

Salutem LD BidCo IV Limited

Oakleigh Lodge

Inspection report

4 Oakleigh Avenue
Nottingham
Nottinghamshire
NG3 6GA

Tel: 01159602383
Website: www.salutemhealthcareltd.com

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability, and autistic people, respect, equality, dignity, choices and independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability, and autistic people, and providers must have regard to it.

About the service

Oakleigh Lodge is a residential care home which is registered to provide personal and nursing care for up to 3 people; and 3 people were living at the care home at the time of the inspection. Nursing care was not provided at the care home.

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

Right Support

People were not always protected from the potential risk of scalding, and safety measures to prevent the potential for legionella bacteria were not consistently carried out. People had choices about their living environment and were able to personalise their rooms. People benefitted from the interactive and stimulating environment. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with their relatives. Staff enabled people to access specialist health care support in the community. Hygiene arrangements in the care home had improved. People received their prescribed medicines safely, from staff who had been appropriately trained.

People were not always supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People's specific care plan information was not always easy for staff to find on the provider's electronic care record system. Staff promoted equality and diversity in their support for people. Daytime staffing levels had been increased since the last inspection. Staff understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. People were supported to eat and drink enough and had a varied diet offered to them. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

People were not always supported to achieve their individual goals and aspirations. People received good quality personal care from trained staff who could meet their care needs. Staff placed people's needs, and

rights, at the heart of everything they did. People's relatives were enabled to be involved in the review of people's care plans. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect, and inclusivity. People's ability to access community activities had increased since the last inspection.

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

Rating at last inspection and update

The last rating was Requires Improvement (published 25 August 2022) and there were breaches of regulations found. We also issued the provider with a Warning Notice in respect of issues which required improvements. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made but the provider was still in breach of regulation.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked if the provider had followed their action plan and to confirm whether they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective, Responsive and Well-led which contain those requirements.

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.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

For the key question not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakleigh Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified ongoing breaches in relation to safety management, and the provider's quality monitoring of the service, at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Oakleigh 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 Health and Social Care Act 2008.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection, we looked at the infection prevention and control 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

One inspector carried out the inspection.

Service and service type

Oakleigh 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection site visits on 1 February 2023 and 2 February 2023 were both unannounced. A further announced inspection visit took place on 6 February 2023.

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 professionals who work with the service.

We also used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with 3 people who used the service. For people who were unable to communicate verbally, we spent time observing their body language during their interactions with care staff to help us understand the experience of people who could not talk with us. We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection.

We spoke with 6 members of staff including care staff, agency care staff, deputy manager and registered manager. We reviewed a range of records. This included 3 medication records. We looked at 3 staff files in relation to recruitment and staff supervision.

After the site visits, we continued to seek clarification from the provider to validate evidence found. A variety of records were reviewed. These included 3 people's care records, maintenance records, and records relating to the management of the service. We looked at training data and quality assurance records.

We received feedback about the service from 4 external professionals who had recent and ongoing involvement with the service. We received feedback from 2 relatives of the people who live at the care home. We also received feedback, by phone, from 1 staff member.



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 we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

One of the purposes of this inspection was also to check if the provider had met the requirements of the Warning Notice we previously served. We found the provider had met those specific Warning Notice requirements. However, breaches of regulation were still present.

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

- People were at increased risk of harm due to scalding. The provider had not carried out appropriate servicing/testing of some of the thermostatic mixer valves at the care home. Thermostatic mixer valves are hot water safety valves designed to prevent people from being scalded.
- Not all the hot water safety valves had been tested/serviced at the intervals specified in the provider's own safety policy and risk assessment. This increased the potential for unexpected hot water safety valve failure and scalding.
- Appropriate action was not always taken in a timely manner to keep people safe. For example, the provider's records showed a hot water safety valve had been tested, several weeks prior to the CQC inspection, which was found to be defective, but was still in use. This increased the potential for a person using that hot water outlet to be harmed. That hot water safety valve was not replaced until the issue was raised by the inspector.
- The provider had not carried out appropriate safety testing/servicing of the shower unit used by people. Given people's individual mobility characteristics, this meant they had potentially been placed at an increased risk of scalding. This was raised with the provider by the inspector, who also signposted the provider to the relevant safety guidance relating to thermostatic mixer valves and showers. The provider subsequently confirmed they would replace the shower unit and arrange for appropriate and regular safety testing.
- People were at increased risk of potential harm due to Legionella infections. Legionnaires' disease is a serious type of lung infection caused by Legionella bacteria. The provider had a suitable Legionella risk assessment in place which specified shower heads should be descaled at 3 monthly intervals. However, records showed the shower head had not been descaled for approximately 5 months, which meant it was overdue by 2 months. This was raised by the inspector and the registered manager immediately arranged for the shower head to be dismantled and descaled.
- Staff recorded incidents, involving people, on the provider's electronic records system. However, the incident records had not been reviewed by the registered manager or the deputy manager of the service. Therefore, opportunities for learning from incidents, or identifying potential trends were missed. This increased the potential for recurrence of incidents and likelihood of people being harmed.

