

# Care Homes UK Ltd

# Oak Lodge

## Inspection report

Stockton Street  
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County Durham  
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Tel: 01325381135

Date of inspection visit:

12 January 2021

13 January 2021

14 January 2021

15 January 2021

18 January 2021

## 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

Oak Lodge is a residential care home providing personal care for up to 28 people aged 65 and over. Eleven people were living at the home at the time of the inspection.

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

The provider had systems in place for monitoring the quality and safety of the service through the use of routine checks and audits. However, there were multiple types and methods of audits that did not always identify issues and put forward one clear improvement plan.

We recommend audits are reviewed to ensure they are effective in supporting and evaluating learning from current performance.

Medicines were managed safely at the home but some improvements were still needed. Some records were not correctly completed. Staff had now been trained and assessed as competent to administer medicines.

We recommend the service consider reviewing the guidance for staff and records for topical medicines.

We saw the provider had not followed their own recruitment policy when recruiting staff since our last inspection. The provider told us they had employed staff safely and they had already completed an action plan to ensure they followed their policy going forward.

Works were still ongoing to improve the environment in both communal areas and people's personal space. We saw new furniture, beds and mattresses had been purchased and areas such as the laundry and bathrooms were significantly improved.

There was a new management team at the service and people, relatives and staff we spoke with told us they felt supported by them.

We saw significant improvements had been made to the environment to ensure it was safe and clean. Staff were clear on the use of personal protective equipment and had been trained in infection control procedures. Measures to reduce the risk of COVID-19 were now in place.

People were happy with the care they received at Oak Lodge. Relatives we spoke with said here had been significant improvement in the communication from the service.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was inadequate (published 24 August 2020) and there were multiple 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.

#### Why we inspected

This inspection was carried out to follow up on the action we told the provider to take at the last 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 coronavirus and other infection outbreaks effectively.

As the provider has demonstrated improvements and the service is no longer rated as inadequate for any of the five key questions, it is no longer in special measures.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Systems and processes that have been implemented have not been operational for a long enough time for us to be sure of consistent and sustained good practice. Therefore, the rating for this key question is requires improvement.

Details are in our Safe finding below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Systems and processes that have been implemented have not been operational for a long enough time for us to be sure of consistent and sustained good practice. Changes to the home's environment are also ongoing. Therefore, the rating for this key question is requires improvement.

Details are in our Effective finding 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

Systems and processes that have been implemented have not been operational for a long enough time for us to be sure of consistent and sustained good practice. Therefore, the rating for this key question is requires improvement.

**Requires Improvement** ●

Details are in our Well-Led findings below.

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# Oak Lodge

## Detailed findings

### Background to this inspection

#### The inspection

This was a comprehensive inspection to check on concerns that were found at the last focussed inspection in June 2020 where significant issues relating to infection prevention and control measures, medicines management, the environment, staff training and quality assurance were found.

#### Inspection team

The inspection team was made up of two inspectors, a medicines inspector and an infection control nurse from the local Clinical Commissioning Group infection control team.

#### Service and service type

Oak Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have had a manager registered with the Care Quality Commission. During the course of our inspection, the manager submitted an application to be registered with CQC. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We carried out this inspection unannounced to check practices relating to the wearing of Personal Protective Equipment (PPE) was now in place.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from partner agencies and healthcare professionals. These included the local authority's contract monitoring team, placing social workers, the home's GP and the local community nursing team.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with five people living at the home. Where people were not always able to express their views about the support they received, we spent a brief amount of time observing the support provided to them by staff. We spoke with a member of the domestic staff, the manager and deputy manager of the home.

We carried out checks on the environment and equipment. We reviewed a range of records including audits and finances carried out by senior staff. We looked at the governance arrangements for the safe handling of medicines including the providers policy and audits. We looked at medicine's records for five people.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to safety, care records, quality and staff. We spoke with three relatives and four staff by telephone to gain their views of the service.



