Linkage Community Trust

Oak Lodge

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

Oak Lodge is a care home. People in care homes receive accommodation and nursing or personal care as 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 personal care for up to nine younger adults living with a learning disability or autistic spectrum disorder. There were nine people living in the home when we visited.

The care service has 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 ongoing 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.

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

There were processes in place to keep people safe from the risk of abuse. Staff knew how to recognise potential signs of abuse and how to report them. People had their risk of harm assessed. There were sufficient numbers of suitable staff to care for people. Medicines were managed safely and there were good infection control practices in place.

People are cared for by staff who have the knowledge and skills to look after them. People are involved in planning their weekly menu and enjoy a healthy and balanced diet and an active lifestyle.

Staff cared for people with kindness and compassion. People were supported to be involved in the service and integrated well with the local community. The provider monitored the quality of the care people received through a robust audit programme.

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? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

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.

This comprehensive inspection took place on 4 May 2018 and was announced. The inspection team consisted of two inspectors.
We gave 48 hours' notice of the inspection visit because the service was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

Before the inspection we reviewed any information we held about the service. We reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with the operations manager, registered manager and two members of support staff. We also observed staff interacting with people in communal areas, providing care and support. We spoke with two visiting relatives. We also spoke with four people who lived at the service.

We looked at a range of records related to the running and the quality of the service. These included two staff recruitment and induction files, staff training information, meeting minutes and arrangements for managing complaints. We looked at the quality assurance audits that the registered manager and the provider completed. We also looked at care plans for five people and medicine administration records for four people.

Good

Is the service safe?

Our findings

Staff had access to safeguarding and whistleblowing policies and were aware of how to identify if a person was at risk of abuse. Staff understood their responsibility to escalate their concerns through the internal safeguarding route or by whistleblowing. In addition, staff told us that they would not hesitate to share their concerns with the registered manager, local safeguarding authority or the Care Quality Commission (CQC). A member of staff said, "I have all their telephone numbers."

People and their relatives told us that the service was a safe place to live. People had their risk of harm assessed for the internal environment, personal care and accessing the community. For example, handling money, using public transport and taking their medicines.

An easy read fire evacuation plan was on display in the kitchen and in the main hallway. People who lived in the service were involved in regular fire evacuation drills and understood the importance of this. The business continuity plan identified the action staff must take in an emergency to keep people safe. The neighbouring bowling green café had been identified as a place of safety for people to be taken to if the service needed to be evacuated.

Regular health and safety compliance checks were carried out to ensure that the environment and equipment checks were up to date. For example, contractors undertook a full electrical appliance safety test during our inspection. This meant that electrical equipment was safe to use.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. The number and skill mix of staff on duty varied from day to day depending on what activities and pastimes people were taking part in and how much support they needed.

Robust systems were in place for the safe ordering, storage, administration and disposal of medicines. We found that peoples' medicines were managed consistently and safely by staff who were assessed as competent to do so. We looked at medicine administration records (MAR) for four people and found that medicines had been given consistently and there were no gaps in the MAR charts. Each MAR chart had a photograph of the person for identification purposes and any allergies and special instructions were recorded. People had their medicines risk assessed. Staff had access to current national guidance, internal policies and individual protocols for 'as required' medicines (prn). Written agreements from the dispensing pharmacist were in place for the safe use of prn medicines.

All areas of the service were clean and tidy. Pictorial guidance on good hand washing technique was on display in key areas such as the kitchen and laundry room. Information on the safe use of detergents was available in the laundry room and all chemicals were stored safely under Control of Substances Hazardous to Health (COSHH) guidelines.

There were systems in place to report concerns and these concerns were fully investigated and the outcomes were shared with staff.

Good

Is the service effective?

Our findings

People had their needs and preferences assessed and we found that care and support were given in line with national guidance and evidence based practice.

Staff had the skills and knowledge to effectively care for people and people were involved in the recruitment process. For example, when one person's long standing one to one member of staff retired they were invited to sit on the interview panel for prospective care staff. This enabled them to meet prospective carer staff and pass their judgement on their suitability to care for them. Their relatives told us that they thought this approach was excellent.

