

Oaktree (Clevedon) Limited

Oaktree Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Oaktree Lodge Residential Home is a residential care home providing accommodation and personal care to up to 34 people. At the time of our inspection there were 26 people living at the service. Oaktree Lodge Residential Home provides support to older people with a range of health and social care needs, including some people who were living with dementia.

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

Medicines were not always managed safely, or records did not always evidence this. Action was taken during and immediately after the inspection to make improvements.

We found no evidence that people had been harmed, however improvements were required to protect people from the risk of infection and cross contamination. We made a recommendation for the provider to comprehensively review and prioritise the repairs and improvements required at the service to mitigate the risks to the health, safety and welfare of people using the service.

Although systems were in place to monitor and improve the quality of the service, these needed to be embedded and monitored for effectiveness. Action plans ensured tasks were completed and improvements were shared with the staff team. Staff worked in partnership with other professionals to ensure people's needs were effectively met.

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.

People's capacity to consent to their care and specific treatments had been assessed and decision making processes were documented.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

There were enough staff to support people, and staff were safely recruited. People were supported by staff who had the training, knowledge, skills and support to carry out their roles.

There had been recent changes throughout the staff team, but the management team were clear about the quality of care and service they aimed to provide. Staff were positive about the changes at the service.

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 this service was requires improvement (published 21 March 2022) and there were breaches of regulation.

At this inspection we found improvements had been made, although there were further areas of improvement required. The service remains rated requires improvement. This is the second consecutive time the service has been rated requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

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 remains requires improvement based on the findings of this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach of regulations in relation to the safe management of medicines and identifying and mitigating environmental risks at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet 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. We will work with the local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Oaktree 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Oaktree Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oaktree Lodge Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for one month and had applied to register with CQC. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

Some people living at the service were unable to communicate verbally. We spent time observing people in the communal areas of the home to help us understand their experiences.

We spoke with eight members of staff, including the manager, quality assurance and business lead, training manager and a range of staff.

We viewed records and documents. This included four people's care records and all medicine records. We looked at four staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents.

We received feedback from four relatives or friends of people who lived at the service. The views of everyone we spoke with have been incorporated into this report. We considered this information to help us to make a judgement about 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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

At our last inspection improvements were required to ensure medicines were safely stored, handled and recorded. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made, although other shortfalls were identified, and the provider remained in breach of regulation 12.

- Guidelines were not always followed in the storage and administration of medicines.
- Some people were prescribed creams and lotions and appropriate records were in place to show when and how to apply these. Senior staff signed the electronic records even though care staff applied the topical creams. The member of staff signing to confirm any prescribed medicine should see this being taken or applied.
- Some people were prescribed adhesive patches which are placed on the skin to deliver medication. Although records of application were in place, manufacturer guidance was not always followed. For example, one person was prescribed a patch that should not be reapplied to the same site for 3-4 weeks at a time, but records showed the patch was being applied to the same place every 2 weeks. This can cause skin irritation and alter the rate at which the medicine is delivered. We discussed this with staff who told us they would highlight this issue with colleagues.
- The temperature of the clinical room and medicine trolleys was monitored. Manufacturer guidance is that most medicines should not be stored above 25°C. Records showed the temperature of the room and the trolleys had gone above this temperature, but there was no record of what action staff had taken, if any.
- The temperature of the medicine fridge was monitored. However, it was not clear whether the records showed if the temperature stayed within an acceptable range.

We found no evidence that people had been harmed, however improvements were required to protect people through safe medicines management. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we highlighted the recording issues described above, action was taken immediately to change records and improve practice.
- Medicines administration was recorded on an electronic system. The system was relatively new, but staff told us it worked well and helped to prevent errors.
- A check of medicine stocks against records was accurate.

- Staff received training in medicines administration and their knowledge was regularly checked.

Preventing and controlling infection

At our last inspection, improvements were required to prevent and control infections. This included improvements relating to the use of clinical bins, staff and visitors having access to surgical masks and the cleaning and recording of high touch points. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made, although other shortfalls were identified, and the provider remained in breach of regulation 12.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- There had been improvements to address the issues identified at the last inspection. However, we found other areas of concern. For example, in the laundry room, the layout meant there was a risk of contamination of clean clothes. Not all sinks had paper towel dispensers adjacent to them, and some towel dispensers were not closed. This made it difficult for staff to consistently apply good infection control practices.
- The environment did not look dirty overall, but repair and refurbishment was needed. Some areas of the building were worn or damaged which meant they were difficult to keep clean and presented a higher risk of contamination. For example, some bathrooms and carpets required attention.