The provider failed to take reasonably practicable action to mitigate risks to the health and safety of people

receiving care at the service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

At our last inspection the provider had failed to ensure enough numbers of suitably qualified, competent, skilled, and experienced staff were deployed in order to meet the needs of the people receiving care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff employment records contained some gaps in the information required to be held by the provider. These issues were raised by the inspector with the registered manager, who stated they would ensure that all employee records were reviewed for completeness and updated.
- The provider had revised their staff arrangements so that one-to-one support was available for each person from 7.30am to 8.30pm each day. This meant there had been an improvement in the provider's ability to meet people's assessed care needs.
- People's ability to take part in individual community activities had increased due to improved staffing levels. People's ability to use the provider's specially adapted minibus had improved due to an increased number of staff who were qualified to drive the minibus. This enabled increased opportunities for people to travel to community activities.
- The provider required care staff to carry out the cooking and cleaning tasks in addition to supporting people. However, we saw better co-ordination of those tasks was in place and the impact on staff availability to provide one-to-one care support to people at certain times of the day was minimal.
- Most staff had received appropriate specialist training, at a level appropriate to their role, to support people who have a learning disability and autistic people, or people who have complex physical disabilities. The registered manager told us plans were already in place to provide that specialist training to the rest of the staff team soon.
- The provider's reliance on regular agency staff, to fill gaps in the rota, had reduced as the provider had been able to recruit additional permanent staff. The provider had improved agency staff employment and training records available to them, in respect of the agency care staff they used. This meant the provider could be more assured the regularly used agency staff were safely recruited and had the skills, training, and experience to meet people's care needs.

Preventing and controlling infection

At our last inspection the provider had failed to ensure all areas of the premises were kept clean and hygienic. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People were protected from the spread of infection by the hygiene arrangements in place in the care home. For example, the provider had improved the laundry room since the last inspection. That area was observed to be clean and in a better state of repair than previously. This helped to decrease the potential for health infections to spread within the care home.
- The provider had ensured the communal toilet/shower room no longer stored people's personal toiletries.

This also helped to further reduce the risk of cross contamination of potential health infections.

- The provider had previously been advised, by an external infection prevention and control clinician, about the need to risk assess specific infectious diseases (other than COVID-19) and for records to be kept of whether staff had been offered the relevant vaccine. We found the provider had now complied with that specialist advice.
- The care home appeared generally clean and hygienic, and the provider had improved the cleaning schedules in place for staff to follow.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responded effectively to risks and signs of infection.
- 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.

The provider's approach to visiting arrangements at the service were in alignment with the government's guidance in place at the time of this inspection.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record, and store medicines safely.
- Staff followed effective processes to provide the support people needed to take their medicines safely. For example, staff took the time to tell each person which prescribed medicine they were being given. Although the person we observed may not have fully understood what they were being told, we saw the calm and respectful communication from the staff relaxed the person.
- The provider had improved the training available to regular agency staff in relation to their awareness of the emergency medicines that people might sometimes need.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had received training on how to recognise and report abuse and they knew how to apply it. The provider's safeguarding policies and procedures supported that practice.

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 we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to carry out, collaboratively with the relevant person, an assessment of the needs and preferences for the care and treatment of the service users. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plan information was not always easy to find for staff and there were gaps in care plan information. For example, people's speech and language therapy assessment documents were not accessible to care staff, due to being accidentally password protected on the provider's electronic record system. This meant staff did not have access to important information even though people's care plans stated staff should refer to those specific assessment documents.
- Additionally, people's care plans, relating to their individually assessed risks of choking, when eating or drinking, contained information which was contradictory. This meant staff could not rely on those care plans as a source of guidance on how to support people safely. This was raised during the inspection and the manager took immediate action to address the issues found.
- The provider had told us, in their provider information return, that they reviewed people's care plans monthly. However, records showed that was not the case and care plans were reviewed at typically 4- or 5-month intervals. This potentially contributed to people's care plans not being accurately reflective of their current care needs.
- People's relatives were recognised by the provider as having a role in advocating on behalf of the person, in relation to decisions which the person may not be able to make for themselves. Relatives told us they could now access their relative's electronic care plan remotely if they wished to. This was an improvement on the previous arrangements the provider had in place, and the provider was also aware of people's right to confidentiality.
- Regular agency care staff told us they understood people's health support needs, and we saw evidence of the training they had received. This was an improvement on the situation at the previous inspection and reduced the risk that people might not receive the emergency support they needed in a timely manner.

