

S R Latimer and Dr K S Kotegaonkar

# Oak Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service:

Oak Lodge Care Home provides nursing and personal care for up to 41 mainly older people.

People's experience of using this service:

People's medicines were not safely managed and accurate care and monitoring records were not always in place or able to be located. The manager took immediate action to resolve the concerns we identified.

People told us that they felt safe at the service. Staff were overall safely recruited to ensure they were safe to work with vulnerable people.

There were sufficient staff available to support people however we did see that people were left in the communal lounge areas without support and had to wait for assistance. This was brought to the attention of the manager who said they would address this immediately.

The environment was clean and free from unpleasant odours.

The new manager had made improvements to the attendance of staff training and ensured that where appropriate any outstanding deprivation of liberty safeguards (DoLS) had been made since they took up post.

People told us they enjoyed the food provided and their dietary needs had been catered for. They had access to the healthcare support they needed.

People were using the main communal area as both a lounge and a dining room. This was because the home was in the process of being refurbished. Work was well underway into changing the former dining room into a new spacious, open plan conservatory type lounge for people to use. Most of the bedrooms and corridors had been refurbished.

There was a calm and friendly atmosphere at the home. Overall people spoke positively about the staff. They told us they were treated with dignity and respect and their independence was promoted.

An activities co-ordinator who also had the role of quality assurance manager for people who used the service and relatives had recently returned to the home. People had started to see an improvement in activities and further developments were planned and would be put in place once the new lounge area was finished.

Feedback about the manager was very positive. The management structure had changed with two staff

members supporting the manager in day to day operations and quality assurance.

One of the manager's priorities for continuous improvement was promoting wider accountability and responsibility, which should in turn will strengthen the staff team.

The manager had made many improvements. They had introduced new management systems that had improved day to day oversight and communication at the home. The manager was in the process of ensuring that staff consistently incorporated the changes they had into routine everyday working practices.

However, we found shortfalls in the safety of medicines management for nursing patients at the home and in nursing patient records. The manager took immediate action to rectify the issues including contact with the supplying pharmacy and the local clinical commissioning team for support to make the improvements needed as quickly as possible.

Because of these issues identified we have changed the rating from good to 'requires improvement.

Rating at last inspection: At the last inspection the service was rated Good (July 2016)

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Improvement action: Please see the 'action we have told the provider to take' section towards the end of the report

Follow up: We will continue to monitor the service and carry out a further inspection within 12 months.

## 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 always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Oak Lodge Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was undertaken by an adult care inspector, a bank inspector and two pharmacist inspectors on the first day of the inspection. An expert by experience was also present on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of this type of service. The second day was undertaken by an adult care inspector with further checks made by a pharmacist inspector.

#### Service and service type:

Oak Lodge is a 'care home'. People in care homes receive accommodation and nursing or 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 service had a manager in place who had applied to register with the Care Quality Commission. This means that they, once registered, and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager was available during our inspection.

#### Notice of inspection:

This inspection was unannounced on the first day and took place on 14 and 17 January 2019.

#### What we did:

Before the inspection we reviewed information we held about the service including notifications the service was required to send us about things happening in the home. We contacted the local authority safeguarding and commissioning teams and the local clinical commissioning group (CCG) who raised concerns with us. We had received a Provider Information Request (PIR) from the service. A PIR gives us information about the

service and what plans were in place to make continuous improvements.

We spoke with eight people who used the service and four visitors. We also spoke with the manager, home lead and activities co-ordinator and quality assurance. As well as the chef, laundry staff, the housekeeping supervisor and two administrators.

We looked round most parts of the home and observed care and support in communal areas. We assessed the medicines management system, reviewed five people's records and management records.

# Is the service safe?

## Our findings

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

Requires Improvement - 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. Not all the Regulations had been met.

### Using medicines safely

Medicines were not managed safely.

