

Carewise Homes Limited

Oak Tree Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oak Tree Lodge is a residential care home providing personal and nursing care to 18 people aged 65 and over at the time of the inspection. The service can support up to 19 people, some of whom may be living with dementia or mental health conditions. People are supported in one adapted building with rooms on both the ground and first floors. The home is not registered to provide nursing care.

People's experience of using this service and what we found

Some required water management checks had not been completed. The provider took immediate action to review and improve systems. Other water management and health and safety checks had been completed consistently to ensure the safety of the environment and people's care.

The premises were well-maintained, and the provider had sought feedback from people to inform plans for redecoration of the building.

There were enough staff to meet people's needs in a person-centred and non-hurried way. Staff had been recruited safely and had the required skills, knowledge and experience. People were supported in an attentive and kind way.

People received their medicines as prescribed from staff who had received appropriate training.

We saw good practice in relation to infection prevention and control.

People had person-centred care plans and risk assessments which provided detailed information about their needs and strategies to minimise any risks identified. Staff knew residents well and spoke passionately about their role.

We received consistently positive feedback from relatives and professionals about how the service kept them informed and involved.

People and their relatives had opportunities to give feedback on their care, which was acted upon.

The service had robust quality assurance systems in place to monitor the quality of the service and implement any learning.

Feedback from relatives, staff and professionals about the leadership team was consistently positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oak Tree 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we were mindful of the impact of COVID-19 on providers.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us 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 the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the registered manager, deputy manager, care workers and a member of the domestic team. We spent time observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from eight relatives about their experience of the care provided. We sought feedback from nine members of staff, including senior care workers and care workers. We sought feedback from three professionals who regularly work with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Not all required water management checks, such as temperature monitoring, had been completed regularly. We brought this to the attention of the registered manager, who acted upon this immediately. As a result, systems have been reviewed and improved to ensure that all required checks are completed and recorded. For example, the provider has afforded staff additional time to complete these checks. Other water management tasks had been completed consistently. Water sampling in January 2021 showed that there were no concerns about the level of legionella bacteria in the water.
- Records showed that other health and safety checks were completed as required to help ensure the safety of the environment and people's care. The leadership team had created a tracker to have oversight of any actions required, such as servicing of equipment or fire drills. The environment was well-maintained.
- Each person had a Personal Evacuation Plan (PEEP), which detailed the assistance they required in the event of an emergency.
- Contingency plans provided guidance for staff in the event of an emergency. In response to feedback from staff, the leadership team had created a shorter guide for night staff. Storage of important documentation had also been reviewed so that this was more easily accessible.
- People had a range of risk assessments in place, for example, to reduce the risk of falls or skin damage. One person had a risk assessment in place to help reduce the risk of choking. This included clear guidance for staff and had been developed in consultation with relevant health professionals. People were involved in agreeing ways to keep them safe where possible.
- Care plans provided staff with personalised information to help them monitor people's well-being. For example, a person who was at risk of infections had a care plan which included signs and symptoms specific to them that could indicate an infection.
- Staff knew people well. A professional said, "residents are well cared for by the staff... very knowledgeable of their needs".
- Staff told us they felt confident about how to respond to and prevent behaviours which might challenge others. Comments included, "We understand that people sometimes are not themselves for periods" and "I feel I am able to handle situations... and if I'm ever unsure... I would ask management or a senior for assistance." A professional told us they had observed staff skilfully working with a person with dementia in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident that staff were committed to keeping their family members safe. For example, one relative said, "The feeling of safety, security, I know my [relative]'s protected, it's a real comfort".
- Staff spoke passionately about their role in keeping people safe. One member of staff told us, "I am

privileged enough to be put in a position of trust to be able to look after people's loved ones and contribute to making their days happy".

- Staff were aware of safeguarding responsibilities and received safeguarding training. Staff told us they had confidence in the leadership team to address any concerns they raised. Comments included, "We often discuss things, and the managers listen and take action. They are a proactive team" and, "I know that if I have any concerns to report, they will be listened to and actioned as appropriate".
- Social care professionals told us that incidents of a safeguarding nature were raised with them when required and that the provider took appropriate action in response to incidents.
- The registered manager had developed a safeguarding tracker to monitor the progress of any safeguarding concerns raised.

Staffing and recruitment

- People's relatives were positive about staffing levels at the home. One relative said, "There always seem to be plenty of staff on duty".
- The registered manager used their observations and feedback from people, relatives and staff to maintain appropriate staffing levels. For example, they had adjusted shift patterns when they identified that some people preferred to get up earlier.
- Staff spoke positively about staffing levels. One member of staff said, "You really do have the time and staff levels to be able to deliver person-centred care". Another member of staff told us, "We don't rush, and we take our time". Staff also said that they received support from the leadership team during busy times and that additional staff were brought in when required.
- We observed staff spending time with people one on one and supporting them in a non-hurried way.
- Staff were recruited using appropriate checks to ensure they were safe to work with vulnerable people. The registered manager considered applicants' skills, experience and values.
- Records showed that staff received regular supervision. Staff told us they valued these meetings, which focused on their well-being and any additional support or training they required.
- Staff spoke positively about the training available to them and said they felt confident they had the skills to meet people's needs.

