

Care Homes UK Ltd

Oak Lodge

Inspection report

Stockton Street
Haughton-le-Skerne
Darlington
County Durham
DL1 2RY

Tel: 01325381135

Date of inspection visit:
18 December 2018
03 January 2019

Date of publication:
23 January 2019

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

The inspection took place on 18 December 2018 and 3 January 2019. The first day of the inspection was unannounced.

We last inspected the service in February 2018 and found the provider had breached two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This related to the systems and processes used to assess, monitor and improve the safety of the service, which had not identified the concerns we found. The provider had failed to submit statutory notifications. We asked the provider to complete an action plan to show what they would do to improve the service.

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.

Oak lodge can accommodate up to 28 people. At the time of our inspection 13 people were using the service.

The service had a registered manager. 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.

At this inspection medicine administration records did not always appropriately record the effectiveness of 'as and when' medicine. The provider's quality assurance process had failed to identify these shortfalls.

The provider's quality assurance system had not identified the shortfalls. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

No new staff had been recruited since our last inspection. The provider did have a policy and procedure in place for safe recruitment.

The provider ensured staffing levels met the needs of the people living in Oak Lodge.

Staff were aware of safeguarding and knew how to raise concerns if they felt people were at risk of abuse or poor practice. Where lessons could be learnt from safeguarding concerns these were used to improve the service.

Accidents and incidents were recorded and monitored as part of the provider's audit process.

Health and safety checks had been completed such as gas and electrical safety checks.

Systems and processes were in place to ensure medicines were available for people. Medicines were managed by trained staff whose competency to administer medicines was checked regularly.

Staff received regular supervision and an annual appraisal. Staff mandatory training was up to date.

People's nutritional needs were assessed on a regular basis. People enjoyed a varied diet, with choices offered and alternatives available. Staff supported people with eating and drinking in a safe, dignified and respectful manner. People were supported with their health needs and had access to healthcare professionals when necessary.

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

People and relatives felt the service was caring. Staff provided support in a respectful manner ensuring people's privacy and dignity was promoted. Where possible people were supported to be as independent as possible.

People enjoyed a range of activities, including trips into the community and in house entertainment.

The provider had a complaints process in place which was accessible to people and relatives.

People, relatives and staff felt the registered manager and deputy manager were approachable. We observed the registered manager was visible in the service and found people interacted with them in an open and friendly manner.

The premises were suited to people's needs, with ample dining and communal spaces. Bedrooms were personalised to people's individual taste. Bathrooms were designed to incorporate needs of the people living at the home.

The provider worked closely with outside agencies and other stakeholders such as commissioners and social workers.

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.

Medicine administration records were not always completed correctly.

The provider had acted on recommendations from the fire service.

Staffing levels were appropriate to people's needs. Staff were visible in the home.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and an annual appraisal.

People received a varied healthy diet. Staff monitored people's nutritional needs on a regular basis.

Staff understood the principles of the Mental Capacity Act 2005. People were supported in the least restrictive way possible.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated positive relationships with the people they supported.

People felt the staff supported them with dignity and respect.

Staff supported people with communication needs using facial expressions and body language.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place which were personalised, containing people's like dislikes and preferences.

The provider had a policy and procedure in place to manage complaints. People and relatives knew how to complain.

The provide ensured staff had training in end of life care to support people when necessary.

Is the service well-led?

The service was not always well led.

The quality assurance process was not always effective in identifying shortfalls.

Staff all reported feeling supported in their roles and confident in being listened to if they raised issues or concerns.

The provider worked in partnership with other stakeholders.

Requires Improvement ●

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 December 2018 and 3 January 2019. The first day of the inspection was unannounced. This meant the provider did not know we were coming. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with five people who lived at Oak Lodge. We spoke with the registered manager, deputy manager, one senior, three care workers and the chef. We also spoke with four relatives of people who used the service and one visiting health care worker.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of three people, medicine administration records of four people, training records and records in relation to the management of the service.

Is the service safe?

Our findings

At our previous inspection we found the provider had not acted on some recommendations following a fire assessment. The business continuity plan (BCP) did not contain an appropriate strategy to use local care homes if the need to evacuate the home in an emergency was necessary.

