

Mrs R Ghai

Oak Lodge Residential Home

Inspection report

1A Adams Road
Shire Oak
Walsall
WS8 7AL
Tel: 01543 372078
Website: No website listed.

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 23 July 2015 and was unannounced. At the last inspection on 16 August 2013 the provider was meeting all the requirements of the regulations we reviewed.

Oak Lodge is a residential home providing care and accommodation for up to 17 people. There were 16 people living at the home on the day of the inspection. The home 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.

People told us that they felt safe living at the home. Staff knew how to recognise when care was not safe. We found there was enough staff to meet people's individual needs. People's medicines were not always managed safely and

Summary of findings

some medicines were not stored in line with the manufactures guidance. Recruitment practices were in place to ensure that the right staff were recruited to keep people safe.

People told us that the staff understood their needs and that their consent was sought before carrying out any personal care. Peoples capacity to make decisions about their care had not appropriately assessed when they were provided with care which meant that their freedom could be restricted. Staff were not able to demonstrate their understanding of capacity. The registered manager was aware of her responsibility to make sure that the correct legal procedure was followed when peoples freedom was restricted. People told us that they had healthcare professionals visit them in the home and that they were taken to attend health appointments when necessary, sometimes by their own family.

We saw people were not always given sufficient food to eat and this left some people feeling hungry.

People were supported by staff who were caring in their interactions. We saw staff using warm tones when they

spoke with people and respected their privacy when necessary. People told us that they were well looked after and that staff were always nice to them and listened to them when they had a concern.

People told us that they were involved in activities throughout the day.. We saw that people's care plans did not always document care that was specific to the person's individual needs. Risks to individuals were identified and assessed but did not always provide staff with sufficient information to ensure peoples safety.

There was an open culture promoted within the home. We saw that staff worked as a team and were happy to raise concerns with the registered manager. However, when the registered manager raised concerns with the proprietor they were not always listened to and the concerns were not always acted upon.

Systems were in place to monitor the quality of the service provided. Where the service had fallen below the expected standard,the registered manager had taken appropriate action where possible resulting in an improvement in the service provided.

Summary of findings

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.

People were protected by staff who knew how to recognise and report unsafe practices in the home. Risk assessments were in place where risks had been identified to keep people safe. People were supported by sufficient numbers of staff. People did not always receive their medication safely and some medicines were not stored in line with the manufactures guidance

Good



Is the service effective?

The service was not always effective.

People were not always provided with enough food and drink. People's human rights were not always protected by practices that supported them in making choices and consenting to care. Staff had received training to support them to deliver good care.

Requires improvement



Is the service caring?

The service was caring.

People told us that they were supported by caring staff. People's privacy and dignity was respected by staff when providing personal care. People told us they were supported by staff who knew them well and understood their needs.

Good



Is the service responsive?

The service was responsive.

Peoples needs had been assessed and care plans in place where necessary. Complaints had been actioned and appropriate action taken where necessary

Good



Is the service well-led?

The service was not always well –led.

The registered manager and the proprietor did not always work together to achieve the best outcomes for people. People and staff told us that they were happy speaking with the manager. There was a positive culture within the home and staff were able to question practice. Systems were in place to monitor the quality of the service within the home but these were not always effective.

Requires improvement



Oak Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 July 2015 and was unannounced. The inspection team consisted of two inspectors.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send us by law. We gathered information from the Local Authority and used this information when planning our inspection.

During the inspection we spoke with seven people who lived in the home, two members of staff, the registered manager, the provider and a visiting professional. We observed staff and people at various times of the day and in different areas of the home. We walked around the home with the registered manager and the provider.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, “They look after me here very well. I feel safe.” One person went on to explain how, by staff looking ‘everything up’ made them feel safe. Staff told us that they could recognise different forms of abuse and understood their responsibilities for raising any concerns should they witness any poor or unsafe care. The registered manager told us of the action she would then take if she witnessed abusive practice or this was raised by a member of her staff team. Staff told us they were encouraged to raise concerns with the registered manager and the provider and that they felt comfortable in doing so.

The registered manager informed us that they were responsible for identifying and managing potential risks to people and encouraged an environment where positive risk taking was supported. For example, we heard how one person regularly popped out to the shops. This person told us how important this aspect of support was to them. Where people were at risk the manager told us that they had systems in place to try to reduce these. For example, when people were identified at risk of developing sore skin, staff told us how they managed this safely. This was confirmed by a visiting professional who told us that this was one of the better homes for pressure area care management. Staff told us that only one person living in the home was transferred with a hoist. We looked at this person's risk assessment for moving and handling people safely and identified that this could have contained more detailed guidance to staff on how to reduce the risk. However, the staff we spoke with had a clear understanding which reduced the overall risk to people.

