Mrs A G Jewell

Oak Lodge Residential Home

Inspection report

98-100 Humber Road
Coventry
CV3 1BA
Tel: 024 7644 8529

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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

We inspected Oak Lodge on 8 October 2015. The inspection was unannounced.

Oak Lodge is registered to provide accommodation for up to 15 older people who require personal care. There were 14 people living in the home at the time of our visit.

A requirement of the service's registration is that they have 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection. The registered manager was also the provider of the service.

People living at Oak Lodge had the capacity to express their needs and interact with other people and staff members. People told us they felt safe in the home and staff understood their role in keeping people safe from abuse.

There were enough staff available to safeguard the health and wellbeing of people. Where risks associated with

Summary of findings

people's care had been identified, there were plans in place to manage those risks. Checks were carried out prior to staff starting work at Oak Lodge to ensure their suitability to work with people in the home.

Medicines were managed well and people received their prescribed medicines at the right time. Systems were in place to ensure medicines were ordered on time and stored safely in the home.

People said staff had the skills, knowledge and experience to meet their needs. Staff received an induction and on-going training to ensure they understood how to work safely and effectively with people.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were positive about the caring attitude of the staff. We observed staff being caring to people and saw staff and people enjoying each other's company. There were activities for people to participate in, but some people told us there was not much for them to do. Staff understood the importance of promoting people's dignity and encouraging independence.

People were provided with sufficient to eat and drink and enjoyed the food provided. Where changes in people's health were identified, they were referred promptly to other healthcare professionals.

People who lived at Oak Lodge, and staff, felt able to speak with managers and share their views about the service. The managers were supportive to staff and worked with them to provide good standards of care. There were effective quality assurance systems to monitor and improve the quality of service provided.

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?
The service was safe.

People told us they felt safe living at Oak Lodge. Staff knew what action to take if they had any concerns about people's wellbeing. There were enough suitably experienced staff to provide the support people required. There was a thorough staff recruitment process and a safe procedure for handling medicines

Good

Is the service effective?
The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood people's rights under the Mental Capacity Act. People received enough to eat and drink and had access to healthcare professionals when required

Good

Is the service caring?
The service was caring.

People were supported by staff who they considered kind and caring and who respected their privacy and dignity. Staff knew people well and understood their individual needs.

Good

Is the service responsive?
The service was responsive.

People were happy with the care they received and told us it was responsive to their needs. There were opportunities for people to participate in activities in the home, but some people said there was not much for them to do. People felt confident to report any concerns or complaints to the managers.

Good

Is the service well-led?
The service was well-led.

People told us the home was well-led and the managers were approachable. Staff told us they enjoyed working at the home, they felt supported to carry out their roles and were given opportunities to discuss the service provided**.** The managers provided good leadership and there were systems to review the quality of service provided.

Good

Oak Lodge Residential Home

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 8 October 2015 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of residential care service.

The provider completed a provider information return (PIR). This 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 were able to review the information when conducting our inspection and found the PIR to be an accurate reflection of the service provided.

We also reviewed the information we held about the service received from our 'Share Your Experience' web forms, and notifications received from the provider. These are notifications the provider must send to us which inform of deaths in the home, and incidents that affect people's health, safety and welfare. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service provided.

We spoke with seven people who lived at the home and one relative. We spoke with the provider who is also the registered manager, the deputy manager, and three care staff. We observed care and support being delivered in communal areas and we observed how people were supported at lunch time.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We also reviewed records to demonstrate the provider monitored the quality of service.

Good

Is the service safe?

Our findings

All the people we spoke with told us the service was good and they felt safe. One person told us, "Yes it is nice and safe here". Another said, "Oh yes, very safe here". During the day we observed people were relaxed around staff and interactions were friendly.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. We spoke with staff about safeguarding procedures. Staff were clear about their responsibilities to report any concerns to the managers. For example, we asked staff what they would do if they witnessed either verbal or physical abuse by another member of staff or a person who lived in the home. All said they would intervene to prevent further abuse and immediately report the incident to the managers. The provider had referred safeguarding concerns to the local safeguarding team as required.

