

Mrs R Ghai

# Oak Lodge Residential Home

## Inspection report

1A Adams Road  
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Date of inspection visit:  
12 March 2019

Date of publication:  
18 May 2020

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

About the service: Oak Lodge Residential Home is service that provides accommodation and personal care for up to 16 people. At the time of our inspection, 14 older people were living in the home, some of whom may have a physical disability and/or dementia.

Oak Lodge is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is in one adapted building over two floors.

There was a registered manager at the time of the inspection, however we only spoke with them briefly before they had to leave the home.

Rating at last inspection: At the last inspection the service was rated Requires Improvement. The report was published 31 January 2017.

Why we inspected: This was a scheduled inspection based on the previous rating.

People's experience of using this service:

- People were not always protected from abuse because the providers systems and processes to protect them were not in place to identify and respond to abuse.
- Potential risks to people had not always been identified in how to reduce the risk of harm.
- There were enough staff on duty to keep people safe and meet their needs.
- People's medicines were managed in a safe way.
- Infection prevention and control practices were not monitored or reviewed.
- People were not supported to have maximum choice and control of their lives and staff did not work within the principles of the Mental Capacity Act (2005)
- Staff sought external healthcare professional's advice and followed their guidance in how to support people.
- Staff spoke to people in a kind and caring way
- People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team.
- People were not supported to go on outings. People with dementia were not provided with activities that stimulated them.
- People had access to information about how to raise a complaint. Record keeping of complaints was poor to enable the provider to demonstrate whether any had been received and acted upon in-line with their policy.
- The provider did not have quality assurance systems in place, to assess, monitor, mitigate and improve the service.

We found seven breaches of regulation at this inspection, Regulation 9, 11, 12, 13, 17 and 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Registration Regulations 2009.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 not Safe

Details are in our Safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always Effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always Caring

Details are in our Caring findings below.

**Requires Improvement** ●

### 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 not Well-Led

Details are in our Well Led findings below.

**Inadequate** ●

# Oak Lodge Residential 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.

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.

Inspection team: One adult social care inspector undertook this inspection.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider did complete the required Provider Information Return. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

Service and service type: This is residential home. It provides accommodation and personal care for up to 16 people. It provides a service to older adults who may have physical disability and/or dementia.

Notice of inspection: This was an unannounced inspection.

What we did;

Before inspection:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.
- We were aware of an incident that was being investigated by the police. So we looked at how the provider

was assured people were safe and what they had done to mitigate further incidents.

During inspection:

- We spoke with two people who used the service and one relative, we spent time in the communal areas to understand how people spent their day.
- We spoke with the four care staff, the domestic staff, the cook, the deputy manager, the registered manager and the provider.
- We looked at aspects of two peoples care records, medicine records, nutritional information, incidents and accidents, staff meeting minutes and the complaints procedures.

After inspection:

- We sought updates from the police
- We spoke with the Local Authority
- We spoke with the provider and the manager of their other service for further information and evidence

# 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 in November 2016, this key question was rated "Requires Improvement" due to unsafe storage and record keeping of medicines. Storage improvements had been made, however we found other areas of concern, therefore, the rating for this key question has declined to at "Inadequate". Three breaches of Regulations were found in, 13 (Safeguarding service users from abuse and improper treatment) regulation 12 (Safe Care and Treatment) and Regulation 19 (Fit and proper person's employed).

Inadequate: People were not safe and at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse;

- People felt safe living in the home and staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- However, people were not always protected from actual abuse as the providers systems and processes to protect them were not in place to identify and respond to abuse.
- Where the provider was aware of an allegation of abuse, they had not ensured other people living in the home had not been exposed to abuse or continued to be exposed to abuse.

This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit, we wrote to the provider to seek assurances that robust checks would be put in place and any information of concern to be reported to the relevant authorities. The provider completed risk assessments to determine whether any other person had been exposed to abuse and begun working on plans to mitigate potential future abuse.

Staff recruitment;

- Checks to make sure potential staff were safe and of good character were not always in place. We found one staff file that had no evidence that pre-employment checks, such as DBS and references were in place, and the staff member was working in the home. had taken place.
- Where pre-employment checks had taken place the provider had failed to adequately assess, mitigate and monitor known risk.

This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management;

- We found that most people had bed rails, and these had not been risk assessed to ensure they were appropriate and safe. We raised this with the provider, whose deputy manager then completed bed rail risk assessments immediately.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff supported people in a way which kept them safe from risk of injury. For example, understanding who needed assistance with mobilising and who required support with a hoist. We saw staff followed safe practice when supporting people to transfer using a hoist.

Using medicines safely;

- People were receiving their medicines when they should. Staff followed safe protocols for the receipt, storage, administration and disposal of medicines.