People considered there were enough staff available to meet their individual needs. One person told us, “There are enough staff. You don’t have to wait around long.” Another person said, “You are not kept waiting long and they are

always ready to help”. We discussed staffing levels with the registered manager and the provider. They were confident that staffing levels were sufficient to meet people’s needs and maintain their safety. The registered manager told us that when people’s need changed, they looked at the risk to determine if more staff were required. Staff told us they thought there were sufficient staff on duty to meet people’s individual needs. We spoke with staff about how they were recruited. One member of staff explained that they were not able to start work until all of their recruitment checks had been completed.

The registered manager told us about the robust recruitment process in place to ensure that the right staff were recruited. They told us that they took a personal interest in getting the right person for the job to ensure people were well looked after. The registered manager told us that they were confident that their staff were well trained and they only used agency staff as a last resort.

We looked at how people were being supported to take their medication when they needed it. The registered manager told us that medicines were only administered by trained staff. They told us they audited people’s medication administration records (MAR) monthly to ensure that there were no missed medication and no gaps. We saw that regular competency checks were also carried out to ensure medication was given safely. The dispensing pharmacist also completed audits every three months. No concerns were highlighted at the last audit. However, we saw an incident where a person was left with their medication and the staff member walked away. The member of staff then signed a record to say they had seen the person take their medicines but this had not taken place. We raised this with the registered manager who assured us that she would take the appropriate action as this person had been assessed recently and no concerns with their administration practice had been identified.

Is the service effective?

Our findings

We spoke with people about the food. We saw that the portion sizes were not reflective of people's individual choices. One person told us, "There is sometimes enough food. Sometimes I am still hungry. I didn't enjoy lunch today. It was chicken. I don't like chicken really. Today's food wasn't very good. I was still hungry so I had two puddings." Following their lunch we asked five people if they were still hungry. Three people told us they were. One person told us, "I am still very hungry I could eat some more". A member of staff had told us that this person had a good appetite but we saw their portion size was small. When the person asked for a further helping, staff were unable to provide this because there was no more available.

We heard from one person that since the main cook had been on leave when the quality of the food had deteriorated. Another person told us, "We get some good dinners but it is just put on a plate in front of you." Another person told us, "The food is ok. I am a diabetic and staff ensure I get the right food".

We saw people had a choice of where they wished to eat. At lunchtime there was a choice of chicken or fish fingers on the menu. . We asked the registered manager about the cook. She told us that the normal cook was off sick and that the cook on duty was helping out occasionally. The registered manager told us that the cook had only completed a basic on line food hygiene training course.

The menu for tea time suggested that jacket potatoes would be offered. However the staff told us that they could not provide this because they did not have the ingredients so they supplied an alternative. Whilst there was a menu displayed on the wall, people told us that they had not been involved in planning the menu. The registered manager told us that the menus were on a two week rolling rota which did not offer much choice or selection to people. We observed lunchtime and saw people were offered a choice of two cold drinks served in plastic cups. No personal choices or preferences were offered.

People told us that the staff knew them well. One person told us, "Staff know that I am unsteady on my feet. They ask me if I want help. They know how to help me". Staff told us that they received training which helped them in their role. One member of staff told us they had found their induction

to their work "very thorough" when they commenced working at the home. Staff told us that they had started working towards the new care certificate. This is a new training standard introduced this year by which all health and social care workers can receive up to date training and induction into care. The registered manager told us that an external agency was helping them develop this training and they had sought further training opportunities in supporting people living with dementia. They told us they had to work alongside other permanent care staff until all of the required checks were back and were not allowed to work alone without supervision . They were shown around the building and got to know the people who lived there and their needs before starting to work alone with them.

People told us that they were always asked before staff carried out any of their care. Staff we spoke with told us they asked people's permission before carrying out any care. We saw staff gained people's consent before providing assistance.

The registered manager told us that at the last staff meeting held they had checked staff knowledge about their understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). She told us we were confident that staff had the correct knowledge in this area to protect people's human rights. However when we spoke with staff they could not always clearly explain how they would put the principles of these into practice. This was reflected in the care plans that we reviewed.. The registered manager told us some people had authorisations in line with the Deprivation of Liberty Safeguards (DoLS). DoLS requires providers to submit applications to a 'Supervisory Body' for the authority to deprive someone of their liberty to keep them safe. The registered manager had followed correct legal procedures in gaining these authorisations for all three people.. A further application for authorisation had been requested by the registered manager and they were awaiting the outcome.