Risks associated with people's care had been minimised and were safely managed. Risk assessments were in place to identify any risks to people's health and wellbeing. Where potential risks had been identified, the correct equipment was in place to reduce the risks such as pressure relieving equipment and mobility aids to safely transfer people. Staff were knowledgeable about people's individual risks and were kept updated with any changes during the handover between shifts and through information recorded in the handover book.

Accidents and incidents in the home were recorded in detail. The records were checked by the registered manager to identify any trends or patterns and take the necessary action.

The provider had a contingency plan in case of emergencies. However this did not include a safe place for people to be evacuated to if they were unable to return to the home. The provider was able to identify local facilities that could be used, and said they would confirm this was available and then update the contingency plan. The provider told us each person had emergency information that included their medicines and any specific care needs including critical alerts so their physical and mental health needs could continue to be safely managed. This information should also include how each person would be evacuated so staff and the emergency services would know what support they needed to evacuate the building. The provider told us this would be added to the existing emergency information.

During our visit the home was clean and tidy with good décor. People told us it was always clean and tidy. Comments included, "The cleaner comes in every day, everything is nice and clean" and "Everything is always clean and tidy here". The home had internal steps into the dining room and from the reception area into the home. When people used the internal steps staff were present to ensure they were able to move around safely. A stair riser had been fitted in the reception to assist people with mobility difficulties access the lounge without using the stairs.

Most people told us there were enough staff to meet their needs and provide the support they required. People told us, "The staff all help each other, never been short staffed as far as I'm concerned" and, "Lots of staff, I think". All the staff we spoke with told us that staffing levels provided them with opportunities to spend time with people as well as carrying out care tasks. One staff member told us, "It is quite busy in the morning but in the afternoon it is more relaxed and you can spend time with people." Staff also confirmed they had time to read care plans and complete other duties associated with their role, for example, cooking meals and making drinks. During our visit we saw sufficient staff were available to provide the care and support people needed.

Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This minimised the risks of recruiting staff who were not suitable to support people who lived in the home. Staff confirmed they were not able to start working at Oak Lodge until the response to the checks had been received by the provider.

We checked to see if medicines were managed safely in the home. We observed medicines being administered to people. We saw the staff member locked the medicine trolley each time it was unattended, and ensured each person had taken their medicines before signing the administration record. People confirmed they received

Good

Is the service safe?

their medication as prescribed, “I have five tablets morning and night, always on time”. “I do take medication; they do it all, no delays”. “I get pain sometimes. I tell them and they give me paracetamol”.

Each person had their own section in the medication folder which included their photograph to reduce the risk of them being given the wrong medicine. Medicine administration records had been signed by staff to confirm medicines had been given as prescribed. Where people were prescribed medicines “when required” for pain relief, staff gave them safely and consistently. Care staff told us they had been trained to administer medicines safely and their competency was regularly checked.

We found medicines were stored safely and securely and kept in accordance with manufacturer’s recommendations to ensure they remained effective. We noted that the temperature of one cabinet where surplus medication was stored was not checked to make sure medicines remained effective. The provider told us this would be put in place.

Good

Is the service effective?

Our findings

We asked people if they thought staff had the knowledge and understanding to meet their needs effectively. People told us, "I think they do, they seem to know what they are doing". "Oh yes, they are very well trained. They are pulled up quickly if they do anything wrong". "The staff are very good, they do the best they can. They have new ones come in; you see them giving them training".

New staff received an induction and training when they started work at the home to make sure they could meet people's needs. The provider told us the induction programme was now linked to the new Care Certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. Staff told us they also completed a number of shadow shifts so they could get to know people and understand their individual needs. One member of staff told us, "I had to shadow for a couple of days so people got to know me. It would be awful to have a stranger walking into your room to help you get washed and dressed."

There was a programme of training available to staff and staff told us they received the necessary training to meet people's needs. Staff said they were up to date with their required training and completed refresher courses to make sure they continued to develop their skills and knowledge. The provider also supported staff with further training, for example supporting staff to attain a vocational qualification in care. Training records confirmed staff received the required training and regular updates to keep their skills up to date.