We found no evidence that people had been harmed, however improvements were required to protect people through infection control practices. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we were assured that the staff and visitors were using personal protective equipment (PPE) effectively, the PPE stations around the building were not always fully stocked.
- The manager carried out regular infection prevention and control spot checks to monitor staff practice and compliance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

At our last inspection improvements were required to ensure risks were assessed and monitored to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. This was a breach of Regulation 12 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 the section of regulation 12 relating to risk assessment to prevent avoidable harm or risk of harm.

- People were at risk from the environment. This was regularly checked to ensure it was safe for people to live in. However, some shortfalls had not been yet actioned. For example, we found some fire doors did not close fully where new carpets had been fitted. Other risks identified by the provider included broken window restrictors, worn carpets and old bathrooms. It is acknowledged that some of these repairs or improvements

require time or financial investment, but the repairs will reduce the risk of harm to people.

We recommend the provider comprehensively review the repairs and improvements required and prioritise these to best manage risks to the health, safety and welfare of people using the service.

- At our last inspection we found people could be at risk from radiators which were uncovered and items of furniture which were not adequately secured. We found improvements had been made and covers and risk assessments were in place.
- At our last inspection not everyone living at the service had a personal emergency evacuation plan (PEEP) in place. These documents describe what must be done to ensure people get the assistance they need to safely evacuate the building during a fire or other emergency. At this inspection we found PEEPs were in place, detailed and up to date. When we made a suggestion to improve clarity in the documents, the PEEPs were changed immediately.
- A fire risk assessment had been carried out in April 2021 and an action plan was in place to make required improvements. Most improvements had already been actioned. For example, staff received training, procedures had been updated and fire drills had been carried out. A plan was in place to carry out remaining actions in the near future.
- People's records provided staff with information and guidance about risks and how to manage or reduce them. For example, information was recorded about the equipment needed to support people to move, including hoist and sling details. Some people had risk assessments about how they presented when anxious or upset. There was clear guidance for staff about known triggers and how to support the person and those around them to be safe.
- Some people had been assessed as being at risk of pressure sores. Air mattresses and air cushions were being used to prevent skin breakdown. However, it was not clear how staff monitored if air mattresses were set correctly. We discussed this with the deputy manager who advised they would contact the manufacturer for further training.
- The management team planned to provide staff with more training about assessing and documenting risk.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA. If needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- After the inspection, we were shown records to show how people's capacity to consent to aspects of their care had been assessed and procedures followed to document decisions made in their best interests. This included documentation which showed how decisions had been made about the use of sensors to detect movement, flu and covid vaccinations and treatment for specific health conditions.
- DoLS applications had been submitted, but no authorisations had been received at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of avoidable harm or abuse.
- Staff received training on how to recognise and report concerns about abuse. They told us they would raise any concerns and felt confident these would be acted upon. One staff member told us they had raised safeguarding concerns in the past and were satisfied with the response.
- Relatives told us they felt their family members were safe at the service. Comments included, "They tell me about every little thing. They make sure [Name] is alright. They're very good" and "They know [Name] well. They make sure she's safe and well looked after".

Staffing and recruitment

- There were enough staff available to meet people's needs.
- An active recruitment programme had been successful and there was some reduction in the use of agency staff.
- People were positive about the staff team and looked comfortable around staff. Staff were visible in communal areas and people's bedrooms and responded to individual needs promptly.
- A relative said, "The staff are well trained, they know what they're doing".
- Safe recruitment practices were in place. This included criminal and employment checks being carried out to confirm staff were suitable to care for people.

Visiting in care homes

- There were some visiting restrictions in place at the time of our inspection because there had been a recent Covid 19 outbreak. Visits were taking place in a designated room rather than in communal areas or people's bedrooms, but people still had regular access to visitors. There was a plan to review restrictions after our inspection.
- One relative had been able to continue visiting their family member when there was a Covid 19 outbreak. They were reassured by very clear signage preventing general access to the service and describing enhanced infection control measures.

