

London Borough of Redbridge

Oakfield Lodge

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Oakfield Lodge is registered to provide care and support to people living in specialist 'extra care' housing in London Borough of Redbridge. Not everyone who lived in the housing received personal care from the service. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. People using the service lived in their own flats or bungalows within a gated community where there were 73 properties. The service was providing personal care to 29 people at the time of the inspection.

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

At our previous inspection of this service on 15 November 2019 we found risk assessments were not robust and did not identify risks to people around their health conditions. At this inspection we found improvements had been made and people's risks were assessed and monitored. There was information for staff to mitigate risks.

At the previous inspection we found staff had not completed their mandatory training as the registered manager lacked oversight of the training staff had completed and what they were required to do by the provider. At this inspection the provider had reduced their mandatory training required by staff, so it was more specific to their care setting and staff had completed it. The registered manager had improved oversight of training and ensured future training had been booked for staff to ensure their compliance with training outcomes. Staff received supervision and the provider had systems in place to ensure staff received supervisions regularly.

The service had completed an action plan in response to CQC enforcement since our last inspection and had complied with this action plan. The service quality assurance measures were robust, and the registered manager and senior staff had completed spot checks on all people using the service. There were systems in place to ensure ongoing spot checks would be completed regularly.

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

Rating at last inspection

The previous rating for this service was requires improvement (published 15 November 2019) and there were multiple breaches of regulation. CQC had issued warning notices for Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also a requirement notice issued for Regulation 12 (Safe care and treatment) of the same Act. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had been made and the service was compliant with the warning notices issued.

Why we inspected

We undertook this targeted inspection to check whether the warning notices 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. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC are currently trialling targeted inspections, to measure their effectiveness in following up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This key question has not been rated.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

This key question has not been rated.

Details are in our effective findings below.

Inspected but not rated

Is the service well-led?

This key question has not been rated.

Details are in our well-led findings below.

Inspected but not rated

Oakfield Lodge

Detailed findings

Background to this inspection

The inspection

This was a targeted 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 spoke with two members of staff, the registered manager and one senior care worker. We did not speak with people or their relatives as part of this inspection, as we did not need them to verify compliance with the warning notices we issued.

We reviewed a range of records. We reviewed five people's care plans to check whether people had risk assessments in place and whether they had received spot checks. We also looked at records relating to the management of training and supervision of staff.

Is the service safe?

Our findings

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

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) 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 12.

- At our previous inspection risks to people were not always identified or mitigated against. This resulted in breaches of regulation 12 (Safe care and treatment) and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we looked at five people's care plans and records showed risks were identified and assessments included how to mitigate identified risks. Risk assessments identified people's health conditions and risks associated with them. For example, we saw risks noted for people with diabetes, mental health and mobility concerns as well as other areas of their lives.
- Risk assessments contained instructions for staff to follow to mitigate risks. For example, risk assessments cited symptoms of health conditions, what staff should do to keep people safe and there were instructions to contact the management of the service and health professionals should staff be concerned about people's health.
- The registered manager demonstrated the time they set aside for the completion of updating all people's risk assessments following on from our inspection report. They were also able to assure us how they would continue to review people's risks and update their risk assessments as and when necessary. This meant risks to people were identified and mitigated against and the provider had complied with the elements of the Regulation 17 (Good Governance) warning notice purporting to risk assessments.

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.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

At our last inspection the provider had not taken steps to ensure their staff had the knowledge and skills to fulfil their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Staffing.

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

- Following the previous inspection, CQC issued a warning notice for Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in response to the provider and registered manager's failures to ensure staff were supported through training and supervision. At this inspection, we found the provider and registered manager had complied with the warning notice and made improvements to their training oversight, provision and uptake, as well as improved systems to ensure supervisions were completed regularly.
 - The registered manager had completed an action plan to address the findings of our warning notices and with the support of the provider had changed the training for extra care staff previously viewed as mandatory. They reduced the amount of generic training topics the provider had originally deemed required and focused more specifically on courses beneficial to staff working with people in an extra care setting. These included safeguarding, mental health, fire safety and equality and diversity.
 - The registered manager had improved their training matrix for staff. It was colour coded, making it easier to review what staff had undertaken training and had other information about whether training was mandatory or not. The registered manager had also mapped in future training dates, marking which staff would be attending. We saw email confirmation of training courses planned for the future. We noted a large uptake in training following our previous inspection and saw that aside from staff who were off work on long term sick leave, the service was compliant with their mandatory training. One staff member told us, "The registered manager asked us to be up to date with all our training and online modules. There was a push to get these done in January as they were due." These meant staff had been trained to perform their roles effectively.

- Similarly, the registered manager had improved their supervision matrix and these were colour coded, which recorded supervisions completed. Supervisions were also written into staff rotas, so staff knew when they were due to receive supervision. Where supervision had not been completed the registered manager was able to evidence why staff had been unable to attend. The registered manager also showed us new supervision contracts they had drawn up for staff and agreed a standard agenda with staff. These included matters arising from work and management or provider updates. One staff member told us, "I've had supervision and I have one booked this afternoon." They continued, "We are supported [by the registered manager]." This meant that people were cared for by staff that felt supported to ensure they delivered high quality care at all times.

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.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

We will assess all of the key question at the next comprehensive inspection of the service.

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 had failed to take proper steps to ensure there were effective systems to assess, monitor and mitigate risks to the health and safety of people to improve the quality and safety of the services provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the service was no longer in breach of Regulation 17.

- The service quality assurance systems and processes had improved. At our previous inspection, we reported how quality assurance systems and processes were not sufficiently robust as the service had not completed regular spot checks. We looked at five people's care plans and saw they all contained up to date spot checks. The spot checks contained correct information about the person receiving care and noted any issues the service may wish to address. For example, one person's social worker care plan review was overdue. This had been recorded in the spot check and the registered manager had subsequently contacted social services to arrange a review. This highlighted the service's quality assurance mechanisms were working.
- The registered manager was able to show us the time they and their senior staff had taken to complete spot checks on people using the service and also future dates put aside to complete all spot checks quarterly. The division of labour to complete spot checks was shared between the registered manager and senior staff, ensuring spot checks would be completed whether there was staff absence or not. In this way the provider and registered manager ensured their quality assurance system was robust.
- The provider's other quality assurance systems and processes were all functioning well or had been improved. For example, the registered manager had made improvements to people's risks assessments, matrixes for oversight training and supervision and their gathering of feedback from people and relatives already worked well.
- Following the previous inspection and issuing of warning notices for Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, we met with the registered manager and other representatives for the provider. At that meeting they gave assurances they would comply with the warning notices and Regulation 12 (Safe care and treatment)

requirement notice, within the inspection report. They subsequently completed an action plan in response to the warning notices. At this inspection, we saw they had complied with this action plan and completed all tasks required of them to improve care at the service.