

## Oakleigh Lodge Residential Home

# Oakleigh Lodge Residential Home

### Inspection report

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Date of inspection visit:  
21 January 2019

Date of publication:  
19 February 2019

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Oakleigh Lodge Residential Home 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. Oakleigh Lodge Residential Home is registered to provide care and accommodation for 15 older persons with physical care needs. There were 14 people living at the service on the day of our inspection.

People's experience of using this service:

Since the previous inspection, significant improvements in relation to the environment and the care provided have been made and people and staff were complimentary about the service. However, we identified that further development was required in relation to systems of quality monitoring and governance. We could not see that any harm had come to people due to these systems of monitoring not being in place. Additionally, it was acknowledged that the acting manager of the service began to implement the required systems of audit straight away. However, providers must have systems and processes established and operated effectively to assess, monitor and improve the quality and safety of the services provided.

Medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored and administered appropriately. However, the provider did not carry out routine audits of medicines and we found large quantities of out of date prescribed fortifying drinks stored in the medicines fridge and another fridge at the service.

Systems were in place for the recording of incidents and accidents. However, incidents and accidents were not monitored and analysed over time for any emerging trends and themes, or to identify how improvements to the service could be made.

People were cared for in a clean and hygienic environment. However, appropriate procedures for infection control were not in place. The provider did not carry out routine audits of infection control procedures.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service. However, some staff had not received training in topics that the provider considered mandatory, and refresher training for staff had not routinely gone ahead.

There was no registered manager in post. 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. Day to day management of the service was carried out by senior staff and an acting manager. We were told that the acting manager was intending to register with the CQC, however at the time of our inspection, no application had been received.

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Risks associated with people's care, the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People were being supported to make decisions in their best interests. The acting manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

On the day of our inspection there were sufficient staff to support people. People felt well looked after and supported. We observed friendly relationships had developed between people and staff. People were treated with dignity and respect, and they were encouraged to be as independent as possible.

People chose how to spend their day and they took part in activities. They enjoyed the activities, which included, arts and crafts and visits from external entertainers. People were also encouraged to stay in touch with their families and receive visitors.

Healthcare was accessible for people and appointments were made for regular check-ups as needed. Care plans described people's preferences and needs, including their communication needs. People's end of life care was discussed and planned and their wishes had been respected.

Staff were knowledgeable and trained in safeguarding adults and knew what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights. People's care was enhanced by adaptations made to the service.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank.

People were encouraged to express their views. People said they felt listened to and any concerns or issues they raised were addressed. Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where the management team was always available to discuss suggestions and address problems or concerns. Staff had received supervision meetings with their manager and formal personal development plans.

Rating at last inspection: Requires Improvement (report published 11 January 2018).

Why we inspected: We previously inspected Oakleigh Lodge Residential Home on 1 and 3 November 2017 and found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements. Two of these actions have been completed and the provider was now meeting legal requirements in these areas. However, at this inspection, we found a continued breach of the Regulations and areas of practice that needed improvement.

Follow up: We will be in contact with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive 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** ●

# 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 as part of our regulatory functions. This inspection checked 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.'

Inspection team: The inspection team consisted of two inspectors and an 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. The expert at this inspection had experience of caring for older people.

#### Notice of inspection

This was an unannounced inspection, which meant the provider and staff were not aware that we were coming.

#### What we did:

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we observed the support that people received, spoke with people and staff and gathered information relating to the management of the service.

#### This included:

- □ Notifications we received from the service

- ☐ Four staff recruitment files
- ☐ Training records
- ☐ Four people's care records
- ☐ Records of accidents, incidents and complaints
- ☐ Audits and quality assurance reports
- ☐ We spoke with eight people using the service and four visitors
- ☐ We spoke with four members of staff, including the acting manager, the chef and care staff

After inspection we were sent additional evidence and information that we requested, to corroborate our judgements of the service.

# Is the service safe?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 01 and 03/11/2017. At the last inspection the provider had failed to ensure the premises were safe and suitable in relation to fire safety and environmental risks and that robust recruitment practices were followed. This was a breach of Regulations 12 and 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made, and the provider is now meeting the legal requirements. However, we have found further areas of practice that need improvement.

Safe – this means people were protected from abuse and avoidable harm

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.

### Using medicines safely

- At the last inspection, we saw that some information in relation to people's PRN 'as required' medicines was not documented. We saw that improvements had been made. Documentation showed that the guidelines around people's use of PRN medicines was in place and that recording was accurate. We observed a member of staff carrying out the lunchtime medicines round safely. They followed methodical processes for preparing, administering and recording people's medicines. The member of staff understood people's needs and supported them to take their medicines in a caring manner. However, we found the provider did not carry out routine comprehensive audits of medicines and we found large quantities of out of date prescribed fortifying drinks stored in the medicines fridge and another fridge at the service. The provider had received an annual audit from their pharmacist and people expressed no concerns around their medicines, and we could not see that any harm had come to people. However, routine audits of medicines would ensure that stocks of unused medicines would be removed in a timely manner. The acting manager agreed to implement medicines audits straight away, but we have identified this is an area of practice that requires improvement.

