Majesticare (Oak Lodge) Limited

Oak Lodge Care 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Oak Lodge Care Home is a nursing home which is able to provide care and accommodation to up to 47 people. The home specialises in providing care to older people. At the time of the inspection there were 26 people living at the home.

People's experience of using this service:
The provider had made improvements to ensure people lived in a home which met legal requirements. They had an action plan in place to further develop and improve the service. People, staff and visitors were positive about improvements made.

People benefited from a new management team who were committed to providing person centred care and continually seeking people's views on the care they received. One visitor said, "Since [manager's name] has been here there has been change. They are trying to make the home meet the residents needs rather than residents meet the home's needs. It is a complete new state of affairs, putting residents first."

People's needs were assessed and care plans were in place. However, the care plans did not always give clear information about people's wishes and preferred routines. This meant there was not always clear guidance for staff to make sure people received care and support in accordance with their wishes and preferences. The provider was working to address this.

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

People were cared for by adequate numbers of appropriately trained staff to ensure their safety. People felt safe at the home and with the staff who supported them. One person said, "I haven't had any reason not to feel safe." A visiting relative said, "Quite happy, I've never worried about safety, those girls [staff] are marvellous."

People were cared for by staff who were kind and patient. Staff helped people to maintain and develop relationships and friendships and visitors were always made welcome.

People's well-being was monitored by staff and trained nurses ensured people's healthcare needs were met. Where people required specialist care, referrals were made to appropriate professionals outside the home.

There were some organised activities but a number of people felt this was an area which could be improved. The provider informed us they were in the process of re-structuring the activities team and they hoped this would lead to improvements for people.

Ratings at last inspections:
At the inspection published 17 November 2017 the home had an overall rating of inadequate and was placed into special measures.

The service was rated Requires Improvement with one inadequate domain at our last inspection. (Published 16 October 2018.)

Following the last inspection, we met with the provider to ask what they would do and by when to improve the key questions; safe, effective, responsive and well led to at least good. We also imposed three conditions on the locations' registration to require them to provide regular updates on the progress being made to comply with the regulations and improve standards of care for people.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any key question. Therefore, this service is now out of Special Measures.

Why we inspected:
This was a scheduled/planned inspection based on previous rating;

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

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

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 not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Care Quality Commission

Oak Lodge Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of two inspectors 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 care service.

Service and service type:
Oak 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 did not have 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. At the time of this inspection a new manager had been in post for approximately three months and had applied to the Commission for registration.

Notice of inspection:
This was an unannounced inspection

What we did:
Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider had not been asked to complete a Provider Information Return (PIR) prior to our inspection. The PIR is information Providers are required to send us about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with 14 people who lived at the home, four visitors and seven members of staff. We observed staff interactions with people in the communal areas.

We looked at a selection of records which included;
• Six care and support plans
• Records of staff training
• Records of staff and resident's meetings
• Seven people's medication administration records
• Records of health and safety checks
• Two staff recruitment files

Good

Is the service safe?

Our findings

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

At our last inspection this section was rated requires improvement. This was because we found that medicines were not always managed safely and staff had used unplanned physical restraint with one person. At this inspection we found improvements had been made in both areas.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

● People received their medicines safely from trained nurses and senior staff who had received training to carry out the task.
● Some people were prescribed medicines on an 'as required' basis and at the last inspection we found there were no individual protocols for when these should be offered to people. At this inspection we found guidance had been put in place. This helped to make sure people received these medicines consistently to meet their needs. However, the recording of these medicines was not always robust. We discussed this with the provider who reassured us that further improvements would be made.
●At the time of the inspection the provider was putting in place a new stock checking system. This would enable them to audit all medicines and make sure prescribed medicines were always available to meet people's individual needs.

Systems and processes to safeguard people from the risk of abuse

● People were protected because the provider ensured all staff knew how to recognise and report abuse. Staff told us they would not hesitate to report their concerns to a member of the management team. All were confident action would be taken to keep people safe.
●Staff did not use physical restraint with people. Staff knew how to appropriately support people who may be resistant to care. One member of staff said, "If people are agitated and don't want help we don't force them. Sometimes swapping staff helps because some people relate better to some staff than others." Another member of staff said, "We keep talking to people, we reassure and tell them everything is OK."
●People felt safe at the home and with the staff who supported them. One person said, "I haven't had any reason not to feel safe." A visiting relative said, "Quite happy, I've never worried about safety, those girls [staff] are marvellous."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Risks to people were assessed and control measures were put in place to minimise risks. For example,

when people were assessed as being at high risk of falls they were provided with equipment to minimise risks and additional monitoring.
●All accidents and incidents were reported and analysed by the management team. Following the analysis, reflective practice was used to identify if the incident could have been avoided and how future improvements could be made. This helped to minimise further risks to people.

