

S R Latimer and Dr K S Kotegaonkar

Oak Lodge

Inspection report

514 Bury New Road
Prestwich
Manchester
Greater Manchester
M25 3AN

Tel: 01617980005
Website: www.oak-lodge.com

Date of inspection visit:
27 June 2016

Date of publication:
15 July 2016

Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 27 June 2016. The last inspection took place on 5 January 2016. At that inspection, we found two breaches in the regulations that we reviewed. This related to Deprivation of Liberty Safeguarding (DoLS) authorisations not being in place for some people who lacked capacity and the need to ensure that all staff had received the training they needed to help ensure they supported people safely and effectively.

Following that inspection, we received an action plan from the provider telling us what action they intended to take to make improvements to the service provision in these areas.

This report only covers our findings in relation to what action the provider has taken to make the necessary improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Oak Lodge' on our website at www.cqc.org.uk.

At this inspection, we found that the service had met these breaches.

Oak Lodge is registered to provide accommodation for up to 41 older people who require support with nursing and personal care. There were 38 people living at the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw at this inspection that, where people lacked mental capacity to consent to their care in Oak Lodge, the necessary action had been taken to authorise their placement in the home. This should help to ensure their rights were protected.

We saw that the provider had retained the majority of staff that employed at the home at the time of our last inspection. These staff had completed the most of the training they needed to support people safely and effectively and any outstanding training was planned.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was effective.

Deprivation of Liberty Safeguards (DoLS) authorisations or applications for authorisations were in place for all the people who required them.

Improvements had been made to ensure that staff received all the training they needed to support people in a safe and effective way.

Good ●

Oak Lodge

Detailed findings

Background to this inspection

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

This was an announced follow up focused inspection undertaken by one inspector. We inspected the service against one of the five questions we ask about services: is the service effective? This was because at the last inspection the service was not meeting legal requirements in relation to that question. Following that inspection, we received a plan from the provider that informed us about what action they planned to take to make improvements.

We announced this inspection so that we could be sure that the registered manager and the group manager were available to speak with us.

Prior to our inspection visit, we checked the statutory notifications we had received from the service. A notification is information about important events, which the provider is required to send us by law.

During this inspection, we spoke with the registered manager and the group manager. We also looked at relevant records in relation to the deprivation of liberty safeguards (DoLS) and staff training.

Is the service effective?

Our findings

At our last inspection, we found a breach in the regulations, which related to Deprivation of Liberty Safeguards (DoLS). The registered manager told us that they would address these shortfalls immediately and the provider confirmed this in the action plan they sent to us.

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 people lack the 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Before our visit, we checked that we had received statutory notifications about DoLS. A notification is information about important events, which the provider is required to send us by law.

We found in accordance with the action plan sent to us that the service had submitted DoLS notifications to us. We saw the record of the tracking system that the provider kept in relation to submissions for authorisation of DoLS. The registered manager told us that although there were no delays in authorisation from the local authority where the home was situated, they had experienced delays from other local authorities, depending on where the person originated. We saw copies of the DoLS authorisations, which were kept with the Do Not Attempt Cardiopulmonary Resuscitation (DNARCPR) forms. The records we checked had been appropriately completed. We saw that the home now used the NHS guide to decisions about cardiopulmonary resuscitation to help people to understand the process relating to DNAR's and their rights.

At our last inspection, we found a breach in the regulations, which related to staff training. We found that not all staff had received all the mandatory training they needed to support people safely and effectively. This was in part because there had been a high turnover of staff, which had led to twelve new staff coming to work at the home. The group manager informed us in the provider action plan that arrangements were in place to provide in house online training for staff with access to face-to-face training courses as appropriate.

We were told that the majority of the twelve staff who had started at the home at our last inspection visit had stayed at the home. We were told that staff now had access to online training and also attended face to face training through the local authority training partnership. Records showed that the staff had completed most of the mandatory training they needed to support people safely and effectively or training was booked. We were told that half the staff team had undertaken medicines training whilst the other staff had

undertaken dementia awareness training. We were told that once completed the two halves would switch courses.

We were told that since our last inspection that the registered manager and two staff had completed the Six Steps principles of care and support for the dying patient. These staff would continue to access the forum meetings held at the local hospice to keep updated with best practice, which would be cascaded to the staff team at staff meetings. We also saw that some senior staff had completed face-to-face Malnutrition Universal Screening Tool (MUST) training with an external provider. We were also told that the provider had been in contact with the electronic records provider to improve the way calculations were reached on the MUST assessment tool.

We saw that the registered manager had introduced competency checks for nursing staff to complete as part of the recruitment process and as part of on-going training and supervision. There had been some changes in the nursing staff team since our last visit; however the registered manager was confident that the nursing team now had the right qualifications, skills and experience to treat people at the home. We were also told that a second senior care staff post had been created to strengthen the management team.