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

- The provider did not always work with other agencies in a timely manner. For example, people's care plans stated they were waiting for a referral to an external health care professional for reassessment. At the last inspection, the previous manager told us a referral would be made, but at this inspection we found the referral had not been received by the external health care team in a timely manner. Although there was no indication this had led to harm, this delayed people receiving a reassessment of their specific health care needs.
- The provider established effective communication with the local authorities responsible for commissioning the care service people received.

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

- People were being weighed more regularly, and people were within a healthy weight range. However, the collation of people's weight data, on the electronic record system, was not well organised. This meant changes in people's weights were not routinely reviewed. This was raised with the registered manager who made immediate changes to the electronic record system to enable the weight information to be more easily reviewed.
- People received support to eat and drink in a way that met their personal preferences. Mealtimes were informal and flexible to meet people's needs.
- People were supported to have meals in line with their cultural preferences and beliefs. For example, the provider ensured appropriate food options were available for a person who had specific cultural requirements.

Staff support: induction, training, skills and experience

- Staff were usually required to do their online training whilst on shift. At the previous inspection staff told us they struggled to find the time to do that. However, the provider had since improved staff rostering arrangements, and this meant staff had more opportunities to complete their online training whilst at work.
- People were supported by staff who had received relevant basic care training and most staff had received appropriate specialist training to help them meet people's individual care needs.
- The provider's arrangements for recording the training that staff had received had improved. This meant the provider was better able to monitor staff training needs.

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

- People's bedrooms were somewhat personalised. As was also noted at the previous inspection, some bedrooms contained areas which required redecoration. The inspector raised this with the registered manager who stated they would arrange for redecoration.
- The provider had improved the laundry and storage facilities at the care home. As part of this, the provider had considered people's mobility needs. For example, when a replacement external door in a storage room was requested by the registered manager, they specified it should have a lower threshold to be accessible to people who use wheelchairs.
- People continued to enjoy using the sensory room, and the provider also had large safe mats which could be put down in the lounge area to enable people to spend time relaxing and stretching if they wished to.
- The care home had a large paved area in the garden to make it more accessible for people to use. Previously, the care home had a large, covered, area in the garden for people to spend time doing activities outside and be protected from the elements. However, that structure had been damaged in a storm and had not been replaced at the time of the inspection.
- People were supported to move around easily because the care home was level access. The design, layout and furnishings of the care home supported people's individual mobility needs.

Supporting people to live healthier lives, access healthcare services and support

- People had health action plans/health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend health checks with primary care services, such as GPs, and specialist community health services, when necessary.
- Staff had received training from external health care professionals to enable them to support people to use specialist equipment. This had a positive impact on people's ability to undertake regular therapeutic activities at home.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions. This included decisions about activities within the care home, and their food and drinks.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented in their care plan. For people who were assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people received care and treatment with a view to achieving service user's individual preferences, and ensuring their needs were met. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were not always supported to achieve their individual goals and aspirations. For example, at the previous inspection we found a person wanted to be supported to go swimming; an activity recognised as being beneficial for their physical health and wellbeing. The provider had told us they would arrange for that activity to be supported. However, at this inspection, we found the person had still not been supported to go swimming. This was raised with the registered manager who told us they had been in contact with the person's family and would arrange to support the person to begin swimming again.
- People's access to the community had improved since the last inspection. However, the activities were not always meaningful for people. For example, a relative told us, "There's been a few times I've heard they have gone for 'a drive in the minibus', but with nowhere in mind to go. This is not stimulating at all for [Person] who would spend the journey in their wheelchair looking at the inside of the bus."
- People's activities within the care home had improved. For example, a family member told us they witnessed people being supported to engage in a sensory play session. They told us, "We walked in to see this wonderful sight. It really made us smile and it was fantastic to witness the interaction between [Staff member] and [Person]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some relatives were not kept informed about the care people received and activities they engaged in. For example, a relative told us, "We were promised communication with us would get better. We were told we would get weekly or monthly updates from a key worker. I did get a weekly call from [Person's] key worker for about 3 or 4 weeks after [registered manager] took over. That all stopped and I don't get any communication now unless I phone, and even then, it's quite limited what information I get."
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone/video calls if they wished.