Staffing and recruitment

●At the time of the inspection people were supported by adequate numbers of suitably skilled staff to meet their needs. We observed people who required assistance received this in a timely way and call bells were answered promptly. One member of staff said, "We work as a team and have enough staff." However, responses from people about staffing levels were mixed. One person said, "Most times. I think they could do with a little more help. If they've got anyone unwell you have to wait. Not that they don't do a good job, they do." Another person told us, "I can't complain. I would say there's plenty of staff."
● The provider operated a robust recruitment process which helped to minimise risks to people. All staff were checked before they began work for the service to make sure they had the appropriate skills and character to work with vulnerable people. Staff told us they had not been able to start work until all checks had been carried out.

Preventing and controlling infection

●People lived in a home which was kept clean and fresh.
●People were protected from the risks of infection because staff were aware of good infection control practices. Staff had easy access to hand-washing facilities and personal protective equipment such as disposable gloves and aprons which helped to minimise risks.

Good

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

At our last inspection this section was rated requires improvement. This was because we found some shortfalls in how the Mental Capacity Act 2005 was being implemented. At this inspection we found improvements had been made.

People's outcomes were consistently good, and people's feedback confirmed this.

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

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.

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 checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

●People's legal rights were protected because the staff assessed people's capacity to make specific decisions. Where people lacked the capacity to make a decision the staff consulted with relevant professionals and family members to make sure best interests decisions were made. We saw records of how decisions had been made in people's care plans.
●People were asked for their consent before they were supported with care. One person told us staff never made them do anything they didn't want to. They said "I'm very confident, she [staff] doesn't rush me. No pressure, she would come back."
● The manager had made applications for people to be legally deprived of their liberty where they required this level of protection.

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

● People's needs were fully assessed before they moved to the home. This helped to make sure the service

had the staff and facilities to meet people's needs.
●Each person had a care plan which gave staff information about how to meet people's needs. Care plans were kept up to date to make sure they were reflective of people's current needs but did not always have information about their personal preferences.
●People received effective care because staff knew people well and worked in accordance with care plans. For example, where people had a care plan which stated they needed to be helped to move using a specific piece of equipment we saw this was used by staff.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

●People's healthcare needs were monitored by trained nurses. One person said how well staff had responded when they were unwell. They commented, "They noticed I'd gone down with that. They got the doctor and put me on anti-biotics." Another person told us, "If you're not too good they get the nurse to see you."
●Nursing care was planned and delivered in accordance with people's assessed needs. For example, one person had a wound and there was a care plan in place giving a clear treatment plan. Records and photographs showed the plan was being followed and also demonstrated that the plan was effective.
●People's specialist healthcare needs were met. Staff sought advice and treatment from other professionals. During the inspection one person was visited by a doctor and another person was seen by a physiotherapist. Staff followed recommendations made by other professionals to make sure people had the treatment they required.

Staff support: induction, training, skills and experience

●People received effective care and support because staff had the skills and experience to meet their needs.
●Staff told us they received the training, guidance and supervision they required to carry out their roles.
●People and visitors felt the majority of staff were competent and skilled. One person told us, "I think they do train them up a bit. It meets all my needs." Another person said, "I have complete confidence. All the staff are very good."

Supporting people to eat and drink enough to maintain a balanced diet

●People's nutritional needs were assessed and met. Where people required a specialist diet, or assistance to eat and drink, this was provided. Weight records showed that people were maintaining stable weights and where concerns were identified, additional support was sought. For example, referrals to GPs or speech and language therapists.
●People were happy with the food provided. One person told us, "You get good sensible food." Another person said about the food, "Pretty good, sometimes not, but that happens. Menu every day. It's all pretty good."
●People were able to choose where they ate their meals. Some people ate in their rooms, some in the main dining room and some in the lounge. We observed that lunch in the dining room was a sociable and happy occasion with people chatting together and with staff. One person commented, "I have my food in my room. I like to be on my own eating."

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

●People lived in a home which was well maintained and met their needs.
●Accommodation was arranged over two floors and there was a passenger lift to enable people to access all areas. There were adequate communal spaces to enable people to socialise or spend time quietly.
●People were safely assisted with their care because appropriate equipment was available. This included assisted bathing facilities and mobile lifting equipment.
●Since the last inspection the provider had begun to make improvements to outside areas to ensure they were safe and pleasant for people to access. One person told us, "I'm looking forward to a bit of sunbathing in the garden when the weather improves."

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● The new management team spent time in the home and promoted an ethos of kindness and compassion. People told us staff were kind and patient. One person told us, "Staff are always kind. There's really nothing to worry about here." Another person said, "They [staff] are all lovely. I'm thoroughly spoilt."
● People told us their religious and cultural needs were respected and they were treated as an individual. One person said, "They let you be yourself." Another person said they liked to attend communion in the home.
●People were supported to make and maintain friendships and relationships. Visitors said they were able to visit at any time and were always made welcome. One visitor said, "I just walk in and out. I stayed for two nights when I was worried about them." Some people told us about friendships they had formed at the home. One person said, "There's little group of us who all have lunch together and do afternoon activities. Staff make sure we sit together because they know we like a laugh and a gossip."

