

Country Court Care Homes 3 OpCo Limited

Oakview Lodge

Inspection report

Princes Avenue
Welwyn Garden City
Hertfordshire
AL7 4DT

Tel: 01707375345

Date of inspection visit:
11 January 2019

Date of publication:
28 January 2019

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

About the service:

Oakview Lodge is a residential care home that was providing personal care to 23 people aged 65 and over at the time of the inspection. The service is registered to provide accommodation and personal care to up to 64 people.

People's experience of using this service:

People told us they felt safe living at Oakview Lodge, and that the staff treated them with kindness and respect. There were sufficient staff to support people safely. Staff were aware of risks to people's health and wellbeing and kept them safe from avoidable harm. Equipment was in place to minimise the risk of injury. Lessons learned were embedded within daily practise to ensure staff learned where their practise could improve.

People's medicines were managed safely and where possible staff encouraged people to manage their own medicines.

Staff and people along with their relatives had developed a good rapport with one another. Staff clearly knew people's needs and preferences well. Staff were trained in key areas relating to care and further training was planned. People felt staff were well supported and sufficiently trained to provide good care.

People were empowered to make their own choices and staff supported people to remain independent. Staff ensured people were able to maintain close links with people important to them.

The environment was well designed to meet people's varying needs and adaptations helped people to maintain their independence.

Staff, people and relatives were all provided with regular meetings to discuss the running of the home. Meeting enabled people, relatives and staff to share their views, feedback and make suggestions for improvements openly. People told us they felt confident in raising a complaint, and that the registered manager would take it seriously if they did.

All the people, staff and relatives we spoke with were supportive and complimentary about the registered manager. The registered manager and senior team worked positively together to deliver a good quality level of care to people. People, relatives and staff felt the service was well managed, with an open and honest ethos. They told us the registered manager was visible, led by example and was supportive.

The registered manager completed a range of regular checks of the quality and safety of care provided. The provider additionally carried out their own reviews and shared their findings with the management team. More information is in Detailed Findings below

Why we inspected: This was a first rated comprehensive inspection and was the first inspection of Oakview Lodge since they registered in January 2018.

Follow up: We will continue to monitor the service through the information we receive. Where this information suggests a decline in the standard of care provided we may revisit the service.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Oakview Lodge

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type Oakview Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this 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.

Notice of inspection;

This was an unannounced inspection meaning the registered manager did not know we were visiting.

What we did:

Prior to this inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We reviewed copies of the service improvement plans the registered manager sent to us monthly. We also assessed the 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 used all this information to plan our inspection.

This inspection took place on 11 January 2019.

During the inspection visit we spoke with seven people, six people's relatives, five staff members and the registered manager. We looked at the care records for four people and records relating to the management of the service.

Not everyone living at Oakview Lodge was able to describe to us their experience of the care provided. We therefore spent time in communal areas observing the care and interactions between people and staff. This helped us to understand people's experience of care.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm
Assessing risk, safety monitoring and management.

Systems and processes kept people safe and protected them from avoidable harm.

- People told us they felt safe living at Oakview Lodge. One person said, "This out of all the ones [Care homes] we looked at felt homely and safe. I feel very secure."
- All staff spoken with were aware of how to identify where abuse may occur. Staff were clear about how they would report their concerns, and how to keep people safe from avoidable harm. We observed staff reminding people to use their walking aids as well as walking alongside people who were at higher risk of falls.
- Management ensured any incidents reported to them, such as bruising or injury was immediately investigated and appropriate action taken. No safeguarding concerns had been raised in the seven months prior to our inspection. This demonstrated people had not been harmed or experienced poor care.
- Risks to people's health and wellbeing were identified, assessed and appropriate care plans developed. Care records described how to mitigate the risks and staff were aware of these. Equipment needed to mitigate risks, such as pressure relieving equipment, sensor mats or mobility equipment was in place and regularly serviced.
- Staff were knowledgeable about fire procedures. Personal emergency evacuation plans (PEEP) were in place to provide staff with guidance in case of an emergency. However, we found the detail recorded was not consistently sufficient to be useful in case of an emergency. Each staff member knew people well and were aware of how to respond in case of an emergency. The registered manager was in the process of updating all care records and would review the PEEP`s as part of this review.

Learning lessons when things go wrong.