- People were supported to take part in family events. For example, a relative told us, "The staff have been extremely accommodating in facilitating [Person] to come to a family wedding, providing staff and transport. They also drove [Person] to London last year as we had booked to take them to see a music concert."
- Staff helped people to express their choices about the activities they wished to engage in within the care home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There were visual cues, including objects, photographs, and use of gestures which staff used to help people make choices.
- People had individual communication guidelines which detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had a good awareness of people's individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

Improving care quality in response to complaints or concerns

- Relatives gave us mixed feedback on the provider's approach to concerns and complaints. One relative told us they continued to have concerns about aspects of the support provided, which had not been fully responded to by the registered manager. However, another relative told us, "The new manager seems nice. I would have no problem contacting them if there was something I was worried about."
- The provider had an appropriate complaints policy and procedure which was available for people to access. The provider logged formal complaints along with details of the actions they had taken to resolve them.

End of life care and support

- Discussions on end-of-life care had taken place where the person and family wanted their wishes to be known. Where this had not been discussed this was recorded in the person's support plan.
- The provider had a suitable end of life policy and procedure in place to guide staff. However, there was nobody receiving end of life care when we inspected.

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 we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

One of the purposes of this inspection was also to check if the provider had met the requirements of the Warning Notice we previously served. We found the provider had met those specific Warning Notice requirements. However, breaches of regulation were still present.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to have effective systems or processes in place to assess, monitor and improve the quality and safety of the services provided, including the quality of the experience of service users in receiving those services. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had a quality monitoring system in place, but it was not always effective. We found issues during the inspection which had not been identified by the provider's quality audits. For example, the provider's quality monitoring processes had not identified potential safety issues in maintenance processes, such as the testing/servicing of thermostatic mixer valves and shower head descaling (detailed in the Safe section, above).
- The provider's quality monitoring process failed to identify that incident reports were not reviewed by the registered manager, and therefore opportunities to learn from incidents were missed.
- The provider's quality monitoring of staff recruitment records was not effective. For example, gaps in staff employment records were found during the inspection. This had been raised with the previous manager at the last inspection but had not been addressed.
- The provider's quality assurance processes had failed to identify that their statement of purpose document did not meet CQC requirements. The statement of purpose document contained no details of the registered manager for Oakleigh Lodge. This was raised by the inspector, and the provider told us they intended to revise their statement of purpose document at some point in the future. It was only after the issue had been raised by the inspector that the provider sent a revised statement of purpose to CQC which met the minimum requirements.

The provider failed to have effective systems or processes in place to assess, monitor and improve the quality and safety of the services provided. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had an improvement plan in place which evidenced some improvement actions had been completed, such as the refurbishment of the laundry room.
- The registered manager demonstrated a clear commitment to wanting to improve the service people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A person told us they were now able to take part in more activities that they enjoyed, which was a good outcome for them. For example, we saw the staff recognised a person enjoyed watching large machinery at work and arranged for them to be supported to visit locations where they could do that. That was an outcome the person valued.
- The registered manager promoted an open communication culture. Feedback received from families indicated the registered manager and staff were more approachable and responsive than was the case previously.
- The registered manager promoted equality and diversity in all aspects of the running of the service.
- The registered manager demonstrated they valued reflection, learning and improvement, and they were receptive to challenge and welcomed fresh perspectives.

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

- The provider shared information with people and their relatives when things had gone wrong. The registered manager ensured people's relatives were notified about any incidents.
- The provider made all necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.
- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs in the service.

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

- The provider had given people's relatives the option of reviewing people's care plans remotely, by accessing the provider's electronic care records system. This helped relatives to ensure that people's care plans better matched their support needs.
- Staff received appropriate equality and diversity training in how to ensure people's equality characteristics were considered when providing care to them.
- Details of people's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned.

Working in partnership with others

- Some external health care professionals told us the service worked in partnership with them to help maintain people's well-being. For example, an external health care professional told us, "The team at Oakleigh Lodge communicate very well with my service, especially the registered manager. I find the team responsive and keen to share appropriate information when needed."
- Relatives told us the care staff kept in touch with them about any significant issues relating to people's

health, and the provider's records evidenced that.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to take reasonably practicable action to mitigate risks to the health and safety of people receiving care at the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective systems or processes in place to assess, monitor and improve the quality and safety of the services provided.