

Care Homes UK Ltd

Oak Lodge

Inspection report

Stockton Street
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Darlington
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oak Lodge is a residential care home providing personal care for up to 28 people. The service provides support to people with dementia, mental health, older people and younger adults. At the time of our inspection there were 16 people using the service in one adapted building.

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

Care plans and risk assessments were person centred and reflective of people's current needs. Medicines were stored safely and were managed well. The environment was much improved, and work was still ongoing to improve the home. Quality audits clearly identified areas for improvement and ensured that people were safe and involved in their care and support.

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.

There were enough staff. Staff were recruited safely and received an induction to ensure they had the skills and knowledge to undertake their role. The staff team told us they were well supported and that they delivered person-centred care. We observed all the staff team working together well and the culture at the service was professional, warm and welcoming.

Regular activities were carried out to promote social inclusion and the service had improved links with the local community. People instead of using the hairdressing room in the home, visited a neighbourhood salon with the support of the staff.

Systems were in place to protect people from abuse. Staff demonstrated a good level of understanding in relation to safeguarding. Appropriate referrals to the local safeguarding team had been made. People and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 10 February 2021). At our last inspection we recommended that the provider made improvements in relation to quality audits, staff recruitment and medicines. At this inspection we found the provider had made improvements in these areas.

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Why we inspected

We carried out an unannounced inspection in January 2021 and found improvements were needed. We undertook this focused inspection to check the service had followed their action plan and to confirm improvements were made. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those improvements.

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.

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 requires improvement to good. This is based on the findings at this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oak Lodge

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

The inspection was carried out by one inspector.

Service and service type

Oak Lodge 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. Oak Lodge 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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

We spoke with 6 people about their experience of the care provided. We spoke with 8 members of staff including the registered manager, quality manager, senior care worker, chef, housekeeper and care workers.

We reviewed a range of records. This included 4 people's care records and multiple medication and food and fluid records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended that the provider reviewed their systems and processes for the application of topical medicines.

At this inspection we found improvements had been made.

- Medicines were managed safely.
- Guidance for staff to administer medicines prescribed 'as and when required' (PRN) and topical medicines were in place and reviewed regularly.
- Staff received training to administer medicines and had their competency checked.
- The provider had a medicines policy in place for staff to follow.
- We observed a new senior staff member administering medicines, they told us, "I have had great training but I am taking my time as I am still not confident with every person's medicines yet."

Assessing risk, safety monitoring and management

- People had both general and personalised risk assessments which were regularly reviewed. Where risks were identified, care plans showed ways in which staff could reduce these risks.
- Fire safety practices were in place along with regular checks to equipment used by staff.

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

- People were protected from the risk of abuse.
- People said, "I am totally safe here", and "I feel very safe here, I wasn't managing at home but now I am not going anywhere else."
- Staff were aware of the signs of abuse and how to report safeguarding concerns.
- The registered manager was transparent in reporting any issues or concerns to the local authority's safeguarding team. This helped to safeguard people from the risk of abuse or neglect.
- The provider analysed accidents and incidents to identify any patterns or trends. We saw that learning was shared with staff and the manager used reflective practice for her own learning.

Staffing and recruitment

- Appropriate staffing levels were in place to meet the needs of people in the service. The provider used a staffing and dependency tool for guidance on the number of staff required.
- The registered manager had robust oversight of staff rotas, which showed there were enough staff on each

shift.

- Staff told us there were enough staff to meet people's needs. One new staff member said, "I have never worked anywhere as compassionate and person centred as this."
- Safe recruitment practices ensured staff were suitable to work with people who may be vulnerable.

Preventing and controlling infection

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

Visiting in care homes

- Visiting was carried out in line with current government guidance.

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

Staff support: induction, training, skills and experience

- Staff received appropriate ongoing support, supervision and training to carry out their roles.
- New staff completed an induction programme to ensure they had enough knowledge and skills before providing people with support. New staff completed probationary review meetings to discuss their performance and any concerns they may have.
- We observed the housekeeper carrying out a full day induction to a new member of the housekeeping team. They [Housekeeper] said, "You must always knock on the door first and then walk in and introduce yourself, people will quickly get to know you."

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

- Prior to moving into the service, the provider completed individual assessments with people to determine and meet their individual level of need.
- Any changes to people's needs were reviewed with them and their relatives and this was reflected in their care plans.

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

- People received support to remain healthy. Where people's weight was in question, supportive measures were implemented.
- We observed diets to be very personalised and the chef knew everyone's preferences. Enough suitably trained staff were available to provide individualised support at mealtimes where needed.
- Snack and drinks were available throughout the day. One person said, "I love the food here, they [The chef] always does me bangers and mash."

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

- The service worked in partnership with external professionals, such as community nurses, and GPs to support and maintain people's long-term health.
- People had personalised care plans covering their healthcare needs. These shared important information with healthcare professionals.
- The registered manager ensured that any external health advice was recorded as guidance for staff to follow.

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

- The layout of the service met the needs of the people who lived there.
- Rooms were personalised and people chose how they wanted to decorate their rooms.
- The provider had worked to improve the sensory environment of the home with a large interactive TV that people could use the touch screen and sensory walls that were stimulating and well lit.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care plans reflected the principles of the MCA. Where restrictions were in place, appropriate DoLS applications had been made to the local authority.
- People's rights were protected, assessments had been completed when people lacked capacity and best interest meetings were held, which included professionals and significant others.
- Staff knew the importance of offering people choice and to promote their independence.

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 has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.
- Audits and performance checks were now used to manage the service, maintain standards and identify areas for improvement. The quality programme was now embedded at this home.
- People and staff told us they felt confident that the service would act if they suggested an area for improving care and support.
- The service had good partnership links with stakeholders including other health professionals. For example, the service worked with community mental health teams to manage one person with low mood and poor nutrition. We saw with lots of positive reinforcement this person had gained 20kg in weight and had helped choose paint schemes throughout the home which they told us they loved to do.

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- The registered manager was open and honest with people and informed relatives when accidents and incidents had occurred.

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

- People were given the opportunity to feed back on the service they received and told us the management team were always around and approachable.
- Staff discussed their passion for their roles and the supportive team approach to providing people with personalised and consistent care. One staff member said, "Its a lovely place to work, the teamwork is great."
- We saw how the service had sought communication tools and provided support to one person from a different cultural background.