

Oakleigh Lodge Residential Home

Oakleigh Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Oakleigh Lodge Residential Home is a residential 'care home' for up to 15 older people, some of whom are living with dementia. At the time of the inspection there were 10 people living in the home.

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

At the last inspection in February 2020, we identified a number of breaches of regulations. These were in relation to Regulation 12 (Safe Care and Treatment), Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. The provider, registered manager and staff worked hard to ensure the appropriate actions have been taken to provide good and safe practice. These improvements will need further time to be fully introduced and embedded into every day practice.

Since the previous inspection, the COVID-19 pandemic had begun. The service had an appropriate and up to date infection prevention and control policy in place to help keep people safe. This included increased cleaning and ensured adequate supplies of personal protective equipment (PPE) were available. Staff completed additional training in relation to COVID-19.

People were protected from the risks of harm, abuse or discrimination because staff had received appropriate training and knew what actions to take if they identified concerns. Staffing levels had been increased and there were enough staff working to provide the support people needed. Risk assessments provided some guidance for staff about individual and environmental risks. People received their medicines safely in line with their wishes. People felt safe living at Oakleigh Lodge. One person told us, "I'm very happy here, I'm perfectly safe and well cared for."

Quality assurance systems had been developed and improved. This included audits of medicines, care plans, and health and safety. Both the registered manager and the provider had oversight of these processes to ensure issues were identified and acted upon in order to drive improvement in the service.

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 requires improvement (published 22 April 2020). There were breaches of regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 February 2020. Breaches of

legal requirements were found and three Warning Notices were served in relation to Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to confirm the provider now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed following this focused inspection and remains requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakleigh Lodge Residential Home on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Oakleigh 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 was a focused inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

As part of this inspection we also looked at the infection control and prevention measures in place. This was conducted so we can understand the services preparedness in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Oakleigh Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was due to the COVID-19 pandemic. We needed to know about the provider's infection control procedures to make sure we worked in line with their guidance.

Due to the COVID-19 pandemic we needed to limit the time we spent at the service.

What we did before the inspection

Due to the COVID-19 pandemic, 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 reviewed information we had received about the service since this last inspection. We sought feedback from the local authority. We also reviewed training data sent by the registered manager before the site visit. We used all of this information to plan our inspection.

During the inspection

We spoke with one person living at the service and two relatives about their experience of the care provided. We spoke with three members of staff including the provider, registered manager, and a care worker. We spent a short time at the home and had the opportunity to observe interactions between staff and the people using the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff files in relation to recruitment. We also reviewed a variety of records relating to the management and quality assurance of the service, including accident and incident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and further policy records. We also reviewed the services specific COVID-19 plan.



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.

At the last inspection in February 2020 the provider had failed to ensure risks to people were safely managed. The provider had failed to ensure that medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was also a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure there were enough suitably trained and experienced staff to meet people's needs. CQC served Warning Notices. The purpose of this inspection was to check if the provider had met the requirements of the Warning Notices we served.

At this inspection, we found the provider had made improvements in how they assessed and managed risk. Staffing levels had been reviewed and increased. The registered manager had also worked closely with external professionals to make improvements to the safe management of medicines. These improvements were at an early stage and policies and procedures were not yet fully embedded into everyday practice.

Assessing risk, safety monitoring and management

At the last inspection in February 2020, risks to people were not always assessed, monitored and managed to keep people safe. Staff did not always use safe practices and robust systems were not in place to evacuate people safely in case of emergency. At this inspection, we found the provider had made improvements to risk assessments, care plans and competency of staff to promote safe care and treatment of people using the service. This meant the breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Warning Notice had been met.