### Learning lessons when things go wrong

- Mechanisms were in place for the recording of incidents and accidents. Staff understood the importance of recording all incidents and accidents. Documentation included information on the time, location, nature of the incident/accident and who was involved. Each incident/ accident then considered any further action and what that incident/accident meant for the person involved. For example, after one incident we saw that a person had falls prevention safety equipment put in place and had their fluid intake recorded. However, mechanisms were not in place to monitor incidents and accidents on a regular basis over time to help identify any emerging trends or themes. We looked at the incidents and accidents for 2018 and identified that three people had on several occasions had accidents throughout the year. The lack of audit systems for incidents and accidents meant we could not easily identify if any work had been undertaken in relation to these people and incidents collectively. It was clear that following each incident, action was taken. However, we could not see what action had been taken in relation to analysis of trends over time, so that patterns with common causes could be identified and prevented. Providers are required to have systems and

mechanisms in place to enable them to identify patterns or cumulative incidents. The acting manager agreed to implement regular analysis of accidents and incidents straight away, but we have identified this is an area of practice that requires improvement.

#### Preventing and controlling infection

- The service and its equipment were clean and well maintained. There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly. However, the provider did not carry out routine audits of infection control procedures. Providers are required to have systems to manage and monitor the prevention and control of infection. Systems should use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them. People expressed no concerns around cleanliness and infection control, and we could not see that any harm had come to people. The acting manager agreed to implement regular audits of infection control straight away, but we have identified this is an area of practice that requires improvement.

#### Assessing risk, safety monitoring and management

- At the last inspection, the provider had not ensured that care and treatment was provided in a safe way. They had not routinely assessed the health and safety risks to people and the premises were not always safe. We saw that improvements had been made and risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was also regularly checked and maintained to ensure that people were supported to use equipment that was safe. Risk assessments were reviewed by staff to ensure they provided current guidance for staff. Staff had a good awareness of safeguarding and could identify different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

#### Systems and processes

- At the last inspection, people were at unnecessary risk of harm due to safe recruitment practices not being followed. We saw that improvements had been made. People were cared for by staff that the provider considered safe to work with them. Prior to staff starting work their identity was confirmed and their previous employment history gained. Security checks ensured that staff were suitable to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "I like my room and I feel safe here, I didn't feel safe at home".

#### Staffing levels

- Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "I feel safe here and there are sufficient staff. I have a call bell in my room and it is responded to".



# Is the service effective?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 01 and 03/11/2017. Improvements had been made, however, we have found further areas of practice that need improvement.

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience

- Staff received training and were knowledgeable in what was required when looking after people. However, some staff had not received training in topics that the provider considered mandatory, and refresher training for staff had not routinely gone ahead. We saw that some staff had not received training around The Mental Capacity Act 2005 (MCA), safeguarding people from abuse and equality and diversity. Refresher training for safeguarding and moving and handling had also not taken place for some staff. We could not see that people had encountered any harm in light of this, and the manager implemented some of the training straight away for staff. On the day of the inspection, the acting manager arranged for the required staff to complete mandatory training and subsequently sent us evidence to confirm this had happened. However, we have identified this is an area of practice that requires improvement.

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

- At the last inspection the premises did not meet people's different needs. The décor at the service was very tired and communal areas were cluttered and not very homely. We saw that improvements had been made. The lounge had been redecorated along with other areas of the service and the conservatory had been cleared and was being used by people. Furthermore, there were adapted bathrooms, toilets, handrails, a lift and slopes to ensure people had access to areas of the service.

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. The provider was working within the principles of the MCA. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood when an application should be made and the process of submitting one.

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

- Staff undertook assessments of people's care and support needs before they began using the service. The pre-admission assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Documentation confirmed people were involved where possible in the formation of an initial care plan.

Supporting people to eat and drink enough with choice in a balanced diet

- The provider met peoples' nutrition and hydration needs. There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person told us, "The new cook, is being very accommodating of offering new meals such as stir fry's on certain days and by providing me with more vegetables".

Staff providing consistent, effective, timely care within and across organisations

- People told us they received effective care and their individual needs were met. One person told us, "I'm very happy here. Excellent carers. The staff are very kind".