Staff knowledge and learning was monitored through a system of supervision meetings and checks on their practice. Staff told us they received regular supervision meetings and annual appraisals with the managers during which they discussed their personal development and training requirements. The managers undertook regular observations to assess staff performance to ensure staff put their learning into practice.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA ensures the rights of those people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required. This is to make sure people get the care and treatment they need when there is no less restrictive way of achieving this.

The provider understood the relevant requirements of the Mental Capacity Act (MCA) 2005. They told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. Although some people did lack capacity to make certain complex decisions, for example how they managed their finances or where they lived. We were told everyone had somebody who could support them to make these decisions in their best interest.

Staff had received training in the MCA and understood the need to support people to make their own choices. For example they knew they should gain people's consent before they provided care and support. Most people we spoke with said staff asked before they helped them do things, comments included, "They have a nice attitude; they say I'm here to do something, is it alright to do it". "I can make my own decisions". "They always ask first." "They don't ask me, they know what needs doing". Records we viewed contained people's signed consent to provide aspects of their care and support, including taking a photograph and administering medicines.

People we spoke with were happy with the meals provided. They told us they did not get a choice of main meal, but an alternative would be provided if they did not want what was offered. Comments included, "I love my food. They come round a couple of hours before and ask what you want." "The food is very good. No, you don't have a choice". "There is a set lunch normally, but I asked for something else on a couple of occasions as I had lost my appetite". "The food, it's alright. You have the dish of the day." "If you don't like what they are putting out you can have something else".

During the morning we observed a member of staff asking people about their lunchtime meal. People were not offered a choice of main meal, but were offered a choice of vegetables. The meal was roast lamb, cauliflower, carrots and swede. People were asked, "What would you like for dinner, we have lamb today" and "The meal today is lamb what would you like". The pudding was apple pie and custard, some people were offered an alternative but not everyone. We spoke with the provider and staff about the

Good

Is the service effective?

meal choices. We were told that if people didn't want the main meal they could have an omelette, jacket potato or a salad, but we did not see this offered as an alternative. The provider told us as the home was quite small they knew people's food preferences, but agreed to include an alternative main meal on the menu.

We observed the lunchtime routine in the home. Five people chose to eat in the dining room, one in their room and the rest chose to eat in the lounge areas**.** No one required assistance from staff to eat their meal. The meal time was unhurried and people were given time to enjoy their food. Comments people made about the food included, "Dinner was very tasty," "The meat is really tender" and, "Best meal ever." People were asked if they would like any more food, for example, "Has everyone had enough, do you want seconds". The expert by experience who joined people in the dining room for lunch felt that music in the background would have enhanced people's experience of the meal time as the room was very quiet.

People were supported to have enough to eat and drink. During the day we saw people regularly being provided with hot and cold drinks and in the afternoon some people chose to have a sherry.

People told us they were supported to attend regular health checks to maintain their physical and mental health. Comments from people included, "A doctor came about my eye infection. He came quite quickly. The chiropodist is coming in November, I'm due an eye test and the dentist comes here." "The doctor comes here, they arrange it. We have a chiropodist. The manager arranged my eye test and they took me to the dentist a while ago. Normally they come here to give you a check over." "Doctor came to see me two weeks ago. Chiropodist comes as well. I've had an eye test and a hearing test." Records demonstrated that people were referred to other health and social care professionals such as speech and language therapists, consultant psychiatrists, and social workers when necessary. People's requests to see healthcare professionals were dealt with quickly and efficiently.

Good

Is the service caring?

Our findings

People spoke positively about the care and support they received. When we asked whether staff were caring, responses included, "Yes, they are very caring and they treat you respectfully, it's like family," and "They are very caring, and will do anything under the sun to make me feel at home."

We asked people whether staff treated them with dignity and respect. Their responses were positive and they praised the kindness and friendliness of staff. Comments included: "They do the best they can, they are always very respectful".

We asked staff what they thought made a caring member of staff. Staff we spoke with told us that spending time and listening to people was a very important part of their role. One staff member explained, "Somebody who has time to listen. Not somebody who is rushing around all the time. I have time to sit and talk to people and I try and help them as much as possible."

