support needs and worked with health professionals and outside agencies to improve quality of life. One person had been assessed as requiring end of life support. However, staff worked with health and social care professionals to improve the person's wellbeing. As a result, their health had dramatically improved.

Staff were also responsive to people's preferences and wishes. Staff told us that people loved animals. The service had a rescue dog because people had shown an interest in having one. They had also bought chickens as people enjoyed eating eggs every day. One staff member said, "People love them and take turns feeding and gathering eggs every morning."

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff knew people's communication needs well and used a variety of tools to support with this. We observed staff using Makaton, a form of sign language, with one person. Another person's verbal communication had improved with support from staff and the registered manager told us, "This had led to the person being less frustrated as they could tell staff what they wanted." Technology was also used to enhance people's communication. One person had recently bought an iPad and staff were exploring communication apps to use. Another person used skype, to communicate with family that lived abroad.

People were consistently offered a wide range of activities to promote people's health and social wellbeing. This included aromatherapy sessions, trips to animal sanctuaries, air and race car shows. One person had gone to Belgium as they loved chocolate. Another was passionate about Buckingham Palace and the changing of the guard, so it was arranged for them to see this. People were also involved with the community and had been a part of local fundraising events, Christmas fetes and firework displays.

The service had not received any complaints within the previous year, however people were reminded how to raise concerns in weekly meetings. There was an easy read complaints document that people could be supported to complete. Relatives told us they felt confident any concerns they had would be dealt with professionally and efficiently.

No-one was receiving end of life care at the time of inspection, however people had plans that documented any future wishes for end of life care. A person at another home with the same provider had passed away recently and had been friends with people from Oak Lodge. Staff used easy read documentation to explain

about death and bereavement. The person's bedroom was turned into a sensory experience with their favourite balloons and music so people could remember them. People from Oak lodge were supported to visit. Oak lodge also held a remembrance event for people which included a balloon releasing ceremony. The registered manager said, "We wanted more of a visual experience for people to remember the person and help them come to terms with losing their friend."

Good

# Is the service well-led?

## Our findings

Relative's told us the registered manager was, "Great at managing the service" and, "Always keeps me up to date with any changes to my relative's health or well-being." A professional told us, "The registered manager is very good and knows people well which is positive." Staff also spoke highly of the registered manager. They told us, "They are lovely and approachable", "They support me in my personal as well as professional life" and, "They are a role model and care so much about people."

The registered manager had good oversight of the service and the people living there. Monthly quality audits were completed and included people and staff documentation, complaints, safeguarding and incidents analysis. Additional audits were completed by the locality manager and an external auditor. The most recent audit identified that improvements were needed to staff online training and this was immediately actioned. The registered manager was passionate about improving the service and had received regular training to ensure they were up to date with current legislation and practice. They also attended registered manager forums where good practice and lessons learned were discussed.

The registered manager told us that they felt well supported in their role. They said, "The locality manager is great, I can't thank them enough" and, "The area manager is absolutely fantastic, very down to earth and hands on with people." Staff felt that the provider listened to them and made them feel valued in their role. They told us that regular competitions were held to promote interaction with other services. This had included a 'Best pet' and 'Best scarecrow' event. The service had won one of these events and received a person-centred hamper based on people and staff preferences. The locality manager said, "This really builds morale and everyone seems to love getting involved." Annual award events were also held by the provider. The service had recently won a provider group award because of how the staff team had pulled together during a difficult period.

Staff attended monthly staff meetings where they discussed people and their care needs. They also looked at a 'Policy of the month', the most recent being fire safety and equality and diversity. One staff member said, "This helps us stay up to date with our own policies and procedures." Some staff had been allocated lead roles for areas of care that they were passionate about. This included staff champions for communication, person centred care and nutrition. Staff had recently had their first champion's meeting where they introduced themselves, their role and how they could improve service provision.

The provider sought out views about the quality of care and valued feedback given. Questionnaires were completed yearly by people, their families, staff and other stakeholders such as health professionals. We viewed the latest surveys and all feedback was positive. Professionals comments had included, "Lovely staff, great place" and, "Excellent communication, residents appear very happy." All feedback was reviewed by the registered manager and shared with staff.

The provider had plans to improve interaction between services. They were organising regular karaoke events where all people could socialise together. They had also held their first 'Joint working meeting'. This was where people from all services discussed their wishes and preferences for care. The locality manager

told us, "It is all about people's voices being heard."