Supporting people to live healthier lives, access healthcare services and support

- Staff liaised effectively with other organisations to ensure people received support from specialised healthcare professionals. Documentation we saw confirmed that specialists such as GP's, social workers and community nurses were contacted when required.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were attended to in a timely manner and were supported with kindness and compassion. We saw good interaction between people and staff. We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "Staff are very good to me and kind". People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wanted.

Supporting people to express their views and be involved in making decisions about their care

- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day. A relative told us, "It is very much all about what my mum wants to do. They are very attentive and keep me well informed". Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. We saw that some people accessed the local community independently and enjoyed doing their own washing and others administered their own medicines. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. People's privacy and dignity was protected and we saw staff knocking on doors before entering and talking with people in a respectful manner. One person told us, "The staff are quite good. I treat them with respect so they treat me with respect".

# Is the service responsive?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 01 and 03/11/2017. We found that improvements had been made.

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection, the procedures for making a complaint were not accurate and contained incorrect information. At this inspection, we found that improvements had been made. The acting manager told us that since the last inspection a review had taken place in respect to the complaints process. We found that people knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.

How people's needs are met

- People told us that the service responded well to their care and recreational needs. We saw a varied range of activities on offer which included, music, arts and crafts, exercise and visits from external entertainers. If requested, representatives of churches visited, so that people could observe their faith. One person told us, "I do the activities, a sing and exercise". It was clear that a formal activities programme had been developed and implemented, and we saw evidence to support this. The provider was also meeting the requirements of the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Staff ensured that the communication needs of others who required it were assessed and met. We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these.

Personalised care

- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual beliefs. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. One person told us, "I signed my care plan". Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. Care plans contained detailed information on the person's likes, dislikes and daily routine, with clear guidance for staff on how best to support that individual. We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans.

End of life care and support

- Nobody living at the service was receiving end of life care. However, peoples' end of life care would be discussed and planned and their wishes be respected should this be required. People were able to remain at the service and would be supported until the end of their lives.

## Is the service well-led?

### Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 01 and 03/11/2017. At the last inspection the provider's systems of quality monitoring and improvement were not robust and had not fully identified or prevented the concerns that we saw. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. However, despite significant improvements made, we identified further areas of practice that need improvement and the provider is still not meeting the legal requirements.

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection on the providers systems of quality monitoring had not routinely identified and rectified issues such as monitoring the environment, the health and safety at the service, infection control, recruitment processes or care records. Significant improvements had been made and the provider had met two of the previous breaches of regulation and areas identified for improvement. However, the provider still did not have a fully robust system of quality assurance audits to ensure a good level of quality and safety was maintained for the management of medicines, infection control and the analysis of accidents and incidents. Additionally, the provider had not ensured that mandatory and refresher training had been given to all staff. Furthermore, documentation we viewed, such as induction records and training schedules were not always complete or accurate. We could not see that any harm had come to people due to these audits not taking place and it was acknowledged that the service was improving. The acting manager of the service also told us that they would implement the required systems of audit straight away. However, providers must have systems and processes established and operated effectively to assess, monitor and improve the quality and safety of the services provided. This is a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Leadership and management

- There was no registered manager in post. 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. Providers have approximately 12 weeks to register a new manager from the date the previous manager de-registers. Should this not happen, there are a range of regulatory responses available to the CQC, including taking enforcement action. Day to day management of the service was carried out by senior staff and an acting manager. We were told that the acting manager was intending to register with the CQC within these timescales, however at the time of our

inspection, no application had been received.

People and staff spoke highly of the service, however we received mixed feedback from people in relation to the service being well-led. One person told us, "It's amazing here, I'm thrilled with it". However, other comments included, "I think we're just waiting for the new manager to come in. [Acting manager] tries to get in once a day, but it falls upon long term staff to keep things going" and "I think communication would be better with a manager. A new manager would be a good thing". Staff though commented they felt supported and could approach management with any concerns or questions. One member of staff told us, "I can go to [acting manager] at any time".

#### Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We support each other and work well as a team". This was echoed by people and one person told us, "Staff are very good here and I feel safe. I am very happy here". There was also a clear written set of values displayed in the service, so that staff and people would know what to expect from the care delivered. Staff had a good understanding of equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

#### Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Up to date sector specific information was also made available for staff including details of managing specific health conditions. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The interim manager was 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.

#### Engaging and involving people using the service, the public and staff

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives and staff. Meetings and satisfaction surveys were carried out, providing a mechanism for monitoring satisfaction with the service provided.

#### Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority, Clinical Commissioning Group and Care Home In-Reach Team, to share information and learning around local issues and best practice in care delivery.

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 did not have systems or processes established and operated effectively to assess, monitor and improve the quality and safety of the services provided.</p> <p>17(1)(2)(a)(b)</p>