- Improvements had been made in fire safety. Staff knew how to keep people safe in an emergency, and all people living at the service had personal emergency evacuation plans (PEEP). PEEPs had been updated and a colour coded system was in place to show the level of support someone needed to evacuate in case of emergency. The PEEPs were stored in two separate places for ease of access in an emergency.
- Risks to people, for example risk of falls or risk of developing pressure areas, were assessed and managed. These assessments and how to minimise the risks were readily available in people's care plans for care staff to follow. We saw staff assist people to mobilise around the service safely.
- Appropriate referrals to external professionals had been made where risks had been identified. For example, where a person had experienced repeated falls a referral had been made to the falls prevention service. A professional told us, "Staff have shown interest, creativity, understanding, appropriate concern and have reported any issues accurately and without delay."
- Guidance was in place around pressure care and instructing staff what to look for to prevent skin breaking and details of equipment to ensure pressure relief was used. We saw appropriate equipment in place for

people who were at risk of developing pressure sores. Staff were observed to be following medical guidance, for example, supporting a person to elevate their legs as advised to minimise risk of skin breakdown.

- Where people were at risk of losing weight, professional advice had been sought and followed. People's weights were closely monitored as needed and appropriate action taken if any concerns arose. We saw an example that a person had gained weight by staff following care plans and risk assessments correctly.

Staffing and recruitment

At the last inspection in February 2020, we found the provider did not have a sufficient number of suitably qualified, competent, skilled and experienced staff to meet people's assessed levels of need, especially overnight. CQC served a Warning Notice. At this inspection, we found that additional training had been completed and the provider had increased the staffing level at night in order to safely meet people's needs. This meant the service was no longer in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Warning Notice was met.

- Staffing levels had been increased since the last inspection with an extra staff member on site during the night. This staff member would be asleep but could be woken should an emergency occur. This was being trialled with staff already working at Oakleigh Lodge who had up to date training and knowledge of people using the service. The registered manager told us, "Its already working well, just last night the staff member was woken to help support a person. The extra staff member is reassuring for people."
- We saw enough staff at the service to meet people's needs. One person told us, "I think there are enough staff, I push that red button and they come running". A staff member told us, "We have enough staff, we have time to be with the residents".
- Records demonstrated that staff were recruited in line with safe practice protocols. For example, employment histories had been checked, references obtained and suitable checks to ensure that staff were safe to work within the care sector.
- Staff had received appropriate training and had regular competency checks to ensure their practice was safe and up to date. Staff told us they were well trained, our own observations supported this. For example, we saw good practice taking place in respect to infection control and manual handling.

Using medicines safely

At the last inspection in February 2020, the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC served a Warning Notice. This breach had now been met.

- Improvements had been made at the service. The provider had worked closely with appropriate agencies for support and advice to improve practice, including a medicine optimisation team. We saw evidence of the advice being followed, for example, an external medicines audit had been requested by the local pharmacy. The provider had arranged for the local pharmacy to dispense medicines in consistent packaging to minimise any errors in storage or administering occurring. The provider had increased the level of competency spot checks for staff. The provider had also arranged for additional in-house training to be delivered to all staff.
- As and when needed (PRN) medicine charts were in place. These were not always detailed or personalised to individuals, meaning that the guidance for staff when to give these medicines was not clear. The registered manager was aware of this and working towards improving these with the support of medical professionals. Policies and procedures were not yet embedded into practice and improvement was still required.
- At the last inspection, we found that controlled medicines were not given in accordance with best practice. This is because two staff are required to be present when this type of medicine is given, the

medicine was given at night and only one staff member was present. Medicines had been reviewed and controlled medicines were now given with two staff present, minimising the risk of medicines being misused.