- Prior to the appointment of the registered manager people had not always been provided with safe care. The registered manager since being in post had reviewed incidents and shared the outcome of safeguarding meetings with staff. The management team had used incidents to review their practise and provide people with safe, more effective care.
- Incidents and accidents were identified, reported and investigated appropriately. Following a review of an incident, staff were able discuss in handover, meetings or supervision meetings if appropriate.

Staffing and recruitment.

- All the people and relatives spoken with told us there were sufficient staff. One person said, "They are always around. If they are not, I ring my bell and they come quick." Another person said, "It`s a lot better now than it was a few months ago. Someone is always around."
- The registered manager regularly reviewed the staffing levels and these were set based on people`s needs. Where new admissions to the home were planned the registered manager also increased staffing

accordingly. Our observations on the day were that the home was calm, organised and staff had sufficient time to spend with each person when needed.

- The registered manager had made a number of changes to the staff team over the previous six months. They had identified improvements required and performance managed staff to improve the quality of care. This had led to a number of staff departures. However, the management team had successfully recruited a full staff team, and had eradicated the use of temporary staff. This helped to deliver consistent care that was delivered by a steady and regular permanent staff team.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. New staff employed shadowed an experienced staff member. This enabled staff to get to know people, but also for the management team to assess the competency of the staff member prior to them providing care. Where additional training was required this was provided.

Using medicines safely

- We saw assessments had been carried out to ensure people understood how to manage and administer their own medicines. Staff supported people to do so and carried out regular checks of the medicine records and physical stocks. People told us it was important to them to be able to do as much for themselves as possible. One person said, "It is only natural I would manage my own tablets, I've done it all my life and wouldn't want to stop because I moved here."
- Where staff managed, stored and administered people's medicines this was carried out safely. People's records confirmed they had received their medicines as the prescriber intended.
- The management team carried out regular checks of the medicines and associated records. All staff that administered medicines to people had received appropriate training. The management team carried out observations of staff members competency regularly to ensure they remained safe to administer and manage people's medicines.
- People's medicines were kept under regular review by a visiting health professional. They told us people living with dementia were not over medicated to manage behaviours that challenged others and that staff were proactive in supporting people.

Preventing and controlling infection

- There were infection control policies and procedures in place. These instructed staff about risks associated with poor cleanliness, cross contamination and actions to take in the event of an outbreak of illness for example.
- Regular cleaning was carried out in the home which was clean and had no lingering malodours.
- Staff were seen to make use of personal protective equipment (PPE) and use it appropriately when delivering personal care to people.
- All staff who were involved in maintaining a clean and hygienic environment or providing personal care had received appropriate training in infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed prior to admission. Those needs were regularly reviewed in line with best practise. People's views and outcomes were incorporated into this assessment.
- The registered manager supported staff to deliver care in line with best practise, for example dementia care. They supported staff to understand and deliver care that met national standards of best practise and were also organising a 'Dementia friends' event for people's relatives. Other areas such as nutrition and pressure care also reflected current guidance.
- This meant that staff applied their learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- People's care was provided by staff who had been provided with a range of training, relevant to the needs of people they supported. This supported staff to deliver effective and appropriate care to people they supported. Newly employed staff received a robust induction involving training, supervision and review of their performance with management.
- Some staff told us they received more in-depth training in some areas of their interest like dementia, continence and nutrition which gave them the roles of Champions. This meant that they were more involved in coaching and mentoring other staff in these subjects as well as developing care plans.
- The registered manager was constantly reviewing the training they provided. They were in the process of organising further training in areas such as end of life care, developing care plans and advanced mental capacity awareness.
- All staff spoken with spoke highly of the support and development they received. One staff member said, "We are like a small family, there is always someone I can go to for help and we are always learning, either through training or by doing the job."

Ensuring consent to care and treatment in line with law and guidance

- Throughout the inspection we observed numerous examples where staff sought people's consent prior to providing care. Staff took time to explain the assistance they wanted to give and respected people's views when they declined.
- People's care records demonstrated consent had been sought to provide care and for other specific decisions such as sharing people's personal information. The registered manager was in the process of reviewing consent arrangement for people`s relatives who held a legal power or attorney to make those decisions on people's behalf.
- 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 demonstrated a good awareness of MCA and staff who completed the assessments were consistently clear on when and how these should be completed. We found there were occasions where staff had completed an assessment of capacity when they did not suspect the person lacked this. The registered manager told us this was the providers policy. However, they agreed by not assuming capacity they were not correctly applying the principals of the Mental Capacity Act and would refrain from continuing this practise. Assessments reviewed varied in quality, however we saw the registered manager was in the process of reviewing these and had organised further advanced training to support staff knowledge. Although assessments of capacity required further development, this did not negatively impact upon people's care.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We found that staff were working within the principles of the MCA, and any restrictions on people's liberty had been authorised. Conditions imposed on such authorisations were being met.