- People told us, "They come regularly with my medication. I have pain relief twice a day, and more if I need it." Everything is good with my medications. Everything's been fine with my medication. Yes, my medication is fine here. A visitor said, "If I have ever mentioned my [relatives] pain to the staff, it has always been sorted out immediately."
- Medicines were not always stored safely.
- Records about medicines had important information missing from them. This included accurate listing of people's prescribed medicines, their allergies and photographs.
- The records about medicines showed that they were not always given properly and could not always be accounted for.
- Staff did not always follow the manufacturers' and prescribers' instructions when giving medicines to people.
- The supporting protocols to guide staff how to give medicines prescribed "when required" or with a choice of dose did not have enough personalised information in them to enable such medicines to be given safely and consistently.
- Six people ran out of one or more of their medicines for up to nine days in January 2019.
- More information was needed to make sure people who needed their medicines crushed were given them safely.
- More information was needed to make sure that people who needed their fluids thickening were given them safely.
- The systems for checking what medicines people were prescribed when they came into the home or came back from hospital needed to be improved to make sure people were given the correct doses of the correct medicines.
- The manager told us on the second day of the inspections the actions he was taking to make sure improvements were made quickly. This included contacting Bury Clinical Commissioning Group (CCG) for assistance.

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

### Staffing and recruitment

- People and visitors gave us a mixed response to if there were enough staff to support them. They said,

"The staff are very good and there seem to be enough staff", "Staff come quickly, usually within 5 minutes" and "I feel that the staff members are responsive, and I can always find them quickly." I feel that there an adequate number. Staff They're always respond quickly to my buzzer and equipment is usually available for me."

- A member of the night staff told us that there was a permanent night staff team in place and no agency were used. They said they were a good team.
- The staff told us that the new manager had introduced two new laundry assistants into the home and this meant they could spend more time with people. It had also improved the management of people's clothes.
- The manager showed us the system they had in place to monitor staffing levels at the home. They were working towards increasing staff so any absences could be covered. Staff had recently started to work in pairs and were deployed to work in various parts of the home with people allocated to them.
- Staff were recruited safely to help ensure they were suitable to work with vulnerable people.

#### Assessing risk, safety monitoring and management

- The new manager kept a clinical risk matrix for people who were at risk of for example, pressure sores, weight loss, modified diets and choking risk.
- Two people were waiting for new chairs that they had been assessed for. The new chairs would help them to be more comfortable and enable them to participate more in activities in the home.
- The home had a business continuity plan in place that staff could follow in cases of an emergency, for example, loss of utilities.
- The environment and equipment was safe and well maintained.

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

- People told us, "I have been here for four weeks and I like it here. I feel safe and I feel that staff know what they're doing. I have never had an occasion when I didn't feel safe, but if it did happen, I would press my buzzer to call for help" and "I feel happy and safe here – you can't fault it. I'm from Prestwich and know a lot of people here. I would speak to my family if anything was wrong." "I have been a permanent resident since March 2018, and I feel very safe here. I would speak to the manager if anything was wrong."
- Staff had access to training and could tell us what action they would take if they suspected or witnessed abuse. They were confident the manager would take action to resolve any concerns raised.

#### Preventing and controlling infection

- People told us, "I feel that the home is very clean." A visitor said, "I think the home is very clean, in fact I would describe it as impeccably clean. It's the best I've seen. What I like is that it's very bright here and I can see everything. You can see that it is clean. I have also been impressed that there are lots of cleaners around at different times."
- An infection control audit was undertaken in June 2018 and the home scored 94/100%.
- The kitchen had achieved the highest 5 rating from environmental health.



# 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

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

Staff support: induction, training, skills and experience

- We asked people if they thought staff knew what they were doing. They told us, "Yes, to me the staff seems to be well trained and understands my [medical condition]."
- A new night staff team member told us they induction had taken place on days to give them the opportunity to get to know people. They had felt supported by the staff team.
- The new manager had found gaps in staff training when they arrived. Evidence showed that this had been addressed and good progress was being made to ensure all training was completed. The induction training had been increased to two weeks to ensure staff had undertaken that training was completed before working with people.
- The manager was committed to building a strong staff team who were clear about expected standards. They had also changed the training provider for the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The new manager told us that when they arrived that not everyone had a valid DoLS in place. This had now been fully addressed and records we saw supported this.
- People told us, "I do get to make everyday choices. For example, it is my decision if I want to get changed, or to be transferred into a wheelchair", "I think that the staff sometimes ask for my consent, but most of the staff don't ask for this because most know what they're doing and just get on with it", "I can make some everyday choices and the staff respect these" and "I feel that the staff are always polite and ask for my consent before delivering care."