# 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 focussed inspection in June 2020 this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Systems were in place for the management of medicines so that people received their medicines safely. However, the records for topical preparations such as creams were not always completed and guidance was not always in place therefore, we were not assured they were used as prescribed.
- Care plans around people's medication were in place.
- Guidance to support the administration of medicines prescribed on a when required basis were in place however for one person this was not updated when a change occurred.
- Staff were now trained and were assessed as competent to administer medicines.

We recommend the service consider reviewing the guidance for staff and records for topical medicines.

### Staffing and recruitment

- Since our last inspection the provider had not followed their own policy regarding the recruitment process.
- Staff had checks on their references and Disclosure and Barring Service prior to commencing work at the service but there were some gaps in employment history and interview records.
- One newly recruited staff told us, "I have worked here for three months and have completed my common induction standards."

We have made a recommendation about ensuring the provider follow their own policy regarding recruitment.

### Preventing and controlling infection

- Systems were now in place to ensure there were effective and robust infection control processes at the service.
- Staff now wore personal protective equipment (PPE) correctly, and there was now PPE dispensers in situ around the service and plenty of securely held stocks.
- The local infection control nurse from the infection control team managed by the local CCG visited the service with us. They found practices and equipment were much improved since our last visit in June 2020.

### Assessing risk, safety monitoring and management

- Systems were in place to effectively monitor and review risks related to the delivery of care and the safety of the environment within the home.
- People's care records contained evidence that risks were regularly revised and updated.



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

- Systems were now in place to safeguard people and protect them from potential abuse. Staff told us they knew how to recognise, and report safeguarding concerns and felt they would be listened to.
- The manager now recorded any safeguarding concerns and had reported them to the local safeguarding authority and CQC. Where necessary, action had been taken to address the concerns.
- Safeguarding matters along with incidents and accidents were recorded and were reviewed and any immediate actions to reduce any risks were implemented.

# 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 full inspection in October 2019 this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. Works relating to environmental improvements require completion and systems to support staff training and supervision require embedding.

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

- Significant improvement had taken place since our focussed inspection in June 2020.
- At that inspection we found the laundry, sluices, bathroom and toilet areas were not fit for purpose. At this visit, renovations had taken place or areas were now decommissioned.
- Additional work was now ongoing to improve all the communal areas of the home and to make sure it was easier for people with dementia to navigate.

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

- We observed lunchtime at the service and saw staff supporting people who need additional help.
- Records relating to food and fluid charts and identifying people as risk of malnutrition had improved. We saw one person had been referred for dietician support and had begun a regular weighing programme, fortified meals and the home was offering snacks and finger foods. The person's weight had increased due to these actions.
- People told us they had plenty of food to eat and enjoyed takeaway fish and chips on a Friday.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff had received appropriate training in medicines management and other conditions.

Action had been taken to make improvements.

- We saw that staff had been trained in mandatory training requirements and had received supervision.
- The provider needs to demonstrate that staff training and competencies are refreshed and maintained.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At our last inspection, we found mental capacity assessments and best interest decisions were not always conducted.
- The manager and staff had an improved understanding of the MCA. Staff had been trained in the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Care records we viewed showed people's choices and rights were promoted and upheld.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last full inspection in October 2019 this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff.
- An equality and diversity policy was in place which supported staff to ensure people were treated with respect regardless of their age, gender, disability or beliefs.
- People and relatives spoke positively about the staff. People's comments included, ""Staff do a great job", and "They just look after you – in a nice way." A relative added, "They tell us everything that's happening now, we are really happy with everything."

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's privacy and dignity. They recognised signs of discomfort and acted promptly to assist people discreetly.
- Staff supported people to maintain or regain independence. One person told us, "Bits and bob I can do and the staff let me."
- People were very well known by staff who were aware of individual needs and wishes.

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

- People were supported to convey their views and were involved in making decisions about their care. Staff valued people's opinions. One person said, "Yeah they wouldn't force you to do anything you wouldn't want to do."
- Staff assisted people to obtain independent advice which may be beneficial to their care and support.