Staffing;

- People told us and we saw there were enough staff on duty to keep them safe.
- Staff told us there were sufficient numbers of staff on duty to keep people safe and meet their basic needs. They said that the increase in staff numbers was working well.
- When the rotas were planned, skill mix was considered. The deputy manager told us, they ensured newer staff worked with more experienced staff when they planned the rotas, to keep people safe.

Preventing and controlling infection;

- Some staff did not always wear gloves when handling full bin bags. We also found that the kitchen had worn and damaged worktops which had downgraded the ratings of environmental health. Staff told us they had raised other area's that required addressing and these had not been resolved promptly.
- The Local Authority had raised their concerns with the provider regarding infection control practices in August 2018. The provider told us that most of these outstanding actions had been completed, such as buying new mattresses, and replacing the carpets.
- The provider was unable to demonstrate how they audited the home to ensure infection control practices were being followed and where areas for improvement were required how and when these were going to be addressed.
- People told us their rooms and communal areas were cleaned daily.



# 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 the last inspection, this key question was rated "Good". At this inspection we found the effectiveness of the service had declined and the rating was now "Requires Improvement" with a breach of the Regulation in Regulation 11 (Consent)

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations have not been met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Staff lacked knowledge of the Mental Capacity Act principles and how to apply these to the way they supported people. Capacity assessments were written for 'day to day decisions' in 2016, and were not time or decision specific.
- Staff made decisions for people for all aspects of their care and support where they had deemed the person lacked capacity. For example, the use of bed rails. However, the registered manager had not arranged best interest meetings to involve relatives, friends, advocates and healthcare professionals where important decisions were being made.
- Staff and the provider thought that some people had DoLS in place. While DoL referrals had been drafted, these had not been sent to the authority for processing.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection we were told that capacity assessments were being carried out for decisions around bed rails, sensor mats and locked doors, and the drafted DoL referrals were being reviewed and sent to the authority. However, through these further conversations, it was clear that the MCA remained unclear to staff. For example, we were told that capacity assessments were being carried out for people's food preferences. As decisions are time specific, it would mean that staff would be required to complete a capacity assessment for each meal.

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

- Care plans did not always demonstrate that people, and/or their relatives were involved in the plans of their care.
- The provider told us that all people's care plans had been updated with new paperwork, however this had not been implemented and inconsistencies were found, for example, were people's needs had changed, relevant records had not been updated.

Staff support: induction, training, skills and experience;

- People told us and we saw that staff were confident when supporting people.
- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member.
- Staff told us they had done online and practical training. They told us the practical training gave them an opportunity to understand how a person may feel to be supported. For example, mobilising with poor eyesight, or needing assistance to eat their food.
- Staff told us they had competency assessments for their medicines to ensure they were applying their skills and knowledge in the right way.
- The provider showed us a training matrix which showed what training staff had done, and where they required refresher training. However, the provider could not demonstrate that out of date training had been booked, such as mental capacity training, and whether competency checks were carried out for other areas of practice.

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

- The staff knew of people's dietary requirements and their likes and dislikes. They told us they were given a choice of food to eat during the day and had access to fresh fruit and snacks if they wanted.
- Staff monitored people's weight to ensure this remained stable and actions were taken when people's weight changed unexpectedly.
- Staff knew who required support with their drinks and whether this was required to be thickened where a choking risk had been identified.

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

- Staff supported people to attend health appointments, so their health and wellbeing was promoted. People told us they could also see their GP if they became unwell.
- Staff understood people's health needs and gave us examples of advice they had followed from the external healthcare professional who was involved in their care.

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

- People had the right equipment in place to meet their needs, such as walk in showers, raised toilets and hoists.

# 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.

At our last inspection this key question was rated "Good". At this inspection we found how caring the service was towards people had declined and the rating was now "Requires Improvement".

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations had been met.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care;

- Staff felt limited in what individual support they could offer people. Some staff shared with us their concern about the quality of the food, while other's said that while there were enough staff to keep people safe and meet their basic needs, there were not enough staff to support people to go out to places they would like to visit.
- People felt the staff who supported them were kind and helpful. One person said, "I get on well with the staff." A relative told us, "[Person's name] has settled here very quickly."
- We saw staff supported people in a respectful way, taking the time to explain what was happening, for example, when they were being supported with the hoist.

Respecting and promoting people's privacy, dignity and independence;

- Staff did not always promote people's dignity, as we saw one person's catheter bag was on display in the communal lounge.
- Relatives told us their family members were treated well by staff and their privacy during personal care was maintained.
- People's confidential information was not managed and stored securely. Where people received their post into the home, the provider could not be assured this was opened by the person it was addressed to; or where a person may lack capacity to manage their post, families and advocates had not been involved in decision making about how this.

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated "Good". At this inspection we found the responsiveness of the service in meeting people's needs had declined and the rating was now "Requires Improvement" with a breach of Regulation 9 (Person-Centred Care).

Requires Improvement - People's social care needs were not always met. Regulations were not met.