We saw a stair gate had been fitted at the top and bottom of the stairs to restrict people from accessing the staircase and prevent them falling, particularly those who walked around the home alone during the night. This practice may have restricted some of the people who were not at risk of falling and wished to independently move around the home. The registered manager was not able to tell if people living on the first floor were able to use the stair gate.

Is the service effective?

People told us that they had healthcare professionals visit them in the home on a regular basis. One person told us, “The nurse comes to dress my leg”. Another person said, “Staff take my blood sugars daily”. Other health professionals were involved in people’s care where appropriate. For example we saw a health professional visit to administer medication for a person as the staff were not

trained to do this. Two people told us that they were able to visit the doctor. We saw evidence that the optician and the chiropodist had visited the home recently. One person who lived at the home needed their legs to be elevated whilst they were sitting for health reasons. Staff were aware of this and we saw this put into practice in line with the health professional’s recommendation.

Is the service caring?

Our findings

People we spoke with shared positive comments about the staff and the care they received. One person told us, “The staff are always cheerful and nice”. Another person said, “I have been here for four years. The staff are great, nothing is too much”, and “The care is very good and the staff are fine”. People also told us that they felt involved in their own care, and that staff listened to them.

People felt that the staff treated them with respect. One person told us, “Staff do help you. They respect my privacy. I would speak to the staff if I had a complaint. Staff really do listen to you”. Another person said, “Staff always knock before they come into my room”. One member of staff told us, “I speak to people quietly and respectfully. I treat them as I would like to be treated myself”. They explained how because they got to know people well, they could respond quickly when a person’s needs changed. They gave an example of how they recognised when people were becoming distressed because of their body language and therefore responded quickly alleviating any additional anxiety for the person.

Staff we spoke with were able to tell us about how they supported people. Staff knew people’s needs well. One member of staff told us how they recognised when a

persons need change by their body language. They told us how the key worker system operated in the home enabled them to understand the needs of the people who lived in the home well. A key worker system is where each person has a designated member of staff responsible for ensuring all their needs are attended to, ensuring their care records are maintained and spending time with the person to get to know them well. We observed staff sitting next to one person to manicure and paint the person’s nails and they spent time talking with them about their life and family. We saw that the person responded positively to this conversation and was engaged with the staff member.

We saw staff spoke with people with respect and in a caring manner. People were offered choices where appropriate. One person complained of stomach ache and we saw they were offered pain relief straight away in a discreet and dignified manner. We saw staff were patient with the people who needed encouragement with moving around the home. We saw one person who had decided to eat their lunch in the lounge instead of the dining room. Staff respected their choice and supported them to eat in their preferred location. Staff we spoke with told us how they ensure people’s privacy and dignity is maintained by ensuring they are covered when delivering personal care and by speaking to people quietly when discussing personal issues in front of other people.

Is the service responsive?

Our findings

We saw that at the end of each shift, staff undertook a handover with new staff coming on duty. They did this to ensure that any changes to people's needs were communicated so that they could provide the appropriate support and care to that person.

The registered manager told us that they were looking to increase activities and make them more centred around people's individual choice and preferences. We saw people joining in with a sing a long and one member of staff sitting with one lady manicuring her nails and chatting with her as she did this. The lady enjoyed the personal interaction with the member of staff. Another person told us "at night we play games, skittles and a sing a long" They went on to tell us that they were still able to attend the hairdressers where they used to live as that is the hairdresser of their choice. One of the care plans we looked at contained information about the person's past and their hobbies and interests. This provided staff with information so that they had knowledge of the person's social history and preferences. Staff were able to tell us about one lady who had been had attended church regularly before she came to live in the home. They had continued to attend church but had recently declined.

People told us that they felt involved in their care. People were encouraged to maintain their own independence as far as possible. People told us they were able to chose what time they went to bed. Staff told us one person pressed the call bell to alert staff when they wished to get up. One person told us, "I am able to keep my independence. I put my make up on myself. I look after myself. I want to keep my independence. I like to read my book quietly in my room where nobody bothers me".

Many of the people we spoke with told us that their family and friends were made welcome when they visited. A visiting professional also told us that they were made to feel welcome in the home by the staff and registered manager.

People told us they were happy to raise any concerns directly with the staff or the registered manager. One person told us, "If something annoyed me I would speak to the manager. I can't say there's anything I have had to complain about". Another person said, "I have no worries. She (the registered manager) is very nice and straight forward".

The registered manager told us a complaints record was held in every person's care file and any minor concerns were documented there.

