

Mrs R Ghai

Oak Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Oak Lodge Residential Home is a residential care home providing personal care and accommodation to up to 30 people. The service provides support to older people and people with dementia. At the time of our inspection there were 16 people using the service.

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

The provider's systems and processes required further improvements to ensure records contained all the required information to meet people's needs. Some people's care records had missing signatures, as a result there was a lack of recorded evidence to confirm people had viewed their care records.

The provider had safeguarding systems and processes in place to keep people safe. Staff knew about the risks to people and followed the assessments to ensure they met people's needs.

People felt safe and were supported by staff who knew how to protect them from avoidable harm.

People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests: the policies and systems in the service supported this practice.

People's individual communication needs were considered to support them to be involved in their care.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

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 the service was inadequate (published on 01 February 2023) and there were breaches of regulation. 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. 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. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector, 1 specialist advisor who was a nurse and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oak 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.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 8 relatives about their experience of the care provided. We spoke with six members of staff as well as the registered manager, senior care workers and care workers. We spoke to the nominated individual to ask them about how they monitored the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 8 people's care records, quality assurance records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found, including information about the provider's monitoring and medicines documentation.

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 we rated this key question inadequate. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of Regulation 15 (Premises and equipment) 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 15.

- At the last inspection we found some people's bedrooms were in an unsafe condition. There was a lack of control measures in place to manage risks posed to people from hazardous substances. At this inspection we found risks to people had been appropriately managed. There were robust risk assessments in place to guide staff to how they should support people safely.
- Peoples bedrooms were in a safe condition and regular checks were undertaken in relation to hazardous substances and these were stored safely.
- The provider assessed risk from both people and the environment, we found risk assessments contained information to keep people safe. For example, people who had a visual impairment had risk assessments in place with detailed instructions for staff to keep them safe.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency.

Using medicines safely

At our last inspection the provider had failed to ensure the proper storage and safe use of medicines. This left people at significant risk of their health conditions being left untreated. 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.

- At the last inspection the provider failed to ensure the safe storage of medicines. We found peoples medicines had been stored above the recommended temperature. Some people did not receive their medicines as prescribed.
- At this inspection we found people received their medicines safely and as prescribed. People told us they received their medicines when they needed them.
- People's care plans detailed how they preferred to take their medicines including clear protocols for

medicines given 'as and when' required.

- The provider had procedures to ensure medicines were stored at the correct temperatures and managed safely.
- Staff who administered medicines had been specifically trained to do so and the management team completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives explained how staff maintained people's safety. A relative told us, "The carers are really lovely and often pop in and out to check [name of person] is alright."
- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are different types of abuse such as physical, verbal, emotional, financial and institutional."
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I saw or became aware of abuse taking place, I would report it to the management. If I was unhappy with how it was dealt with, I would contact the safeguarding local authority team and CQC."

Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment
- Our observations during the day, indicated there were enough staff on duty to support people with their care needs. People and their relatives told us there was enough staff to meet people's needs.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. The registered manager confirmed if the home experienced an infection outbreak, relatives could still visit via a telephone booking system and have temperature checks undertaken upon arrival.

Learning lessons when things go wrong

- Accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence.

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 we rated this key question as requires improvement. At this inspection the rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had not acted in accordance with the requirements of the MCA and was in 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection the provider had failed to ensure the principles of the MCA were followed as people did not always have their capacity assessed for specific decisions and best interests' decisions. At this inspection we found the provider had sent Deprivation of Liberty Safeguards (DoLS) authorisation requests for people who lacked capacity and for some of these were waiting for applications to be authorised by the local authority.
- We found when required people had a mental capacity assessment. Best interest meeting decisions were recorded with the name and role of people involved in the decision process. Relatives we spoke with confirmed they were involved in best interest decisions.
- Staff had received training in the MCA and had some basic knowledge of the Act. People were asked for

their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- These completed assessments were used to formulate a plan of care for each person. This provided staff with the information they needed to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- Relatives told us they were confident staff had the skills and knowledge to meet people's needs however they felt new staff or agency workers required more support. One relative told us, "Some of the new carers are not knowledgeable enough and still need a lot of training."
- Staff were positive about the providers training programme. A member of staff said, "The training has improved, I have all the information and skills to do my job."
- New staff had completed an induction programme which involved training and shadowing more experienced staff members.

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

- People were supported by staff to have enough to eat and drink to keep them healthy.
- People had choice and access to sufficient food and drink throughout the day, food was well presented, and people told us they enjoyed it.
- People's feedback about the food was sought regularly by staff asking people and making observations. One person told us, "The food is fine."

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

- People and their relatives told us the service worked very closely with other agencies and health professionals in order to meet people's specific needs. One relative told us, "They can see the doctor if needed. They can also access a chiroprapist or even a hairdresser."
- Care plans were regularly reviewed and staff we spoke with were knowledgeable about people's health conditions and needs. Staff told us they were confident changes to people's health and well-being were communicated effectively.

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

- The home was clean and tidy and adapted to meet the needs of people using the service.
- The premises provided people with choices about where they spent their time.
- People's bedrooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

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 we rated this key question inadequate. At this inspection the rating for this key question has changed 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.

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

At our last inspection the provider did not have robust systems and processes to assess and monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection we found governance systems and processes were not effective at monitoring risks to people's care to ensure care records contained relevant information. At this inspection, we found the registered manager had developed systems and processes to audit the quality of the services provided. This had resulted in improvements to care records and monitoring, for example one person had been diagnosed with epilepsy and had a history of experiencing seizures. There was a seizure chart in place and evidence the provider had arranged a medical review following a change in the frequency of seizures. A medical review helps to explore if the frequency and nature of a person's seizures have changed and if there are any underlying issues that need to be addressed.
- We found further improvements were required to ensure records contained all the required information to ensure people's needs were met. For example, clear instructions for staff to follow such as what actions to take when someone is experiencing a seizure such as putting them in the recovery position and ensuring the environment is safe.
- Staff we spoke with were knowledgeable about people's health conditions and actions to take to ensure their needs were met however new staff members or agency workers would benefit from having all the required information recorded in people's care records. We also found some care records had missing signatures. We raised this with the registered manager, and they confirmed these issues would be addressed after the inspection.
- Relatives told us new staff members and agency workers were not as knowledgeable as more established staff and needed more support. We discussed this with the registered manager who confirmed more knowledge competency assessments would be completed to identify any issues and arrange for any additional training and support.
- People were supported by staff who were motivated to carry out their role.

- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff were aware how to raise a concern and told us they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "I think the home is well managed. My relative would soon tell me if they thought it wasn't." Another relative told us, "I am happy with the home and what it does for my relative."
- All staff were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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

- The registered manager understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

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

- The registered manager confirmed feedback was obtained from relatives using structured telephone calls, surveys and questionnaires. We reviewed the results from the last survey and the feedback received was positive.
- People's views were sought daily when receiving support.
- There were regular meetings for staff and their views were encouraged. Staff told us they felt valued, and their views were respected. One staff member told us, "We have team meetings, this gives us an opportunity to put ideas forward and discuss how improvements are made."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management.

Continuous learning and improving care

- The registered manager spent time working with staff to identify areas that may need improvement.
- The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff adhered to current guidance and best practice by carrying out spot checks on their practice. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they have access to continued learning so they had the skills to meet people's needs.

Working in partnership with others

- We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.