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

- People who lived with a dementia related illness were not always supported with activities that were stimulating or meeting their individual needs. While skittles were played and some had their nails painted, most people spent their time in armchairs with only the television as stimulation and we observed they showed no interest in what was on.
- People told us that staff did not take them out to any local places such as the shops, parks, church or the pubs. One person said, "There isn't enough staff to go out". A staff member told us they would be happy to volunteer their time to enable people to go out more, but this did not happen.
- People were not supported to live a fulfilling life while in the home, consideration into suitable activities for people had not been considered.
- The lack of appropriate activities had been highlighted as a concern by the local authority six months prior to our inspection, and Healthwatch who visited a month prior to our inspection visit, however, we could not see that these concerns had been fully understood or considered.
- People's care records were not continually reviewed and assessed to ensure the care provided was in-line with the person's support needs and wishes.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff respected their wishes, such as when they would like to get up in the morning.
- Staff confirmed and we saw they were kept up to date with people's changing needs. Such as updates from the person's doctor, to how a person who had been unwell was doing that day

Improving care quality in response to complaints or concerns;

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People told us they would approach management if they had any concerns. People felt comfortable to approach staff, the registered manager and provider, and told us that any concerns were addressed.
- There was not a clear recording system for complaints that had been received, therefore the provider could not be assured with these were being addressed in-line with their policy, or whether there were any patterns and trends that needed review.

End of life care and support;

- Staff had received training in how to support people with their end of life care. Where a person was

receiving end of life care, we could see staff had contacted the person's doctor so anticipatory pain relief medicine had been sought to ensure the person was comfortable.

# 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, in November 2016 this key question was rated "Requires Improvement". At this inspection we found there were widespread significant failings due to the lack of governance and oversight of the running of the service and multiple breaches have been found. At this inspection the rating for this key question has declined to "Inadequate" with a breach of Regulation 17 (Good Governance).

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

There was a registered manager who was registered in January 2018. The provider has been registered since 2011, and had been requires improvement since 2015.

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

- The provider had no systems in place to monitor and improve the service.
- There was no overall analysis of the management of people's care. For example, accident and incident analysis such as falls, so that actions could be taken to mitigate risks of reoccurrence.
- The provider had failed to identify shortfalls in their service. Quality assurances systems had not been in place to identify and address where areas where improvements were required. Instead, the provider had relied on external stakeholder monitoring to identify issues to them.
- The provider had no checks in place to gain assurances that the registered manager was responding to the concerns identified by external agencies, such as the Local Authority and Healthwatch and demonstrate what else they were doing to address the shortfalls. Such as completing MCA and completing DoL referrals, the provider told us that the DoL referrals had been done, however these hadn't.
- People had been exposed to abuse over a long period of time, which had not been identified by the provider, as the provider did not have systems and processes in place to ensure peoples welfare was maintained.
- People's records, and other files the provider held were inconsistent, incomplete and disorganised. In the quality assurance file we found staff training matrix's, Christmas cards and some infection control records, which were not analysed or reviewed for follow up actions.
- The provider did not have safe storage of confidential files.
- Given the concerns raised by public health in August 2018, the provider did not have infection control audits and monitoring systems. We were told that 'any issues are written in the diary, for the maintenance man to do'. This is not an effective way to manage infection control.
- It could not be evidenced that incident forms were reviewed for pattern and trends to ensure action was being taken promptly, or to ensure staff had taken the right action when the incident had occurred to address any training or staffing concern.

The lack of robust quality assurance meant people were still at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on their duty of candour responsibility;

- The provider had not notified us of a safeguarding incident and the police involvement in the service.

This was a breach of Regulation 18 of the Registration Regulations 2009, Notifications of other incidents.

Planning and promoting person-centred, high-quality care and support with openness; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Some staff raised their frustrations with us around the lack of investment into the property and the fixtures and fittings. For example, consideration of re-decorating bedrooms after a period of time and replacing kitchen worktops when they became worn and damaged.
- People knew the provider, registered manager and deputy manager well. People felt listened too.
- Relatives felt the service suited their family member's needs. They told us management were visible within the home and approachable to talk to.
- Staff told us how they felt listened to in some respects, as their requests for additional staffing, and training had been responded to and were now in place. Staff told us they had good communication, and felt that they were a good staff team who supported each other.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider had not designed care and support with a view to achieving people's preferences and ensuring their needs are met;
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not ensured staff followed the principles of the MCA
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured that potential risks of harm and injury had been assessed and reviewed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People had been exposed to significant abuse, that had not been identified by the provider.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 19 HSCA RA Regulations 2014 Fit and



personal care

proper persons employed

The provider had not ensured the full pre-employment checks had taken place for all staff working at the service.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had no effective, established systems in place to assess, monitor, mitigate and improve the service.

**The enforcement action we took:**

impose conditions