Newly appointed staff undertook the Care Certificate, a 12 week national programme that covered all aspects of health and social care. One member of staff had recently completed the programme and another was near completion. When a person had special care needs, staff received training to support them. We saw that staff received regular supervision sessions bi-monthly and had an annual appraisal

People were supported to be involved in all aspects of the dining experience; from the fortnightly menu planning meeting, supermarket shopping, preparing meals with fresh ingredients to dining together. People and staff had access to a range of healthy eating recipes with pictures. Minutes were kept from the fortnightly menu planning meeting. One person showed us round the kitchen and spoke with enthusiasm about the healthy food available to them.

We observed that people were encouraged to access hot and cold drinks and fresh fruit when they wanted to. Information on warm weather guidance and drinking plenty of fluids was on display.

People were supported to maintain good health and had access to healthcare services such as their GP and dentist. People received regular health checks relevant to their age and gender at their local health centre. In addition, staff carried out weekly health checks with them. On the day of our inspection, one person was accompanied by a member of staff to attended their GP practice for the results of a recent scan. Some people had membership with the local gym, had a personalised exercise plan and visited the gym several times a week.

Care staff worked in partnership with other health and social care professionals to achieve the best outcomes for people. For example, one person with a physical disability needed assistance to access their shower safely. The person was referred to the occupational therapist and following assessment of their needs, a shower chair was ordered that would make it easier for the person to shower safely.

The provider supported people to live healthier lives and had introduced a health and well-being forum within their organisation. People elected a person to act as their health and well-being champion and a member of staff was nominated as their health and well-being ambassador. The forum met regularly to share their ideas to improve their health and well-being. As a result, the service and a neighbouring location were exploring tastes from around the world to promote healthy eating. On the previous day the service

shared a themed Greek evening with their neighbours. Champions and ambassadors worked in partnership to choose the menu and shop for ingredients and prepare the food. We found that the event had been a great success and one person said, "It was a really positive and fun experience. I tried food I had not tasted before."

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. Staff understood the principles of MCA and acted in accordance with the law and sought consent from people for aspects of their care.

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). One person living in the service at the time of our inspection was subject to a DoLS authorisation.

Good

Is the service caring?

Our findings

We saw that people were cared for by kind, caring and compassionate staff. Furthermore, people and their relatives told us that they were well looked after and staff were caring. One person told us, "I'm happy hear. The staff are kind and caring."

People were enabled to express their views and be actively involved in decisions about their care. We saw that they attended regular reviews and their family and social worker were invited.

The service did not employ ancillary staff, such as housekeepers and cooks. People were responsible for keeping their own bedroom clean and tidy. In addition, people were allocated two house days a week. On these days staff supported them to undertake a range of housekeeping activities, such as their personal laundry, preparing and cooking meals and cleaning duties. We observed that staff took a person's abilities into consideration and gave them the level of support they needed to undertake a task.

People had a key worker. However, rather than have their key worker allocated to them, they were enabled to choose their own key worker to support them. This meant people were fully involved with decisions relating to their own care and support needs and had developed a strong relationship with their key worker. A member of staff told us, "We focus on their care plans and monthly reviews. They ask for us to attend the yearly review process."

We observed that staff respected people's right to their privacy and personal space at all times and people were given the choice to have a key to lock their bedroom door. We noted that one person had a sign on their door to remind their peers not to enter their room. It read, "Respect my space." A member of staff told us, "This is their home and we have to respect that."

We saw that care records and personal files were stored securely and all computers were password protected. This meant that their confidential information was stored in compliance with the Data Protection Act.

When a person was unable to make an important decision for themselves, they were supported by an independent advocate to speak on their behalf. We noted that one person was currently supported by an advocate.

Good

Is the service responsive?

Our findings

Before a person moved into the service staff worked in partnership with them and their family to ensure a smooth transition into the service from their family home, residential college or another residential care setting. Several "small steps" were taken to enable the person to get to know the people who lived there and the staff who would be supporting them. One person's relative said, "[Name of person] is well looked after. Settled. I wouldn't want them to go anywhere else. This is what they refer to as home."