Using medicines safely

- Relatives told us they felt confident about how the service managed their family members' medicines. For example, one relative said, "Very well managed, they talk to us about all [their] medical changes and medication, liaise with us as a family before any changes are made and also let us know of any doctor's visits and changes in [their] health."
- There were robust systems in place for ordering and securely storing medicines, as well as returning unused medicines. A professional told us, "Medication management is really very good".
- People had individual electronic medicines administration records (eMAR). These included a photograph of the person, their date of birth and information about any allergies. This meant people were safely supported to take the right medicines as prescribed.
- Covert administration of medicines was used only as a last resort and in line with good practice and legal frameworks.
- There were protocols in place for 'as required' (PRN) medicines. This meant that if a person was unable to communicate their needs, staff had guidance to help them identify whether a person needed PRN medicines and when medical advice was required.
- People received their medicines from staff who had received appropriate training and whose competency was regularly assessed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People's relatives told us that they were informed and consulted when incidents took place. One relative told us, "I like the way they problem-solve issues and involve me in that problem-solving."
- The leadership team investigated incidents and identified contributing factors or measures to reduce risks. They had implemented a new tool to assist them with this. The registered manager promoted a reflective and problem-solving approach amongst all staff and told us that the new tool had been helping with this.
- The leadership team spoke transparently about recent challenges they had experienced and how they had responded to these. For example, there had been recent learning regarding how to further improve processes for covert administration of medicines.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Services registered with the Care Quality Commission are required to notify us of certain events such as safeguarding incidents. We found that we had not been notified of two incidents and have signposted the provider to our regulations. Appropriate actions had been taken to reduce risks to people and we had been notified of other events such as serious injuries.
- Records showed that the leadership team completed a range of audits to monitor the quality of the service and any actions these identified were completed. The provider also facilitated provider level and external quality assurance visits to help ensure continuous development of the service. The registered manager told us they had received good support from the provider throughout the COVID-19 pandemic.
- The provider was displaying the most recent CQC rating on their website and at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us that staff knew their family member well. For example, what was important to people was reflected in their care plans, activities and the décor of people's rooms.
- Staff consistently told us they loved their work. One member of staff said they enjoyed being "part of a good team who are all caring and passionate about the care and attention our residents receive".
- The registered manager was committed to ensuring the values of the service were upheld, where required using disciplinary processes to address any concerns.
- The leadership team completed a dignity audit. This included monitoring of how staff communicated with people and how people were supported at mealtimes. A dignity champion and an equality and diversity champion had been appointed to continue to drive improvements in this area.
- The registered manager was aware of their legal responsibilities under duty of candour and people's relatives told us they were always informed of any incidents that occurred. One relative said, "They constantly keep us as a family informed of [person's] well-being, if [they have] a fall even the most minor fall as [they are] prone to this, they let us know about it straightaway."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were consistently positive about the culture and atmosphere of the service. For example, one relative said, "The team has made me feel that [person] is part of their family and that I am as well". Another

relative told us, "I personally believe they have treated my [relative] like [they're their relative] and it's something I never anticipated, it's taken me aback."

- The provider sought feedback from people, staff, relatives and professionals informally and through regular surveys. Relatives told us they were involved in making decisions about their family members' care.
- Staff consistently told us that they felt well supported by the management team. Comments included, "They have checked on our mental health regularly and even given us care packs which had lots of lovely items in to lift our spirits. We get constant encouragement" and, "I feel very lucky to work in a care environment where both our manager... and deputy manager... are so incredibly supportive and both have a world of experience in the care environment, I feel that our home is led by an excellent team."
- People had person-centred care plans, which reflected their preferences and provided information about their background. The registered manager told us that enabling people to continue to live in line with their choices was one of their main aims. A visiting professional told us that, "it was nice to see the individualised care".

Continuous learning and improving care

- The provider had plans for making improvements to the service. For example, people had been involved in choosing a theme which was due to inform the redecoration of the service.
- The registered manager had introduced new tools and systems to improve the running of the home. For example, individual members of staff had received additional training in areas such as medicines and infection prevention and control. This meant that they could support their team as a champion in this area and share learning with others.
- The registered manager was trialling a new dependency tool to further assist them to monitor and adjust staffing levels to best meet people's needs. Staff told us that the registered manager was 'willing to try new things and help people to try to be happy in their new environment'.
- The registered manager was committed to further developing the skills and knowledge of staff. For example, staff were encouraged to complete a nationally recognised advanced health and social care qualification, as the registered manager felt this improved people's experience and the culture of the service. Staff told us they valued this opportunity and felt confident that they had the skills to support people.

Working in partnership with others

- People's relatives were positive about how the service worked with health and social care professionals. One relative said, "They have been proactive in involving other agencies like the Occupational Therapist to support their care for [person]".
- The registered manager said they valued the relationships they had built with other agencies and had appreciated their support throughout the COVID-19 pandemic.
- Health and social care professionals told us that the service worked well with them. Comments included 'they're a joy to work with', 'they're very proactive' and 'clear lines of communication are evident'.