Bupa Care Homes (CFHCare) Limited

Oak Lodge Care Home

Inspection report

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Southampton
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Tel: 02380425560

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08 September 2017

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	**Requires Improvement**

Summary of findings

Overall summary

We carried out a focused inspection on the 8 September 2017 to check whether Oak Lodge Care Home had made the improvements needed to meet the requirement notice we issued after our previous comprehensive inspection on 22 and 25 November 2016. This report only covers our findings in relation tothis area.

We undertook an unannounced comprehensive inspection at Oak Lodge Care Home on 22 and 25 November 2016 at which two breaches of regulations were found. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Oak Lodge Care Home' on our website at www.cqc.org.uk.'

Oak Lodge Care Home is a purpose built home set over four floors providing nursing care for up to 71 people including people who live with dementia, mental health conditions and have general nursing needs. At the time of our inspection there were 68 people living at the service.

The home 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.

There were sufficient staff to meet people's needs. The registered manager had increased the staffing provision at the service since our last inspection. This included additional staffing allocated to each of the four floors of the service and additional staff during the evenings and overnight. People and their relatives told us they felt that staffing levels had improved at the service since our last inspection.

Risks to individuals were safely assessed and monitored. There were systems in place to ensure that changes in people's health and wellbeing were quickly identified to reduce the risk of harm to people. The registered manager and clinical services manager took an active role in supporting staff to monitor risks by working with people and holding regular meetings with staff to assess and monitor risks to people.

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 safe.

Staffing levels were sufficient to keep people safe and meet their needs.

People were protected from individual risks to keep them safe.

We could not change the rating for this key question because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Oak Lodge Care Home

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. The inspection was carried out to check that improvements had been made to meet legal requirements, identified in a requirement notice served after our comprehensive inspection on 22 and 25 November 2016.

This inspection took place on 08 September 2017 and was unannounced. One inspector carried out the inspection.

Prior to the inspection, we reviewed the previous inspection report and information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

Before the inspection we spoke to two social workers who had recent experience of working with the service.

During the inspection, we spoke with the registered manager, the clinical services manager, the regional director and six nursing or care staff. We spoke to nine people living at the service or their relatives. We observed staff providing care and support to people in the lounges across each of the four floors of the service.

We reviewed staffing rota's for each of the four floors of the service between the period of 4 August 2017 and 31 August 2017, records of staff handovers, team meetings and clinical meetings. We looked at care plans and associated records for seven people.

We inspected the service against part of one of the five questions we ask about services: Is the service safe? This is because the service was not meeting some legal requirements.

Requires Improvement

Is the service safe?

Our findings

At a comprehensive inspection carried out on 22 and 25 November 2016, we found the service was not always safe. We found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not always sufficient staff deployed to meet people's needs. We also found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not all risks to people's health and safety were assessed and mitigated. We asked the provider to submit an action plan to us detailing how improvements would be made. At this inspection we found that action had been taken and the areas we assessed were now safe.

At our inspection in November 2016, Staffing levels were not sufficient to keep people safe. Not enough staff were deployed to ensure people's needs were met in an effective and timely way. People, relatives, staff and visiting professionals told us that the shortage of staff compromised people's safety. This resulted in some people having to wait long periods of time to get out of bed or receive their personal care and some people were left unattended for over an hour in communal areas. At this inspection, we found that improvements had been made and the service had sufficient staff in place to meet people's needs.

People and their relatives told us that staffing levels had increased since our last inspection. One person said, "I think they have made some improvements. There defiantly seems to be more staff around." A second person remarked, "There are enough staff around. When I press my call bell, the staff come quickly." A third person reflected, "The staff here are happy, friendly. I would definitely say there are enough of them about." One relative commented, "The manager has made major changes like increasing the staffing, this has been a good thing." The registered manager had increased the staffing provision to provide additional staff on each floor of the service. They told us, "We felt that increasing numbers of staff on each floor would mean there is always a spare staff member on the floor in case a resident requires the help of two staff."