Respecting and promoting people's privacy, dignity and independence

●People's privacy and dignity were respected. People told us they were comfortable with the staff who supported them with personal care because they were respectful. All personal care was provided in the privacy of bedrooms or bathrooms.
●People's independence was promoted. A number of people told us they were supported to be independent as far as they were able. One person said, "I do everything myself but they help when I need it."

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

● The new management team had created an open and inclusive atmosphere where people were able to express their views and make suggestions.
● People felt listened to. People said they attended meetings at the home and felt that as a result some changes had been made. One person said about the meetings, "We have one once a month with the manager, my relative comes in. I speak up for myself. It gets acted upon."
●People, or their representatives, were involved in planning and reviewing their care. Some care plans we saw showed that discussions had been held with people and their wishes had been recorded. One visiting relative said, "They've started to involve us in care plans. They done some re-assessments and made some

changes. All very positive."

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection this section was rated requires improvement. This was because we found care plans were not always person centred and up to date. At this inspection we found some improvement but further improvements were needed.

People's needs were not always met. Regulations have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

●People could not always be confident that their care and support would be personalised to their wishes and preferences. A number of care plans we read were not person-centred, meaning there was little information to support staff to act in a way that respected people's wishes and lifestyle preferences.
●The quality of care plans regarding people's end of life care was variable. One care plan we read gave good information about what intervention the person wished to have if they were at the end of their life. It also recorded who they would like to be with them. Another care plan was very basic and did not have enough information to make sure the person would be cared for in accordance with their wishes and beliefs.
●The provider was in the process of up-dating people's care plans with them to make sure they reflected people's individual wishes. However, this work was not yet completed placing people at risk of receiving care which was not in accordance with their preferred routines and preferences. The provider was aware this was an area which required improvement and had made extra staff available to complete the work.
●People who were able to express their views verbally, said staff knew them well and tried to accommodate their wishes on a day to day basis. However, one person told us they fitted into, "Their [staff] routine."
●The Service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, one person did not have English as a first language and the provider ensured there were staff who were able to communicate with them. They also translated information, such as the weekly activity programme, into their first language.
●People had access to a range of activities but a number of people highlighted this as an area which could be improved. One person said, "We have entertainments, that's quite good. Once every now and again, not much on now. Not so much as we used to have." Another person told us, "There's not enough activities." During the inspection we observed people who stayed in their rooms and were unable to occupy themselves, had limited social stimulation.

Improving care quality in response to complaints or concerns

●People felt any complaints made would be taken seriously and responded to. One person told us they had spoken with the manager about a member of staff. They said, "He [manager] sorts things out when you say something." A visitor said "I know [manager's name] I've got on with all of them. I'd soon knock on his door, I don't need to as he comes down as does [deputy manager's name.]"
●The management team told us no formal complaints had been made since the last inspection but they spent time talking to people to enable them to sort out issues as they arose. The manager told us they used feedback from people and visitors to monitor standards and make improvements.

Good

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 our last inspection this section was rated inadequate. This was because we found the systems in place to monitor quality was not always effective in identifying shortfalls and improving the service people received. At this inspection we found improvements had been made.

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; Continuous learning and improving care

●The service did not have manager registered with the Care Quality Commission. A registered manager 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. At the time of this inspection a new manager had been in post for approximately three months and had applied to the Commission for registration.
●The provider was now using audits and continued observations and monitoring to effectively highlight shortfalls and drive improvement. There was an action plan in place which demonstrated how the provider had meet the regulatory requirements and what further improvements they were working towards. For example, reviewing and up-dating all care plans.
●The provider had appointed a new management team who were pro-active and committed to improving the care and support people received. One visiting relative told us that since the new management team had been in post the whole atmosphere in the home had changed. They said, "There was a sad air about the place but now staff are happier. They have seen what needs doing and done it. We used to go away worried but now we know they are safe and well. It's like a great weight has been lifted from our shoulders."
●People lived in a home where staff had clear lines of responsibility and accountability. Staff told us they felt supported. One member of staff said, "The changes have been really good. We all know what we're responsible for and we feel valued."

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

●The new management team had only been in post for a few months but in that time, they had promoted a culture of person-centred care. One visitor said, "Since [manager's name] has been here there has been change. They are trying to make the home meet the residents needs rather than residents meet the home's needs. It is a complete new state of affairs, putting residents first."

●People lived in a home where a person-centred philosophy was shared with staff through meetings and one to one supervisions. Minutes of the last staff meeting showed person-centred care and working flexibly to meet people's wishes and preferences was discussed.
●The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The provider told us they had an open culture and staff confirmed this.

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

●People were able to give feedback about the service they received because the management team were very visible in the home. One person said about the manager, "He does ever such a lot for me. In the mornings he asks how I got on, is my caring alright."
●People and their representatives were able to make suggestions about the running of the home and were kept informed about changes being made. People told us they had attended meetings and found them "Encouraging and informative."

Working in partnership with others

●The staff worked in partnership with other professionals to make sure people received the correct care and treatment.