Staff were busy in the morning and interactions with people were mainly based on tasks they were doing. In the afternoon staff took opportunities to sit and chat with people. Staff knew people's preferred names and spoke to people in a positive and respectful way. Interactions between staff and people were friendly with lots of laughter.

Throughout the day people were able to make choices about day to day living such as what they wore, what they drank and what they wanted to do. One person had chosen to remain in their room and others to sit in a particular lounge, their choice was respected.

Staff supported people to maintain relationships with family and those closest to them. People told us visitors were welcome at any time. One person said, "There are no restrictions, visitors can come when they like". A visiting relative told us, "I can visit any time which goes to show they have nothing to hide and staff make me very welcome."

Staff had received training in equality and diversity and understood the importance of promoting people's privacy and dignity. One person told us, "When I have family visit they offer me a private room for the visit". Staff assisted people to the toilet when requested and did not rush people when they were supporting them to move around the home. The provider explained that an important part of privacy and dignity was supporting people to maintain as much independence as possible. For example, care plans included what people could do for themselves during personal care. People told us they were supported to take responsibility for aspects of their own personal care. One person told us, "They don't intrude on you. I dress myself. I shower myself; they are always on hand if needed". Another said, "When I have a shower they only do where I can't reach". All the people in the home appeared clean and well presented.

Staff we spoke with were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. One staff member said, "I think this is a good place to live. We care about people and treat them well. I would have no problem if a relative of mine wanted to live here."

Records showed people had been involved in planning their care although most people we spoke with couldn't remember being involved with their care plans. One person told us, "We talk about my care when my daughter comes; she does it all."

Good

Is the service responsive?

Our findings

People we spoke with were happy with the care they received and told us it was responsive to their individual needs. Comments included, “Staff don’t impose, but they are there if I need them.” We asked people if staff knew about their likes and preferences. People said they did, “A few of them know what I like. They give me cranberry juice because they know I like it.” Another said, “I think so; they know me and the things I prefer.”

The provider ensured staff had detailed information to understand how to care for people well. This was through pre-admission assessments of people, care plans and regular reviews of people’s care needs. The PIR told us: “The initial assessment takes place in their own home or hospital to assess whether we can meet their needs. The initial care assessment forms the basis of the service user's care plan, as we get to know the service user we can add more detail. Care plans are written in a style that anyone unfamiliar with the service user can quickly grasp their needs. Care plans are agreed between staff and service users/loved ones.” We found the information in the PIR about care plans was accurate.

Staff we spoke with had good understanding of people’s needs and preferences and told us they had time to read care plans which kept them up to date. The information staff told us matched the information in people’s care records.

We looked at two people’s care files. We found care plans were individualised and informed staff how they were to deliver care and support in a way each person preferred. Plans contained information about people’s preferred routines and their likes and dislikes, for example times people liked to get up and go to bed. Care plans were reviewed and updated regularly and any changes were shared during staff handovers. Handover records provided an outline of the changes to the person’s needs and referred staff to the person’s care records if they needed to know further information.

We observed staff responded to requests for assistance from people and answered call bells quickly. People confirmed this was usual practice. Comments about answering call bells included, “They only take a few minutes to answer my buzzer,” and “I’ve never had to use my call bell but it’s a nice feeling to have it there.”

We asked people if there were things for them to do during the day. People we spoke with said there were activities available, some said they preferred not to participate while others inferred they would like more to do. “I don’t have any hobbies or interests. I don’t see many activities”. “I like drawing. I go out in the garden to do it. I prefer that, but I don’t go out there very much”. “They do music and movement, bingo sometimes.” “We have musical evenings, bingo three times a week, exercises”. People told us they went out to the local pub or shopping occasionally, but not very often. However when we asked people if they would like to go out more often they said, “I don’t go out, I’m happy as I am,” and, “I never go out, I prefer to stay in.”

Staff told us there was an activity programme in the mornings that included music, board games and bingo. Staff said people were less likely to participate in the afternoons and preferred to watch the television. We were told staff did encourage people to try different activities, but were unsuccessful, for example, they had bought craft materials to make cards but no one wanted to participate. We spoke with the provider about activities. They told us people had been asked about the activities they liked, in a survey sent in August 2015. We saw the activities requested on returned surveys were included in the activity programme.