Supporting people to eat and drink enough with choice in a balanced diet

- People's dietary needs were met and people were able to make their own choices about what they wished to eat. Staff were aware of those people at risk of weight loss or who had specific dietary needs such as allergies or people who required prompting to eat. Where necessary, staff sought advice from relevant health professionals such as a dietician and followed their guidance. One person said, "The food is delicious, I am a fuss pot but they will cook me what I fancy if I don't like what's on the menu."
- Those people who had specific dietary needs had a risk assessment and appropriate care plan in place. Where required this had been developed with appropriate health professionals such as speech and language therapists, dieticians or the GP. Staff monitored people's food and fluid intake when needed to ensure people were provided with sufficient food and fluid.
- Mealtimes were a sociable event. The dining areas were nicely laid out with a range of condiments alongside alcoholic and soft drinks on the tables.

Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- The GP visited on a weekly basis. They told us, "Staff have everything ready for when I arrive, they are quick to call when someone needs to see me. They follow my instructions to the letter, and will always act in a caring and protective way. I would say the care here now is very good."

Adapting service, design, decoration to meet people's needs

- The home had been newly built and was therefore designed to promote people's independence and accessibility. Consideration had been given to providing themed communal areas such as a pub and cinema. The home was well decorated and maintained and people told us they were able to move around the home with ease and without restrictions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Ensuring people are well treated and supported; equality and diversity

- Staff were observed to care for people well. People were seen to be treated with kindness and warmth and had clearly developed a rapport with staff. One person said, "It's not like they are staff, it's more like a companionship, I feel comfortable with them."
- People told us their choices and preferences were met and staff provided care in a way they liked. One person said, "No matter who it is they know what I want and how I want it, I can choose to have the care when I want and spend my day how I want." One person's relative said, "We turned up one morning and [Person] was still in bed at 11 o'clock. It turned out they were feeling a bit under the weather and wanted a lay in. Nothing is too much trouble."
- People's life histories were documented well and captured people's interests, relationships important to them and characters thoroughly. Staff were aware of these histories and used them in their day to day interactions with people.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to make decisions relating to their care and that staff valued their views and opinions. One person said, "Any decisions made are done together [with staff]. We talk about the problem, how to fix it and then get on and do it, I am very much involved and part of any decision."
- People were able to seek support from advocates regarding any significant decisions relating to their care. We saw examples where advocates had supported people's decisions, particularly in relation to where people were deprived of their liberty.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed throughout the inspection to show genuine concern and compassion for the people they cared for. The approach by staff ensured people's dignity was maintained, both through how care was provided but also through sensitivity and awareness.
- People who had difficulty communicating, for example those with hearing difficulties were spoken to appropriately. Staff when speaking to people got down to eye level and spoke clearly and slowly so the person could understand them.
- People were clean, presentable and well groomed. Staff were aware of people's particular preferences when assisting them with dressing and getting ready for the day. One person said, "I can do most things myself but I let the staff do it because they do my hair much better than I ever could and I feel wonderful when they do. Nothing like a bit of pampering at my age."
- People's privacy was respected. Staff did not speak about people where they could be over heard and personal information was kept secure. Where people wanted time alone, staff respected this and did not intrude. People were able to freely receive visitors in the privacy of their bedroom or communal areas in the home without intrusion.
- People told us their independence was promoted. Staff recognised the importance of encouraging people

to carry out as much as they could manage. One person's said, "They [staff] do wash and dress me, but they also get me to do the bits I can do, which I like because I'm not over the hill yet and can still do a lot of things myself."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Personalised care