Learning lessons when things go wrong

- At the last inspection we found not all accidents and incidents were recorded or shared as necessary. At this inspection, we found accidents and incidents were recognised, reported, investigated and reviewed to learn from trends or improve practice where necessary. These were shared with the staff team.
- Lessons were learned when things went wrong. The provider created an action plan after the last inspection and worked hard to make improvements. We found the staff team at all levels to be honest and transparent.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This is because the service management and leadership had been inconsistent. It is acknowledged that positive changes had been made, however further time was required to embed these in the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider had failed to ensure there was a robust quality assurance system in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found further improvements were required, and the provider remained in breach of regulation 17.

- At our last inspection we found the quality assurance systems in place were not effective in identifying shortfalls. At this inspection improvements had been made, but systems needed to be embedded and work continued to ensure compliance with regulations.
- For example, we identified risks relating to the premises and layout and shortfalls with some aspects of medicine management. These had a potential to impact on people's safety. Some issues had been identified by the provider and described in action plans, but other shortfalls had not been recognised or managed.

Improvements were needed to ensure checks and governance systems were robust and embedded. This was a breach of Regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New systems and processes had been put in place since our last inspection. Although these seemed comprehensive, further time was needed to embed audits and compliance checks to ensure quality and safety were closely monitored and standards maintained.
- It was recognised that the lack of a registered manager had been challenging. The senior management team had provided oversight but acknowledged there were still improvements to be made. Action plans were in place and being worked through. We were reassured when shortfalls highlighted by the inspectors were addressed immediately.
- A new manager had recently been appointed. They had worked in the organisation before, and the management team were confident in their abilities in carrying out their role. The new manager was in the process of registering with CQC.

- The manager was re-establishing team meetings. They recently held a meeting with senior staff to discuss infection prevention and control, record keeping and reporting, professional standards and monitoring. This showed there were plans to develop and improve standards.
- The manager was motivated to provide high quality care and told us they felt supported by the senior management team. They were aware of the challenges and expectations for the service.
- The manager and staff team were open to feedback and responsive during our inspection. They told us the provider was supportive and invested in improvements at the service.
- Staff were positive and motivated to provide good quality support which met individual needs. Comments included, "I love looking after everyone here" and "They're like my family, we make sure they're all ok".
- The provider had a purpose and vision which the staff team applied in practice by providing person-centred care which respected people's choices.
- The previous CQC rating was displayed. This advises people, visitors and anyone seeking information about our judgments.

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

- A senior team had spent time at the service supporting staff, developing practice and improving standards.
- A new manager had been appointed since our last inspection, and they were working to instil a positive culture which was person centred and achieved good outcomes for people.
- Staff were positive about the manager and recent changes. One staff member said, "There is a positive feel at the moment. We have a new manager, and change is happening".
- Relatives were happy with the care and support their family members received. Comments included, "They tell me we're like family and we don't have to worry about anything", "They're proactive about looking after [Name]. Really belt and braces about everything" and "It may not be super smart, but they really seem to care".

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 provider understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. They management team were open and honest when things went wrong.
- There was effective communication with people, their families and other agencies when incidents occurred within the service.
- Relatives told us staff always contacted them if there was a change to their family member's needs, if there had been an accident or incident, and to provide updates about the service.

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

- The new manager had only been in post for a few weeks, but was getting to know people, staff and relatives. Staff spoke positively about the new manager and recent changes.
- There were regular meetings for people who lived at the service. Subjects discussed at a recent meeting included menus, activities and staff. People had spontaneously given the staff team a round of applause during the last meeting.
- Relatives told us they felt involved in decisions and changes at the service. One relative told us they had regular communication with staff and felt fully informed about their relative's care and needs, as well as about challenges, developments and improvements to the service.
- There was a plan to develop staff champion roles. Individual staff would take a lead in specific areas, such as dementia care or end of life care. They would use and develop their skills and knowledge to ensure high standards and best practice were provided. As well as delivering effective care, this would engage and value

staff and encourage learning and innovation.

Working in partnership with others

- Staff told us, and records showed that people were supported to access services including GP and district nurses, as well as specialist services when required.
- Relatives told us staff knew their family member well and promptly sought advice and guidance if there were changes in people's needs.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the safe management of medicines in line with best practice. The provider had failed to identify and mitigate all infection risks. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Improvements were needed to ensure checks were effective and governance systems were robust and embedded in practice. |