

Oakley Lodge Care Home Ltd

Oakley Lodge Nursing Home

Inspection report

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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 ●

Summary of findings

Overall summary

We carried out an unannounced inspection on 11 May 2017. The service provides care and support for up to seven people who have a learning disability and may also have physical disabilities or are living with dementia.

At the time of the inspection, there were seven people being supported by the service. There was a registered manager in post, who was also the provider of the service. 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 and the provider had effective systems in place to safeguard them. There were risk assessments in place that gave guidance to the staff on how risks to people could be minimised. People's medicines were managed safely and administered in a timely manner.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. Staff understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had supervision, support and effective training that enabled them to support people well.

People were supported to have sufficient food and drinks and were supported in a caring and respectful manner. They were also supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of people's individual needs, preferences, and choices.

People were supported to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people or their representatives, and acted on the comments received to improve the quality of the service.

The registered manager provided stable leadership and managerial oversight to staff who felt supported in their roles.

The provider's quality monitoring processes had been used effectively to drive improvements.

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 remains good	Good ●
Is the service effective? The rating remain Good	Good ●
Is the service caring? The rating remains Good	Good ●
Is the service responsive? The rating remains good	Good ●
Is the service well-led? The rating remains good	Good ●

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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.

This inspection took place on 11 May 2017 and it was unannounced. The inspection was carried out by one inspector from the Care Quality Commission.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

Due to people's complex needs, we were only able to speak with one person who used the service. This meant that we mainly relied on our observations of care being provided and our discussions with staff.

We also saw the feedback the provider received from a recent survey of the relatives of people who used the service and the professionals who visited the home regularly.

We spoke with a nurse, two care staff, and the registered manager, who is also the provider of the service.

We reviewed the care records and risk assessments for all seven people using the service. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for four members of staff, and training for all the staff employed by the service. We saw a report of the most recent review by the local authority. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

At this inspection, we found that people were continuing to be supported by staff who kept them safe from harm. Risk assessments and care plans supported staff to keep people safe and medicine was administered as prescribed. The rating continues to be good.

When asked if they felt safe one person who used the service said, "Yes, I feel safe." People were protected from avoidable harm and abuse by staff who had been trained in areas such as safeguarding and managing behaviour that could harm. One staff member said, "Our home is run well, we keep it safe and clean. We handover information and never leave people alone. We keep them safe." Staff said that they would report any concerns about people to the registered manager who acted quickly when concerns were raised.

Each person had risk assessments in place to enable them to be safe within the home and outside in the community. Risk assessments included areas such as, accessing the community, the use of bed rails, eating and drinking, pressure areas, and safe movement. These had all been reviewed regularly and the registered manager confirmed that updates were carried out as and when required.

Staff employed by the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

Through our observations we saw that there were enough staff of varying skills on duty to support people. One member of staff said, "There are enough of us, there is a nurse and then two carers. That's more than enough; we also have the registered manager around to help."

Medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines and allergies were clearly labelled on people's Medicines Administration Records (MARs). When administering medicines staff spoke to people and told them what the medicines were for. One person spoke to us about their medicines and said, "I have to take tablets, I take two. They are to calm me down."

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

People received care and support from staff who had the required skills and knowledge to support them effectively. One staff member said, "We get a lot of training, and we are supported to gain further qualifications." One member of staff told us how they had been supported to gain their nursing qualification. Staff told us that training was carried out using e-learning and face to face learning and the registered manager would check people's competency and understanding after the courses were completed.

Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a full induction when they joined the service.

Throughout the inspection we observed staff gaining consent from people whenever they carried out a task. Where people were unable to provide verbal consent then staff would watch for visual indicators. For example, if a person look distressed or did not co-operate with a task then staff understood this as the person not providing consent.

Where they had been able, people had signed to give consent for their care and support. Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people.

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). We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest.

We observed staff assisting people with their choice of meals, using pictures where necessary. We observed one person making a choice using the pictorial menu. The person told us, "[Carer] is cooking my food, I like her, and she's nice. I eat anything; I like meatballs but don't like peas or sweet corn."

We saw that people had attended appointments with health care professionals to maintain their health. For example, visits to the doctor, dentist and hospital appointments. The registered manager told us, "We go to all appointments and we don't leave them alone."