During the morning of our inspection three volunteers from a local school arrived. We were told the volunteers came twice a week to spend time with people. They sat talking with people and offered to paint people’s nails; two people took pride in showing us their painted nails later in the day. People were seen to engage in conversations with the volunteers and to enjoy their company. During this time we observed staff sitting in the lounge area, but they only engaged with people if they were doing a task, like giving out drinks. The television was on in both lounge areas throughout our visit, people were seen to be watching this during the day. In the afternoon staff were more interactive with people and there was a flow of conversations and laughter between staff and people.

We asked people what they would do if they were unhappy about anything. People told us they would complain to the managers. They told us they had never complained as they were happy with the care and support they received.

Good

Is the service responsive?

Comments included: “If I was not happy I would complain but never needed to.” “Yes, I would, but never complained, don’t need to”. “I wouldn’t have a problem complaining, but never needed to”.

Most people told us they had not seen a copy of the complaints procedure and did not know how to make a complaint. The provider told us that complaints information was provided in the Service User Guide that was given to people when they moved in to Oak Lodge.

They also said ‘complaints’ was a standing item on the six weekly residents meeting agenda. They told us they would make sure a copy of the complaints procedure was added to the notice board for people to access if they needed to. We looked at the complaints file maintained by the provider. There had been no formal complaints received in the last year. The provider told us they did not receive many formal complaints as they dealt with minor concerns promptly before they became complaints.

Good

Is the service well-led?

Our findings

The provider was also the registered manager and was fully involved in the day to day running of the home. The provider and her deputy had worked together for many years; they supported each other and worked well together. They were both committed to providing a quality service for people who lived at Oak Lodge.

Throughout our visit both managers were visible and available to people and their relatives. People told us, "The manager is like my big sister, always available. I've had a few meetings with her". "It's nice here, the manager is around. I don't know her name". "The manager is always around".

We observed the management and staff at the home. The provider and deputy manager offered advice and support to staff when required and took time to sit and chat with people. Most of the staff we spoke with had worked in the home for a number of years. They really enjoyed the work they did and understood their role and responsibilities. One member of staff said, "I love it here. It's a very pleasant place to work, its small and quiet." Another said, "It's a friendly, family orientated home. I wouldn't leave here to work anywhere else." It was clear both managers and staff had a good understanding of the needs of all the people who lived in the home.

Staff told us they felt supported by the management team who they described as "friendly and approachable". One staff member told us, "They are very good. I can talk to both of them if I need to." Staff said the provider and deputy manager were available for advice evenings and weekends so there was managerial cover 24 hours a day. Staff had hand over meetings at the start of their shift to discuss any changes or concerns about people's care and support needs. The managers also checked the daily handover book so they were aware of any emerging issues. Staff confirmed they had regular work supervision including observed practice supervision by the managers who gave feedback if they noticed areas that needed improvement. Staff said handovers and supervision meetings provided them with an opportunity to raise any concerns and express their views and ideas about the service. One staff member told us, "They do listen to you when you make suggestions." Staff knew who to report concerns to and who was responsible for providing supervisions. There was an experienced management team that provided regular support to staff.

People were encouraged to share their views of the service. The managers carried out a daily 'walk around' and spoke to each person, and residents meetings were held regularly. One person told us, "There's a residents meeting today. They have them every two to three months. You have to speak up and make your point."

The provider and deputy manager used a range of quality checks to make sure the service was meeting people's needs. These included checks to ensure staff reviewed care plans and kept up-to-date records of care. Medication records were audited daily to make sure people had received their prescribed medicines. Accidents and incidents were recorded and monitored for trends or patterns. Three people we spoke with told us they had fallen. The provider had identified a pattern with the times people had fallen and had altered the deployment of staff at these times so people received more staff supervision. Since implementing this, the number of falls for people had reduced.

During our visit we asked the provider what they were most proud of in relation to the service people received. They responded, "I'm proud of Oak Lodge, I always have been. I am proud that the people who live here are happy. I am proud of my staff team; they will go out of their way for people." Staff we spoke with shared the provider's aim to provide a caring service that was responsive to people's needs.