# Is the service responsive?

## Our findings

Responsive – this means that we looked for evidence that the service met people's needs.

At the last full inspection in October 2019 this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were personalised and clear about how people wanted to be supported.
- Relatives and external professionals had been involved in developing care plans with people.
- People told us they received the support they wanted when they needed it.
- Staff carried out regular reviews of people's needs and wishes. An external professional said, "They were communicating with me, seeking guidance re: pressure care from the Community Matrons, requesting occupational therapy intervention/ equipment appropriately and documenting it. They updated their care plans."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff followed social care plans to understand people's social needs, their interests and what was important to them.
- Staff supported people to maintain relationships with family and friends despite the pandemic, using social media and telephone calls.
- An activities coordinator involved people in activities which interested them and enriched their lives. This included arts and crafts, games and exercise sessions. Staff also spent time with people on an individual basis.
- People appeared to enjoy the activities available. One person said, "I like a game of dominoes, in fact, me and [name] are having one in a few minutes in the dining area."

End of life care and support

- Care plans included people's religious, cultural and spiritual preferences. Where people had chosen not to share their views, staff thoughtfully sought out other ways of addressing the subject.
- Advanced care planning, emergency care and resuscitation preferences were recorded, where people had chosen to share these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans fully documented people's communication needs. Staff knew people's communication needs well and communicated with them effectively
- Staff used different techniques to communicate well with people including signs, gestures and touch.
- The manager told us where people needed information provided in an alternative format this would be provided on a bespoke basis.

Improving care quality in response to complaints or concerns

- The provider had systems in place to investigate and respond to complaints. No formal complaints had been received at the time of inspection.
- People told us they would go to the manager if they had any complaints. Relatives said they knew how to raise concerns and were confident that the new management team would listen and address these.

# 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 focussed inspection in June 2020 this key question was rated as inadequate. At this inspection this key question has now improved 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.

At our last inspection in June 2020 we found a breach of regulation because the provider's quality assurance processes were not operating effectively. We also found a breach of regulation because the registered manager in post at that time lacked an understanding of their regulatory responsibilities. They had not identified safeguarding incidents at the service as being potential incidents of abuse and they had failed to fully address issues in respect of risk management and environmental safety, COVID-19, medicines and staff training.

At this inspection there was a new manager and two deputy managers in post and we found improvements had been made. However, the systems and processes that have been implemented have not been operational for enough time for us to be sure of consistent and sustained good practice. Therefore, the rating for this key question is requires improvement.

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

- Quality systems within the home needed to be streamlined and embedded.
- The interim manager had undertaken a range of quality checks and audit processes in both electronic and paper format. This did not always lead to a clear improvement plan that could be easily audited.
- At this inspection the manager told us they had applied to the CQC to become the registered manager for the home.
- One member of staff told us, "I feel I can talk to the management team easily and my views are listened too they have an open-door policy I really enjoy working at the home."

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

- The manager and two deputy managers had only been in post since August 2020 but had taken steps to establish improvements in care and the environment.
- There was evidence of regular staff meetings and ways of seeking views with people who lived at the service. Relatives we spoke with said they were happy with the support and care their loved ones received and they received regular communication from the service.

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 manager was aware of their responsibility under the duty of candour. There had been no specific instances where the manager had been required to act on this duty.

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

- The manager had put in place processes to engage with people in the running of the service.

Continuous learning and improving care

- The manager explained a range of resources staff could access to gain information related to the Covid-19 pandemic and other subject areas. The service was also now receiving training and support from the local infection prevention and control nurse team and two staff members had been appointed to be infection control champions.
- The provider and manager had taken significant action to address the concerns we found at the previous inspection, such as bringing in new equipment, delivering training to staff and improving the décor of the home.

Working in partnership with others

- There was evidence in people's care files that the home worked in partnership with a range of professionals to support people's health and wellbeing.
- One professional told us, "The management team changed and I can honestly say that I was completely satisfied that the home were meeting my client's care needs. They really tried to improve their practice and I was very happy with the care they provided to my client."