We looked at the complaints the registered manager had received and saw they had been recorded and action had been taken as a result of a complaint. The registered manager told us a meeting was held with all parties concerned if necessary to discuss the complaint. We found all the complaints were documented and there were no outstanding matters. The registered manager told us that they looked for any trends which may develop when complaints were received

We saw information about how to make complaints was available in the hallway of the home. This included the contact information for external agencies if people were not be satisfied with how their complaint had been managed by the service

Is the service well-led?

Our findings

We asked the registered manager how people living in the home were involved in decisions such as how meals are planned and what was on the menu. The manager told us that there was little involvement from people as the provider did the shopping and therefore they chose the menu. There was a registered manager in place and discussions with them demonstrated they were aware of their legal obligations. They told us issues they had identified and brought to the attention of the provider were not always acted upon. For example, some environmental and maintenance issues. The registered manager told us they had not received any training since starting their role. They said they took responsibility for their own learning and had not received any one-to-one meetings with the provider to discuss their training and support needs. This was important to them to have support from the provider in order that their own performance was managed and to know where improvements were needed.

We saw that a rail in the bathroom downstairs required repairing and was unsafe. This had been reported to the provider. No action had been taken. Staff told us that maintenance of the building was an area requiring improvement. A member of staff told us, "It's frustrating when things aren't fixed. Resident's feel nothing is done when they tell us". We saw evidence that the results of the audits were shared with staff at meetings held and staff were also kept informed of areas within the home which required improvement. The provider told us that they would like to make more improvements to the environment in the future.

Staff told us that there was a "very happy" atmosphere in the home and an open culture. One member of staff told us, "We all get on and support each other". Staff reported that they felt happy speaking with the registered manager and that if they had a problem they felt confident they would be listened to. One member of staff told us that would feel happy to ask the manager any questions and if they had concerns that they would be happy to raise them. Another member of staff thought that the home was well managed but considered the registered manager needed more support from the provider. We spoke with registered manager about how they demonstrated good leadership. They told us, "I try to lead from the top down. I am consistent, firm and fair with the staff. I respect them and

they respect me". People told us that they felt comfortable speaking to the manager if they felt the need to. One person told us "I like the manager. She is very nice and straight forward and to the point. You know where you are with her."

Staff told us that they were able to voice their opinions of the service through staff questionnaires and during staff meetings which were held twice a year. Completed questionnaires showed that staff were happy overall in their work and this was reflective of what they told us. One member of staff felt that the provider needed to invest in providing people with more activities and the redecoration of the home. Another told us, "I love working here. It's like a family. I am not worried about asking any questions," Questionnaires completed at the end of last year by people were all positive and indicated that they were happy living there. Relatives were also encouraged to complete questionnaires. One family member commented "We are promptly informed about any concerns and are involved in decision making" The registered manager told us that they have regular residents' meetings as well as staff and relatives meetings. We saw the minutes of the meeting which took place in March 2015 for the residents. They had discussed activities and food preferences. The relatives meeting held in June 2015 was attended by five relatives where relatives were given the opportunity to discuss any issues they had.

There were systems in place to monitor the quality of the service provided. The registered manager told us that they submitted quarterly monitoring information returns to the local authority that commissioned services at the home. This information included falls, incidents, accidents and complaints. We observed charts which recorded the water temperature to ensure the water was not too hot. However these did not take into account the hot water straight from the tap in the downstairs bathroom. When we checked the temperature of the water straight from the tap it was hotter than is recommended. The checks in place did not ensure that people are protected from possible harm. Regular maintenance audits were being completed, however the registered manager told us that the maintenance man had left and they were trying to recruit another. The audits highlighted that in certain areas in the home maintenance work needed to be completed. Examples of this are call bell checks and fire emergency lighting checks.

Is the service well-led?

The registered manager told us that while she does not carry out any official audits of care plans she does look through them. We looked at three people's care records. We found that more information was needed on some risk assessments. One person had bed rails but it was clear to us how the service assessed the need for them. The previous manager and relatives had signed some of the care plans. It was not clear why relatives and staff had been asked to sign care plans without first asking people themselves.

We looked at medication audits which had highlighted gaps in the recording of some people's medicines. We saw the registered manager had taken action as a result of the findings and spoken with the member of staff involved. We saw that this had been discussed at the last staff meeting

so as all staff were aware of the implications of not accurately recording medicine charts. We saw that improvements had been made in the subsequent audits undertaken. Where other audits had highlighted other shortfalls in staff practice the registered manager had taken action to address these. Maintenance audits undertaken had highlighted areas in the home to include outstanding checks on the fire safety system. The provider was aware of this but had taken no action to address these. We were told the maintenance person was no longer working at the home and the provider was recruiting for a replacement. Incidents and accidents were recorded by the registered manager and the measures taken to avoid a repetition of the accidents were also documented.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.