

Mrs R Ghai

Oak Lodge Residential Home

Inspection report

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Tel: 01543372078

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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 caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Oak Lodge is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. Some people were living with dementia. The service can support up to 17 people in one adapted building which is laid out over two floors.

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

Some progress had been made to address some of the concerns found at the last inspection. For example, staff recruitment procedures had become safer, a range of audits and checks had been introduced to monitor the service and a new deputy manager had been recruited to strengthen the management team. However, improvements were still required in a number of areas to improve the quality of the service.

Work had taken place to complete and review risk assessments and improve the handling of people's money. More work was needed to make sure risk assessments were up to date and reflected people's current needs.

The local authority was supporting the home to improve the infection control processes and told us although progress had been made, further work was needed to complete all of the required actions.

Staff knew how to keep people safe and understood how to report concerns. There were enough staff on duty to meet people's needs and people received their medication at the right time.

Further improvements were needed to make the environment more suitable, especially for those people living with dementia. Staff received training that was relevant for their role but had not yet completed all training required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to healthcare services when required and told us they enjoyed the food.

People and their relatives were happy with the way care and support was provided. Staff did not always take the opportunity to engage people in conversations or activities during the day.

Staff respected people's dignity and privacy and encouraged people to be as independent as possible.

Improvements were needed to make sure all information such as notices and policies were given to people in a format they could understand. Staff knew how people preferred to communicate.

People and their relatives were happy with the range of activities on offer and we saw end of life care being delivered with respect and dignity.

Improvements had been made to quality assurance processes, but more time was needed before these were fully implemented. The management team had made some improvements but needed to work more closely in partnership with other agencies to ensure areas for improvement were fully addressed.

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 for this service was inadequate (published 17 May 2019) and there were multiple breaches of regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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. 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one assistant 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and professionals who work with the service to help us plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff, including the manager, the deputy manager, the provider, senior care workers, care workers and the cook.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had not risk assessed the use of bed rails to ensure they were safe and appropriate for people to use. 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.

- Risk assessments were not always up to date and needed to be reviewed to make sure they reflected people's current needs. We spoke to the manager about this who agreed this would be in the next two weeks. Staff knew about the risks people faced and how to reduce the risk of harm. For example, one member of staff told us about how they supported one person when they got upset or confused.
- Risk assessments for the use of bed rails had been completed for all people where necessary.
- Checks were made on the environment such as wheelchairs and fire extinguishers to make sure people were kept safe. Walking aids and call bells were available for people to use and request help when needed.

Preventing and controlling infection

- The home was clean on the day of the inspection and staff wore aprons and gloves to reduce the risk of infection. Cleaning rotas had been completed.
- The local authority told us that they had provided a lot of support to the home to improve their infection control processes. They told us some progress had been made, for example, work tops had been replaced in the kitchen area, but some actions had still to be completed. These included ensuring staff had completed training on infection control.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not ensured people living in the home were protected from abuse. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper 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 13.

- People and their relatives told us the home was a safe place to be. One relative said, "The staff are lovely and I feel like mum is well looked after. I can go away and not feel worried".
- New processes had been introduced since the last inspection to keep people's money safe and people and relatives had no concerns about how their money was being looked after.
- Staff understood the need to report any concerns and felt confident that their concerns would be listened to.

Staffing and recruitment

At our last inspection the provider had not carried out all pre-employment checks to ensure staff were suitable to work in the home. The provider had also failed to assess, mitigate and monitor known risks. This was a breach of regulation 19 (Fit and Proper Persons Employed) 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 19.

- Improvements had been made to recruitment procedures to ensure that new staff were suitable to work in the home. For example, references had been received from previous employers and risk assessments were in place if there were any known risks.
- There were enough staff on duty to meet people's needs. Some agency staff were being used as staffing levels had been increased, to ensure people's needs were being met. The provider was actively recruiting more permanent staff.