- Medicines were stored, administered and disposed of safely. We observed staff administering medicines in a sensitive manner and in line with people's preferences. We saw positive risk taking promoted by the staff, where some people were encouraged to manage their own medicines. This was risk assessed and monitored safely.
- Staff were trained in the administration of medicines, this was supplemented by regular competency checks. We reviewed medicine administration records (MAR) and saw these were accurate.
- Monthly audits of medicines were in place and effective in identifying and addressing any issues. For example, a medicines audit showed that the recording of controlled medicines being received from the pharmacy was not always robust. This had been addressed with staff and we saw improvements had been made.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Following the inspection in February 2020, three safeguarding concerns were raised to the local authority. The registered manager and provider engaged with the local authority to address these issues, learn from them and improve practice within the home. For example, the safeguarding identified that action could have been taken sooner by staff regarding pressure care. Staff had since worked with external professionals in a timely manner and the persons skin improved significantly. During this inspection, we saw evidence that appropriate referrals had been made in good time to external agencies and people had the specialist support they needed.
- Staff received safeguarding training and knew how to recognise the signs of abuse.
- People told us they felt safe living at Oakleigh Lodge. One person told us, "I'm very happy here, I'm perfectly safe and well cared for." A relative also said, "They treat [my relative] very well, I've never had any concerns."
- Information relating to safeguarding and raising concerns and what people should do if they witnessed or suspected abuse was displayed around the service for staff and people to see.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted good practice and person-centred care.

At the last inspection the provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. Systems of quality monitoring and governance were not robust. This restricted any improvement to the quality and safety of the care and services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC served a Warning Notice, The purpose of this inspection was to check if the provider had met the requirements of the Warning Notice we previously served.

At this inspection, we found the provider had made improvements in how they monitored and delivered good care and supported and engaged with staff and people using the service. This meant the service were no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection in February 2020, there had been no registered manager at the service since November 2018. There had also been lack of oversight over this time by the provider of the service. At this inspection, a registered manager was in place and oversight of the service had improved.

- The registered manager and provider had clear oversight of the training for staff. Staff training was up to date in line with the provider's policy. Management had developed an electronic system in order to keep track of what training was due so plans could be put in place to ensure staffs knowledge was current.
- The provider had also improved their oversight of the service and completed a regular check of the service to ensure quality and safety of practice. They had also developed a practical and appropriate action plan, detailing what action would be taken to drive continued improvement at the service.
- Care plans had been reviewed by the registered manager. They had developed a key-worker scheme where each resident had been allocated a specific staff member to ensure their care is regularly reviewed and care plans updated as appropriate. One relative told us, "I'm aware of the new [key-worker] scheme, and of late things have definitely improved".

Continuous learning and improving care

At the last inspection, the provider had not ensured that they assessed, monitored or improved the quality and safety of the service sufficiently. The registered manager and provider were receptive to our feedback and provided assurances that the concerns found as part of the inspection would be acted upon and

people's care would be improved.

- Effective audits and checks were now in place which included the environment, health and safety, medicines, training and supervision, care plans and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action. For example, the infection prevention and control audit had identified that the buttons in the lift were not being cleaned as regularly as needed as a 'high-touch are'. Therefore, cleaning of these was increased.
- Improvements had been made by staff in the recording of accident and incidents. The registered manager then completed a review of these to determine any patterns or themes. This was effective, for example, the process highlighted a pattern in the way a person was falling. We saw evidence of professional advice being sought and suitable equipment put in place to minimise further risk.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service was positive and inclusive. We saw that there was a relaxed atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the pandemic.
- People, relatives and staff spoke positively of the service. One person told us, "The staff are lovely and very committed. The manager is very nice and writes a newsletter that we all can read". A staff member said, "We're supported by the manager a lot, especially in this pandemic, she really helps us".
- Feedback surveys had recently been completed by staff and residents. People were supported to enable them to engage in this feedback process. These were reviewed by the registered manager and action taken. For example, one person had requested that their evening meal time was changed. This was implemented by staff to meet the persons request. The registered manager had also developed a newsletter to keep residents and relatives up to date with events at the home.

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

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The service worked well with organisations within the local community. For example, the Local Authority, Clinical Commissioning Group and community mental health team to share information and learning to promote best practice in delivering care. One professional told us, "[Registered manager] engages well and is always receptive to any recommendations. Due to the lockdown these professionals were not routinely visiting the service but were providing remote support and guidance.