The provider addressed the remedial fire safety work during the last inspection and advised the BCP would be amended. At this inspection we found the provider had amended the BCP to include a more local approach if the need to evacuate Oak Lodge in an emergency.

Prior to this inspection we were made aware of an assessment which was carried out by the Fire and Rescue service in November 2018 which highlighted some areas of concern in terms of fire detection, fire safety and effectiveness of fire drills. We found the provider had met with the fire officer and had already undertaken some of the work required to meet the requirements of the Regulatory Reform (Fire Safety) Order 2005. We also spoke with the contractor who was completing the works, they advised a timescale was in place to conclude the work by the end of January 2019. We spoke with the Fire and Rescue Service who advised they were satisfied with the action the home had taken.

We found some people's medicine administration records (MAR) had not been completed fully when 'as and when' medicines had been administered. The outcome for the person in relation to the effectiveness of the medicine should be recorded on the reverse of the MAR for monitoring purposes. This was discussed with the registered manager who advised they did not realise this, and would speak to staff responsible for administering medicines. They also advised the medicine audit tool would be reviewed to include this check.

The provider had a policy and procedure in place for medicine management. We found staff had signed the MAR correctly when administering medicines. The medicine room was clean and tidy. The medicine trolley was well organised with the opening date of boxed and bottled medicines in place.

People and relatives told us they felt safe in Oak Lodge. Comments included, "Oh yes, no problems here I am safe", "Absolutely, they look after [name] well", "A good place to live", "I have no issues at all [Name] is so safe here" and "I would not come otherwise."

Risks to people were assessed and control measures were in place for staff support and guidance. Risks in the environment were assessed such as slips, trips and falls and kitchen safety. Accidents and incident were recorded and analysed for patterns or themes.

Safeguarding and whistleblowing policies and procedures were available to staff. Staff had received training in safeguarding and understood what constituted abuse, and what action to take if they found or suspected someone was at risk. Staff told us lessons learnt were discussed during team meetings and supervisions.

The provider had a recruitment policy and procedure in place which stated relevant checks were to be

completed when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS) and two references. No new staff had been recruited since our last inspection.

Staffing levels were appropriate to people's needs. People felt the staffing levels were safe and staff were available when needed. Buzzers were answered in a timely manner. We observed staff were visible in the home.

We observed the housekeeping staff kept Oak Lodge clean. There were no odours in the home at the time of the inspection. Some areas needed redecoration and refurbishment. This was an area which had been identified at previous inspections. The registered manager advised a refurbishment plan was in place with the carpets in the reception area due to be replaced shortly. Staff had access to a supply of personal protective equipment.

We found up to date records to demonstrate the provider ensured the maintenance of equipment used by people and in the service, was checked on a regular basis. Certificates were in place to reflect gas and electricity checks.

Is the service effective?

Our findings

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).

At the last inspection we found the provider had failed to submit notifications once the outcome of the request to deprive a service user of their liberty was known. We served a fixed penalty notice which the provider accepted and complied with. At this inspection we found the provider had submitted the appropriate notifications to CQC.

The registered manager kept a log of DoLS applications, outcomes and renewal dates. Staff understood the need for ensuring people were supported with decision making and any concerns they had in terms of people's capacity would be reported to the registered manager.

Staff were aware of who had a DoLS in place and how people were supported with decision making. Best interest meetings had taken place when necessary. Where lasting power of attorney (LPA) was in place for people, a copy was held on the person's care file for staff support and guidance.

Care records contained information which considered current legislation and national guidance when completing assessments and planning outcomes. For example, nutritional guidance from the NHS regarding nutrition was used in developing eating and drinking care plans with an outcome of providing a nutritionally safe diet.

People and relatives, we spoke with felt they or their family members were receiving the support they needed to meet health and wellbeing outcomes. Comments included, "They look after her, well look after everything really, all her needs are covered", "They are meeting her needs well, I had concerns about her falling before" and "They do everything I want them to do, I am able to go out and that is important to me. I planned my own outcomes."

Staff completed a range of training to cover the needs of the people using the service. Staff told us they felt supported and received regular supervision and an annual appraisal. Comments included, "We are one big team, and get lots of support", "Yes we get supervisions, but can speak to [registered manager and deputy manager] any time" and "We have lots of training, so we are up to date." The registered manager had developed documentation to capture the personal development needs of staff. The registered manager told us, "I have developed these to start in January." A skills analysis document had also been developed to

ensure there was a balance of expertise in the home in terms of staff's skills and knowledge.