There were sufficient staff available to meet people's needs. We saw during the inspection that all four floors of the service had sufficient staff in place and that people were attended too in a timely manner when they called for assistance, required support with their personal care or if they required help during mealtimes.Upon reviewing recent staffing rotas, we found that the staffing provided was consistent with the increases the registered manager had described.

The clinical services manager had completed a consultation with staff to review staffing practices and agree ways to work more efficiently to meet people's needs. The consultation involved working alongside staff to understand their role, discussing and suggesting improvements in working practice through staff supervisions and sharing learning as a group in staff meetings. The clinical services manager told us, "I worked alongside staff during days and nights, so know what is achievable on shift and what is realistic." As a result of the consultation, changes were made to increase staffing numbers and improve the way staff worked. The clinical services manager told us, "We have introduced two twilight shifts from 1900 to 0100. This helps to give all floors more support when helping people to bed." In another change as a result from feedback from staff, the service had introduced a new senior carer at night. Their role was to work across the four floors of the service to ensure there was adequate cover during staff breaks. The clinical services

manager said, "The senior carer will alternate between each floor during the night to co-ordinate staff's breaks. This will mean that there are always enough staff on the floor at all times and people will not be left unattended."

The registered manager and clinical services manager had completed unannounced night time visits to the service to help ensure that this new system was working effectively and all floors of the service were sufficiently staffed. A social worker told us, "There have been issues on nights around nurses' lack of management and leadership of shifts. They (the registered manager) have put things in place to address this."

The registered manager told us they were still in the process of recruiting further permanent staff. In the meantime an agency provided supplementary staff to ensure that there were sufficient staff available to meet people's needs. The registered manager told us, "We have had a lot of changes in staff. We have had to performance manage some staff as they have not met our expectation. Making changes has been difficult for some staff to cope with, but we felt the changes were required to provide a better standard of care. The agencies we use provide consistent staff which has helped us whilst we continue our recruitment."

At our inspection in November 2016, we found that people were not always protected from individual risks to keep them safe. Although there were guidelines in place to identify and minimise risks to people, staff did not always follow them, which put people at risk of harm. For example, staff had not always changed people's positions as required for those who were at high risk of developing pressure sores. At this inspection we found that the system to assess, monitor and review risks to people was more robust and that it was effective in helping to keep people safe from harm.

We looked at the care plans and associated records where a range of different risks had been identified. These included; risk of skin breakdown, risk of falls, risks associated with diabetes, medical conditions that required a modified diet and one person whose behaviour posed a risk to themselves or others. Two people were at risk of skin breakdown due to pressure injuries. A risk management plan was put in place to reduce the risk that their skin would break down. This included the use of pressure relieving equipment such as specialised mattresses and regular support to change their position in bed. These measures were effective in maintaining healthy skin integrity. Another person was at risk of choking whilst eating. Speech and language therapists had recommended that the person required a specialist diet and specific support from staff whilst eating. We saw that staff followed this guidance, which included pureeing their food and encouraging the person to take breaks between mouthfuls. These measures helped to maintain the person's safety whilst eating.

The registered manager had a system in place to monitor risks to people and respond to their changing needs. The registered manger conducted a 'daily management walk around'. This included speaking to staff about people's health and wellbeing and looking at records to identify any issues which required attention. The registered manager, clinical services manager and senior staff from each department met every morning to address any issues identified which posed a risk to people and assigned plans to staff to follow to reduce the risk of harm to people. In one example, the registered manager had identified that one person looked tired and had reduced fluid intake over the previous 24 hours. This was discussed in the daily meeting and resulted in increased support for the person to promote their fluid intake. The clinical services manager also met with each clinical lead for each floor of the service on a weekly basis. In this meeting issues around; safety, tissue viability, admissions, nutrition, hydration, incidents and people's medical conditions were discussed. This helped to highlight any potential or changing risks to people and enabled the service to put management plans in place to reduce the risk of harm for people.