People were supported to develop and maintain their individual interest in hobbies, paid and voluntary work and access to education programmes. On the day of our inspection two people were attending local colleges to study life skills. One person was on work experience and travelled independently by bus to get there. We noted that this person had achieved a national qualification on safe food preparation. Another person was employed part-time as a contract gardener. The registered manager told us that people were proud of their achievements and helped people develop their confidence.

People were encouraged to maintain relationships that were important to them. We noted that people had made friends through college and social events organised by the provider. A relative spoke positively about how staff managed relationships and said, "They [people who lived in the service] all bounce off each other. Carers keep on top of it. They watch and ensure everyone is getting on." Staff also ensured that people could maintain contact with family and friends through social media and telephone calls. Relatives told us that they could visit at any time and one said, "I feel able to drop in and out as I wish."

People and their relatives had access to the complaints policy and procedures and knew how to raise concerns with their key worker or the registered manager. We found that no formal complaints had been logged with the service.

People were offered choice and control over their lives. For example, some people offered to show us around the service and this included their own bedroom. The individual bedrooms reflected the person's personality, their activity preferences and personal achievements. In addition, the overall environment was homely, reflected a family atmosphere and there were signs that people had been involved in the decoration of the service. The shared areas, including both lounges and the dining room, were furnished with group and individual photographs, souvenirs from holidays, trophies won for personal achievements and other mementos significant to the people who lived in Oak Lodge. One person told us, "I'm very happy. My friends are here. This is my home."

An information board kept people up to date with social events and personal development courses provided by the parent organisation and by the local community. For example, a photography competition for 2019 and the Greek food and culture evening. Wherever possible, information was provided in an easy read format. This included national guidance on being active, having a health check and mental capacity. The provider complied with the accessible information standard.

Staff exchanged information about a person's care needs and wellbeing at shift handover to maintain

continuity of person- centred care. A member of bank staff who regularly worked with the same person told us that they received a full handover at the start of each shift about all aspects of the person's care in the previous 24 hours.

We saw that staff and people who lived in the service respected peoples' religious, spiritual and cultural beliefs and supported them to follow the individual lifestyle choices.

Good

Is the service well-led?

Our findings

The provider had a vison, mission and values statement that was accessible and visible to people who lived in the service. Furthermore, the provider had adopted several organisational and national best practice equality initiatives. Such as the Disability Confident Employer Scheme and Investors in Diversity.

There was a registered manager in place at 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. The provider supported the registered manager to take on additional responsibilities. For example, they were involved in reviewing the organisation's policies and were part of a health and safety group writing a new medicines policy.

People, their relatives and staff told us that the registered manager was approachable and we observed people dropping in on the registered manager to share their news with them.

People who lived in the service played an important part in the local community and raised the profile of learning disabilities nationally. The provider owned a public bowling green and café opposite the location. People from Oak Lodge and other locations within the provider organisation were supported by specialist instructors to work in the café. One person maintained the café grounds and their innovative floral displays had been recognised nationally. People chose to hold their regular meetings in the café. The provider organisation had a choir. Some people living in the service sang in the choir and were invited to perform at local events and a national conference.

A programme of regular audit was in place that covered key areas such as health and safety, medicines and infection control. In addition, the provider undertook a quality assurance visit every four months. Action plans with realistic time scales were produced to address any areas in need of improvement. The audit outcomes and required actions were shared with staff at team meetings and daily handovers. We noted that the previous inspection rating was on display. This could also be found on the provider's website.

The registered manager was also the registered manager for the neighbouring service. They told us that staff from both services attended the same team meetings. The reason for this was that people who lived in the services would visit each other, shared meals together and joined in each other's social events. Staff were familiar with both services and any changes to policies and procedures applied to both services. A member of staff said, "We have regular staff meetings and we can put ideas and suggestions forward. The [registered] manager listens to me."

The provider had a system for recording, reporting, reviewing and learning from accidents and incidents. All incidents were forwarded to the provider's health and safety department and once reviewed, staff would discuss the lessons learned from the incident.