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

- People told us, "The food is excellent. It is all home cooked", "I've no complaints with the food, it's of a good standard. In fact, it's much better than the hospital meals", "The meals are OK here. I feel that some are better than others though" and "They will always bring extra drinks for us."
- The meals provided on the day of our inspection were seen to be of a high quality, cooked from fresh ingredients and presented well. Most people said that this was typical of the standard of food generally and that they looked forward to meals.
- There was a list of people who needed special diets and the new IDDSI framework was available for chefs to refer too. This is a guide to staff that shows them the correct consistencies for food and drink for people with swallowing difficulties.
- The home had servery staff available and they ensured people received drinks regularly and were responsible for recording this.
- Records of people's weight were maintained. Food and fluid charts were also maintained but we experienced difficulties accessing them on the first day of our inspection.

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

- People told us, "They would contact the GP if necessary", "Apart from the GP visits, we tend to arrange any other referrals. For example, arrangements have been made for a physiotherapist to come once a week on a privately-funded basis", "I've not needed the GP, but I'm sure they would call one for me if needed" and "My [relative] had a massive stroke nine months ago and has been PEG fed since then. The staff seem to know what they're doing."
- We found that people had access to the healthcare professionals they needed to help ensure good health and wellbeing.

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

- The home had three rapid response beds. People who used these beds often came from hospital to recuperate and ensure care packages and any equipment was in place before they returned home. A person using this service told us, "I can make everyday choices and the staff seem to respect me. Everything has been correct, and I feel that the home is very clean."

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

- People told us, "I actually like the environment here. I find it bright and clean."
- Significant refurbishment had been undertaken at the home. At the time of this inspection people were living in limited communal space. This was because the former dining room was being refurbished into what would be a lounge conservatory area.
- Most bedrooms and corridors at the home had recently been refurbished with some ongoing work being undertaken by staff to give them a homelier feel.

## 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

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

Ensuring people are well treated and supported;

- People were generally happy, clean, well dressed and contented.
- People told us, "The staff are kind and treat me with respect. They always treat me with courtesy and are polite" and "I feel that the staff listen to me, particularly if I ask them to be careful when I'm in pain. They all respect my wishes. I now feel as if the staff are my friends" and "They listen and act on what I'm saying."
- Some people rooms had ornaments, photographs and plants from home to provide a more personalised environment.
- A member of the Church of England and a catholic priest visited regularly as did children from the local school at Easter and at Christmas. The activities co-ordinator was also wanting to develop links with the local secondary school.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People said, "They respect privacy and dignity, for example, people would have to leave the room if I'm being given a bed bath. I feel reasonably independent. I tend to do what I like, including making decisions about whether I want to transfer by hoist into a wheelchair to go downstairs", "They are all kind and I would tell them if something was not right. To date, they have done nothing wrong. I think they respect my privacy and dignity here. They always seem to knock on my door before coming into the room. I am lucky in that I am quite independent and don't need much support", "All the staff are good, kind and courteous with a respect for their elders. They listen to me here. They close the doors and keep people out when I'm bathing, which I have much appreciated. I feel that I have been able to keep my independence whilst I've been here."
- A visitor said, "An example of how they respect dignity is that if they need to change my [relative's] pads I'm asked to leave, even though I'm [a relative]. They seem very concerned about dignity and listen to us."

## Is the service responsive?

### Our findings

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

Good - People's needs were met through good organisation and delivery.