Using medicines safely

- Medicines were stored safely and people received their medication at the right time. We observed staff giving people their medication and this was done with care and respect. For example, staff told people what medication they were taking.
- Some people required medication 'as and when required' and staff knew when to give these even if people could not ask for them. For example, one member of staff told us, "[Person's name] can't tell you if they are in pain but the signs are that they walk slowly and their mood changes. This is what we look out for".

Learning lessons when things go wrong

- The manager kept records of any incidents and accidents and reviewed these records to see if any actions were required to reduce the risk of harm.
- There had been no incidents or accidents since the last inspection.

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 as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Improvements were required to make the home more suitable for people living with dementia. For example, there was confusing signs and words on walls, clocks were not working and most bedrooms did not have signs or pictures to help people find their room. There were few items such as books and games that staff could use with people to initiate conversations or activities.
- People's rooms were personalised and contained pictures and possessions that were important to them. There was a secure garden for people to enjoy and there was a lift to help people get upstairs safely.

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

- Staff kept records of how much food and fluids people had, but these were not monitored. This meant that any shortfalls were not always identified. People's weight was checked monthly but it was not always clear what action was taken if people lost weight.
- One person told us that they had to wait for breakfast until everyone had got up. We spoke to the manager about this who reminded staff that people could have breakfast whenever they wanted it.
- People and relatives were mostly happy with the food that was provided. We saw people being given a choice and encouraged to have drinks. One relative said, "The food looks good and although my dad is not a good eater, they offer him plain food which he likes."

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

- People's needs were assessed prior to admission to make sure their needs could be met by the service.
- Some of these assessments did not include information about people's life history, culture, religion and other preferences which would enable the service to deliver more personalised care.

Staff support: induction, training, skills and experience

- Staff received training to help them carry out their role effectively. There were some staff who needed refresher training in some areas, but these had been arranged for the coming weeks. The manager also carried out checks on staff competency, such as giving medication, to check they were up to date with their practice.
- Staff told us they had received an induction when they first started working in the home which made them feel confident about delivering effective care and support. One member of staff said, "I did a week of shadowing shifts and I would say I was 98% confident."

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

- Records showed that staff had consulted with other agencies and followed their advice to provide effective care to people.
- People had access to health care services as and when they required. For example, one relative told us, "Mum always gets to see the GP and practice nurse and they always keep in touch with me."

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 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.

At our last inspection the provider had not submitted DoLS applications to the relevant local authority where required. This was a breach of regulation 11 (Need for Consent) 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 11.

- Since the last inspection, the provider had submitted DoLS applications where they believed people could not consent to receive care and treatment at the home. None of these applications had yet been granted.
- Staff understood the importance of checking people gave consent before they provided care and support. We saw one person telling staff that they should know what they want for breakfast but the member of staff replied, "I still have to ask in case you change your mind."
- Where people did not have the capacity to make specific decisions, meetings had been held with families and other professionals to make sure decisions were made in people's best interests.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were generally happy with the care they received and how staff treated people. One person told us, "I feel happy and safe and the staff are kind." One relative said, "I have no concerns about the care – my mum is always dressed well and clean."
- However, we observed periods of the day where staff did not take time to talk or interact with people. For example, we saw very little conversation happening whilst staff were supporting people to eat.
- Staff told us how much they enjoyed working with people. One member of staff told us, "I enjoy making people happy and making them smile."

Supporting people to express their views and be involved in making decisions about their care

- We saw that people were given choices throughout the day. For example, people told us they could choose what they wanted to wear and eat.
- One relative told us, "My relative can make a choice and she tells me the staff always do this."

Respecting and promoting people's privacy, dignity and independence

- Since the last inspection, the provider had installed a new locked letter box and had introduced a new system to ensure people or their relatives received personal post.
- Staff allowed people to do things for themselves where possible to help people maintain their independence. For example, we saw staff encouraging people to use walking aids so they could mobilise on their own.
- People's privacy and dignity was respected. For example, one person had passed away in the home on the day of inspection and staff took care to handle this in a dignified and respectful way.