- Staff knew people well. They were aware of their likes, dislikes and preferences. Staff used this information as the basis for the care they provided to people. For example, staff had documented how to carry out personal care that ensured people's preferences around routine and appearance were met.
- People were encouraged and supported to make their own choices to have as much control and independence as possible. This included shaping how their care and support was provided to ensure it was person centred. Their relatives were also involved where people wanted them to be.
- People were provided the opportunity to engage with activities. On the day of the inspection we saw staff were supporting people individually with flower arranging. The previous evening people had mixed cocktails, and we saw a range of activities were planned for the coming months, including trips out. People however were not all keen on activities, and staff had found it challenging at times to engage people. One person encapsulated some of the people's views and told us, "I am nearly 100, I want to sit here and be left alone to enjoy what time I have left in my own way."
- Staff however ensured that people were not isolated and had the opportunity to be part of the wider community. We saw that people contently sat and socialised with one another, some read while others engaged in their own pursuits. When relatives visited they greeted everyone in the group and joined in the discussion. The relaxed approach helped to create a warm, sociable and inclusive environment.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were confident they could raise a complaint or concern with staff or the registered manager and it would be dealt with. One person said, "If I ever needed to complain I know [registered manager] would deal with it seriously. They are that type of person, very honest and no messing around with them." No complaints had recently been raised, however copies of the procedure were made available to people and visitors and the provider monitored any concerns raised.
- People and relatives were provided with regular meetings where they could raise their concerns or suggestions. A recent relatives meeting had been well attended. Matters discussed related to staffing changes, care reviews, a new minibus, staff training and issues relating to management of the home. Minutes recorded that relatives were able to challenge the registered manager and make suggestions that were noted and actioned.

End of life care and support

- No person at the time of the inspection was receiving end of life care. There had been only one death in the previous twelve months.
- The registered manager however was in the process of arranging training in relation to end of life and was developing their working relationship with a local hospice.
- All the care records looked at included end of life discussions with people as part of the assessment and ongoing review process. We saw that discussion were held when people moved in to ensure their wishes were known to staff and could be met when the need arose.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager demonstrated a commitment to providing person centred care to people. They were able to accurately describe people's care and knew what was important to each person we discussed.
- Feedback surveys had been completed to identify the areas the service performed well at, and where improvements were required. Results were encouraging with all staff responding they enjoyed working at the home, felt supported and were clear about their roles. Results for people's experience of care was equally positive. Improvements suggested, such as regarding the food was taken on board and formed part of the ongoing management action plan.
- Duty of candour was promoted by all working at Oakview Lodge. Management supported staff to report adverse incidents, and to promote an open and honest approach if something went wrong when providing care. Notifiable incidents were made within a reasonable time frame and staff ensured people and their relatives were able to review the incident and feedback where improvements could be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well managed. People at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles. Evidence demonstrated that all staff were held to account for their performance where required.
- Quality assurance processes were in place and used to identify where improvements were required. For example, the registered manager was aware that some care records and mental capacity assessments required further development. They had identified further training subsequent to this inspection to support staff and were in the process of improving this area.
- Quality monitoring was carried out by the provider who regularly visited the home to conduct their own audits. Recent audits showed a comprehensive review of the care and management had been carried out. The quality of these audits had improved following a recent change of area manager. Where previously issues with MCA and care records had not been identified we saw at the last provider visit this was identified and being addressed.

Engaging and involving people using the service, the public and staff

- People, relatives and staff told us the registered manager was approachable and supportive. They told us the current registered manager had been a motivational to staff and was committed to their role. One person said, "I must say [registered manager] is a hard worker, always first in and last out, they really do care about the residents and the staff."
- People were developing their involvement with recruitment. One person had been part of the recruitment team who had recruited the new deputy manager. They were proud this person was due to start and felt

they had been able to influence the decision with their experience and views of the candidate.

- The registered manager was in the process of engaging volunteers to support the home. They had recognised volunteers would be able to play a key role in supporting people to access the wider community. In addition, on the day of inspection they had agreed to regular visits by a therapy dog to support people in the home.

Continuous learning and improving care

- The home had been through a tumultuous first few months after opening, with the management team at the time under performing and not ensuring people's needs were met safely. The registered manager was replaced by the current registered manager. Since their appointment they have reviewed where mistakes were made and shared these with staff. This approach has enabled staff to develop a culture of continual learning and development. Staff supported the approach of the registered manager. One staff member said, "I can see where we had gone wrong before, but now, [registered manager] has helped us see why we did things that way and has helped us improve."

- This culture of continuous learning meant staff focused on this and actively sought areas for improvement.

Working in partnership with others

- The registered manager had developed links with a local training provider and local services to improve their knowledge and support. Relationships were being made with local charitable groups to develop a voluntary pool of people to support people socially and avoid isolation.

- The service had recently been rated as 'Excellent' by the local authority commissioning team, and continued to develop ways to improve their practise following this assessment.