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

- Most people told us they had not seen their care plan. They said, "I don't have any discussion with staff about how want them to support me, but if they were not doing things correctly, I would tell them."
- People had computerised care plans and risk assessments in place for people to us. We found some shortfalls in people's care plans and monitoring records, which we have addressed in the well led section of the report.
- We attended a handover between night and day staff. Everyone living at the home was discussed so that staff knew what had been happening with people and what action they needed to take to support them.
- The recently returning activities co-ordinator had to effect positive changes. New activities including life story work and recording, and 1 to 1 opportunities had been introduced. It was anticipated that these new initiatives would be built on and further developed. This would provide positive activities and experiences for everyone, including those people living with dementia with reminiscence work.
- Regular singing acts came into the home.
- People were encouraged to maintain contact with family and friends. They said, "I get lots of visitors, which makes it more positive for me and is very pleasant. I realise that I'm very lucky in this. Some residents don't seem to have many visitors.' My family visit me regularly, and there is open access, which is good" and "This is close to my home and I like it here. It's easy for my family to visit."

Improving care quality in response to complaints or concerns

- People told us that they were not aware of any relative's meetings taking place. They said, "I'm not aware of any residents' meetings and I tend to speak my mind and give my opinions when I'm dealing with staff on a day to day basis. I feel that I get support when I need it and I am happy here" and "I've never been to a resident' meeting."
- There was a complaints policy in place and records of complaints were maintained.

End of life care and support

- One person told us, "I've passed from hospital, through Christie's and am on end of life care here. My medicines here are excellent."
- The manager had undertaken six steps training and was the end of life champion for the home.
- The activities co-ordinator told us they had started to send cards, when there is a bereavement, because they thought this was important for families. They were also planning to pass on people's life story books that could serve as mementoes of their loved one.

# 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

Requires Improvement - Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations had not been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support

- The service had a new manager who had worked previously as registered manager at Oak Lodge. The manager had worked at the home for eight weeks and had applied to register with CQC. Both registered providers visit the home almost daily to offer support.
- Most people told us they knew who the manager was they said, "I have met [manager] and I find him very approachable and responsive. I believe that he would always listen to me. I also think that the staff here know me quite well now", "I feel that I can talk to the manager. He is approachable and seems to listen. All the staff are friendly and nice with me and the main thing is that I am happy here" and "The manager seems approachable and would listen. I feel that the staff who have been dealing with me know me quite well." A relative said, "I know that [the manager] is currently supporting two nursing homes, but when he's here, he is very amenable and sympathetic to our needs."
- Staff said, "[Manager] is very organised if he says he is going to do something it happens."
- We went on the daily walk round undertaken by the home lead and attended the 'flash meeting' which all heads of department attended to ensure they were kept up to date with what was happening at the home. These meetings promote teamwork, makes sure tasks are completed and to the standard expected by the manager.
- One staff member said, "The meetings are brilliant and we know what is going on now. [Manager] has streamlined the records I complete and it makes more sense now. Increasing the staff in the laundry has made a big impact."
- The new manager had updated the home's policies and procedures and had introduced a wide range of management systems that had improved the overall management of the home. However, although we acknowledged that this was a repeating issue in medicines management, current auditing systems did not identify the shortfalls we found in medicines or the issues we found relating to record keeping.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

Engaging and involving people using the service, the public and staff.

- The new manager had introduced 'two residents of day' system. On that day people's weight was checked, care plans and risk assessments were reviewed, people's rooms were deep cleaned, the manager, the chef, activity staff and maintenance staff all visited the person to check they were happy with arrangements.

- We saw that a new quality assurance form had recently been produced and had started to be sent out to people, relatives and stakeholders. This asked for satisfaction responses to personal care and support, daily living, catering and food, the premises and management of the home.
- Staff we spoke with told us they felt manager was approachable and would listen and act if they had any concerns. A staff member said, "[Manager] asks if I have any concerns. Another staff member said, "It has definitely improved since [manager] returned and most importantly confidentiality is now being maintained."

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
Treatment of disease, disorder or injury	<b>The provider did not have appropriate arrangements in place to consistently manage medicines safely.</b> Regulation 12(2)(g)

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<b>The registered provider did not have a management system in place that effectively assessed the safety of the management of medicines.</b>