Is the service caring?

Our findings

People continued to be supported by staff who were kind, caring and compassionate. The rating continues to be good.

People were treated with kindness and were made to feel special. One person said, "[Name of carer] talks to me, I call her my friend." This person also went on to tell about how care staff supported them to go out into the community and how they shared their lives with them. The person said, "[carer] takes me bowling. She has children." The person went on to tell us about their carer's family network. They said, "[Carer's relative] has a guitar, he thinks he can play!" This person also showed us drawings they had made with staff support.

We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff. Staff were able to tell us about individuals' likes and dislikes, their hobbies and interests and family. We saw staff spending time with people and giving them choices on how to spend their day.

Where possible, people had been involved in the development of their care and support plans. We saw evidence of this in records we reviewed. The registered manager told us that they had access to an advocacy service if it was needed by anyone.

People were observed to be treated with privacy and dignity. Staff knocked on doors and made sure people had privacy when being supported with any personal care needs. Staff spoke with people in a calm manner and encouraged independence where it was possible. We observed that one person was encouraged by staff to go into the garden and assist with the hanging out of the washing, which they seemed to enjoy.

We saw that people had received visits from family and were encouraged to maintain contact with families. One person told us, "I don't have parents but I have [family members]. I have a picture of my parents. I see my [relative] every two weeks, [relative] comes on two buses to see me. The registered manager also told us how they supported another person's elderly relative to visit. They said, "We will collect them in the car so they can come over and visit."

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

Staff told us that weekly activities were planned for each individual; however these activities were very much decided by the person using the service and could change. On the day of our inspection, we saw that one person was watching television while another person was in their wheelchair in the main lounge area. One person said, "I'm staying in today, I went out on Tuesday for a meal." This person showed us things that interested them and said how staff supported them to do colouring and go out of the home to the local park, the movies and bowling. This person said, "I came here on a stretcher, they really looked after me. I can walk now." We observed that the second person was given a cube by the registered manager to help stimulate them. The registered manager spoke with the person and provided encouragement while they used the cube.

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. The registered manager told us they had meetings with each individual or their families/ representative to update their support plans. They told us that people were involved as much as they were able to, to ensure their views were documented. Records we viewed showed that reviews had taken place and the provider had worked with people and their families to ensure that the support provided was responsive to their needs. The registered manager said, "We have a lot of referrals for people but I turn them down if I don't think we can support them."

We saw that care plans were personalised and written for each individual and had been reviewed regularly.

There was a complaints policy and procedure which was also available as an easy read to enable people who used the service to complain. We saw that the provider did not have any formal complaints.

The registered manager told us that each person was provided service user questionnaire in an easy read format, but that only one person from the service was able to complete this and the response received from them was positive. The home had received many compliments from relatives and professionals involved with the service. The local hospital had written to the provider and said that they found the service to be, 'resourceful and supportive' and they also commented that staff's 'patience and care shone through.'

Is the service well-led?

Our findings

At this inspection we found that the home was still well-led. The rating remains good.

The service had a registered manager in place. People knew who the registered manager was or who they needed to go to if there were any issues or concerns. 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.

One person said, "[Name of registered manager] is the manager, I like her." While a member of staff said, "[Registered manager] helps us a lot; she's always available, even at weekends." Feedback from an external professional which had been provided to the home also said, 'Leadership and management is the key and you are to be admired for your obvious skill.'

The registered manager was aware of the day to day activities in the service. We observed them interacting with people and staff. It was obvious from our observations they knew the people and staff well. Both were comfortable in their presence and there was a good rapport between them all.

We observed that people were comfortable approaching the manager and staff and the home had a very relaxed and joyful atmosphere. It was clear that there were positive working relationships with staff and management and staff felt valued by the service. One member of staff said, "[Registered manager] looks after the home as her own, she is always here and we feel very supported."

Monthly staff meetings were still in place and relatives and professionals were invited to discuss any matters concerning peoples support needs. We also saw that the registered manager kept in touch with relatives on a regular basis via e-mail, telephone and face to face meetings. We saw that they kept families in touch with what was happening in the home and any significant news that needed to be shared.

There was an effective quality assurance system in place. The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date.

The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.