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 as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was not always presented in ways that were accessible. For example, the daily menu was not displaying the correct symbols and the complaints policy was not available in an easy read format. This meant that people did not always have access to information they needed.
- However, staff did understand people's communication needs and knew how people could express their views and opinions even if they had no verbal communication.

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

- People and their relatives were positive about the activities that were arranged in the home. A relative said, "There is quite a bit of entertainment laid on – lots of music and visits from ponies and dogs which my mum really likes."
- We saw staff trying to engage people in some activities during the inspection but there was no evidence that people had been consulted about what activities they would like or reflected their interests.

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

At our last inspection the provider had not reviewed and assessed care records to ensure they were in line with people's support needs and wishes. 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.

- Care plans were reviewed monthly and contained details of routines that were important to people's well-being. For example, one person's care plan stated that it was important for them to be repositioned in bed every two hours and we saw this was happening.
- The majority of care plans had been reviewed and improved since the last inspection and work was

ongoing to ensure care plans were more personalised and reflected people's background and culture.

Improving care quality in response to complaints or concerns

- There had been no complaints received since the last inspection but there was a complaints policy in place. Records showed that the provider had received several compliments from relatives and professionals.
- People told us they would speak to staff if they were unhappy. Relatives told us they had made complaints previously and that the provider had always tried hard to put things right.

End of life care and support

- We saw that end of life was being given with respect and in partnership with other health care professionals. For example, staff had arranged for end of life medication to be delivered to the home in preparation for care and support that would be needed.
- Care records contained details of people's wishes in terms of how they wanted to be cared for at that time of their life.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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.

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

- Plans were in place to re-introduce residents' and relatives' meetings but these had not happened since the last inspection.
- Surveys had recently been sent out to both relatives and staff and some replies had been received. It was too early for any analysis to be completed but initial feedback from relatives was mixed.
- Relatives knew the manager and provider well and found them to be available and responsive. One relative told us, "The manager is always there if I have any questions."
- Staff told us the manager was approachable and receptive to ideas and suggestions.

Working in partnership with others

- The manager told us that they had received good support from a range of partners which was helping to improve the home. This included consultants who had been employed by the provider and a range of professionals from the local authority.
- We spoke with representatives from the local authority who confirmed that they had seen some improvements in the home but that the service had not always responded promptly to their advice and guidance. For example, one visiting professional told us they had had to ask three times before an urgent action was completed.

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 did not have effective quality assurance processes in place to monitor the quality of care provided. This was a breach of regulation 17 (Good Governance) 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 17.

- A range of audits were now being completed to ensure people were receiving a safe service. These included checks on medicines, water temperatures, wheelchairs and staff competence.

- The provider had engaged a consultant to help introduce a new governance system to the home and this work was underway but not yet fully implemented. The provider had also recently appointed an experienced deputy manager to strengthen the management team.
- Some audits had identified actions that were needed to address gaps in the service. It was not always clear from records whether these actions had been done. However, we did see evidence that these gaps had been addressed. For example, a recent medication audit had identified some missing protocols and we saw that these were now in place.
- We saw that the provider needed to take more of an overview of the service rather than focussing on the day to day running of the home.
- We saw that the provider had been working through a quality improvement plan which had been drawn up in response to the last inspection and visits from the local authority. Progress had been made in most areas identified in the action plan, but more time was needed to address all areas for improvement.

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

- People, relatives and staff were positive about how the service was being managed and recognised some of the improvements that had been made by the manager.
- Staff told us the manager had addressed some areas of underperformance within the staff team. One member of staff told us, "The manager felt some staff were not pulling their weight and sorted things out."

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

At our last inspection the provider had not notified us of a safeguarding incident as they are required to do so. This was a breach of regulation 18 (Notifications of Other Incidents) of the Registration Regulations 2009.

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

- Since the last inspection, the provider had notified us of incidents and events as they are required to do so. The rating from the last inspection was on display so visitors to the home knew this information.
- We found the manager and provider to be open throughout the inspection and were open to our findings and suggestions for improvement.