It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. Observation at lunchtime provided good evidence that the staff were skilled in terms of their approach to supporting the nutritional needs of people. Staff we spoke with understood the need for food to be of a specific consistency and how to prepare thickened fluids. Catering staff had details of people's dietary needs, these were updated when necessary.

People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. Comments included, "I love the food, there is plenty of it", "Good home cooking, lovely" and "Nicely cooked, it is not all mixed up but blended separately".

People were supported to access external health care professionals to maintain and promote their health. Care plans contained information on the involvement of professionals such as GPs, tissue viability nurses and community matrons. Comments from relatives and people included, "They get the doctor when I need it, I have a bad chest now so they give me my antibiotics", "If they notice anything they chase it up, health wise" and "The nurse comes to see me when I need her."

People had access to communal areas which were spacious and comfortable. Bedrooms were personalised to people's individual taste, containing personal effects and pieces of furniture making them homely and familiar. Bathrooms were designed to incorporate needs of the people living at the home.

Is the service caring?

Our findings

People and their relatives told us how caring staff were. Comments included, "Very caring", "They care well for Mam", "If [Name] is upset the girls ring me so we can talk, the care is second to none". "They are lovely, good girls, always smiling" and "Carers and care is absolutely fabulous". One visiting health care assistant told us, "It is lovely here, very homely."

We observed many kind and respectful interactions between staff and the people living at Oak Lodge. We saw people were well cared for, happy and had all their needs effectively met by staff. We saw staff also had a positive relationship with those who visited the home, staff were open and welcoming offering tea or a coffee.

We observed staff knocked on people's doors and waited to be invited in. Staff spoke with people in a respectful manner, we observed staff and people enjoyed a laugh and a joke together. People were treated with dignity and as individuals. Staff told us they would also respond to a change in need by reporting to the registered manager so care plans could be amended.

It was clear from discussion that staff knew people well, including their likes, dislikes and preferences. Staff told us they enjoyed their jobs and that had kept them working at Oak Lodge. Most of the staff had been at the home for many years. One staff member told us, "I retired but have stayed on the bank, I love it here always have done." Comments from staff included, "I love my job, it's all about them [people]", "It's like a big family, we know them and their relatives well" and "I wouldn't be here if I didn't care, we all get on."

People were supported or encouraged to be as independent as possible. For example, to get up unaided when appropriate and to use mobility aids. We saw staff cut up food for people but then encouraged them to eat independently.

People's preferences and choices were recorded in their care records. For example, interests and hobbies and personal care preferences. Communication plans were in place and were appropriate for the person. We saw staff understood how to communicate using gestures, body language and facial expressions.

We joined people in the dining room at lunch. Tables were set, pictorial menus were available. People were asked if they wanted to wear protection for their clothes before being served their meals to preserve their dignity. We observed staff demonstrating respect for people by asking what they preferred for lunch. Staff supported people to eat and drink in a safe, caring manner and to be as independent as possible. Where people were supported to eat we saw staff sitting with them at eye level demonstrating a caring approach.

Information on advocacy services was made available to people who used the service. The registered manager advised they would contact social services if advocacy was required. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Is the service responsive?

Our findings

Care plans were in place to cover all aspects of health and social care. For example, personal care and nutritional needs. People and relatives were included in care planning as much as possible. We found care plans were personalised and contained specific guidance for staff to follow. For example, one person's personal care plan included how they liked to wear perfume every day. Another person's contained details of how they wanted to be supported with mobility and what equipment they required to be as independent as possible.

Each care plan was reviewed on a regular basis so staff had access to up to date information to support people's specific needs and preferences. Staff told us they received daily handovers this ensured they were kept informed of any recent changes in a person's needs. One staff member told us, "We always get a good handover, especially if you have had a few days off. I always ask questions to make sure I know what I'm doing. The plans are there to read if need be".

No one was receiving end of life care at the time of the inspection. The registered manager and staff were however committed to providing people with the best end of life care they could possibly give and provide support to families at this sad time. One staff member told us, "It is the last thing we do for someone so it has to be what they want."

Where necessary emergency health care plans were in place. These plans gave staff guidance in relation to care needs in the event of someone's health deteriorating and their wish to remain at Oak Lodge instead of being admitted to hospital.

Staff ensured people maintained relationships by welcoming relatives and visitors to the home. People were offered privacy to meet with relatives if they wished.

People had access to activities and were encouraged to join in. We saw people enjoying a table top quiz and it was clear they valued the company of staff and each other. People were happily engaging offering answers and having a laugh and a joke. We saw plans were in place for Christmas events, entertainers were booked to visit the home and staff supported people to access the community. We found staff supported one person to access the local community making sure they had everything they needed for their time away from Oak Lodge.

The staff were currently responsible for discussing and planning activities with people. The registered manager advised they were advertising for an activity coordinator. Several applicants had been in touch with the registered manager, interviews had been planned to take place in early January. The registered manager told us, "We need to get the right person for the job, it is not just about activities, personality is important too".

We looked at how complaints were managed in the service. The provider had a policy and procedure in place which provided clear information for people who used the service. The registered manager advised all

complaints were investigated and responded too. Lessons learnt from complaints were discussed at supervision and at team meetings. People, we spoke with knew how to make a complaint. All the people we spoke with told us they had nothing to complain about.

Regular meetings were held with people. These were recorded and made available for those who could not attend. The registered manager arranged relatives' meetings however these were not well attended. Relatives told us they tended to speak with the registered manager on an as and when basis.

The provider had a quality process, including surveys, so people, relatives, other stakeholders and staff could give their views and opinions. Information about the home was accessible for people in the reception area. Staff told us they would share information with people verbally if that was more appropriate to their needs.

Is the service well-led?

Our findings

At the previous inspection we found the provider's quality assurance process had not identified the concerns we had found in relation to submitting notifications to CQC, business continuity planning and completion of remedial fire safety work.

At this inspection we found the provider had reviewed the quality assurance process to ensure notifications were submitted in terms of compliance with CQC regulations and the business continuity plan had been amended.

The medication audit had not identified the issues we found in relation to recording 'as and when' medicine administration. Failure to complete records as to the outcome of administering prescribed 'as and when' medicine means the effectiveness of medicines cannot be monitored. Resulting in a risk of poorly administered medicines, for instance the overuse of medicine that could be discontinued or a failure to identify the need for a medicine review.

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

We found the registered manager had developed a monthly plan to ensure care plan audits were completed. On reviewing the quality assurance file we saw no care plan audits were completed in September and October 2018. Audits had been completed in December. We discussed our findings with the registered manager who told us, "We have looked at the quality assurance and I know I have to delegate more. I try to do everything myself". We spent time discussing the quality assurance process and how some audit documents could be amended to be more effective. The registered manager provided new documentation which they had developed for monitoring staff development and to look at skills analysis, advising that this will be rolled out in January ready for the quality monitoring by the local authority.

We found the deputy manager was not currently involved in any managerial meetings or decisions about the running of the service. We spoke with the registered manager in terms of the support available to them in driving improvement in the home. The registered manager explained there was work still to do and was keen to include the deputy manager more and to delegate specific areas of responsibility to them.

We found the regional manager completed monthly provider visits to support the registered manager and used their visit to review the home's development plan.

The provider had recently purchased a new electronic care management system. The regional manager gave us a demonstration of how the system worked and pointed out how it will assist with quality monitoring. The registered manager told us, "We are putting everyone's details in the system and then we'll complete the risk assessments and care plans on the system". They went on to say, "Until then we will continue with paper records." At the time of the inspection the home was experiencing some difficulties with connectivity. The registered manager advised that additional boosters have been purchased to support with

this issue.

People and relatives felt the management in the home was approachable. Comments included, "We get on well, I can always speak to [registered manager]", "[Registered manager] is great", "We have a chat and a laugh, they are lovely" and "[Deputy manager] is good, I have spoke with them."

We found minutes of regular meetings held with staff. These were recorded and made available for those who could not attend. Staff told us they were kept up to date with what was happening in the home and felt supported by the registered manager.

The service worked in partnership to forge working relationships with many agencies, including the local authority to ensure people receive joined up care and support.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes failed to ensure they were able to meet other requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulation 12).</p> <p>Regulation 17 (1)</p>